



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 28 MAY 2025 AT 10.00 AM
THIS WILL BE A HYBRID MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time**

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12	AOCB	ALL	Verbal
13	DATE OF NEXT MEETING IJB DEVELOPMENT SESSION (Teams) – Wednesday 25 June 2025 INTEGRATION JOINT BOARD – Wednesday 30 July 2025		

Lynne Garvey
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Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6th Floor, Fife House – email Vanessa.Salmond@fife.gov.uk



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) – WEDNESDAY 26 MARCH 2025 AT 10.00AM

Present:

David Ross (DR) (Chair)
Arlene Wood (AW) (Vice-Chair)
Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clark (EC), Rosemary Liewald (RLie), Mary Lockhart (ML), Lynn Mowatt (LM), Sam Steele (SS)
NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK),
Amanda Wong (AW), Associate Director, Allied Health Professionals
Chris McKenna, Medical Director, NHS Fife
Debbie Fyfe (DF), Joint Trade Union Secretary
Janette Keenan (JK), Nurse Director, NHS Fife
Kenny Murphy (KM), Third Sector Lead
Lynne Parsons (LP), Employee Director, NHS Fife
Morna Fleming (MF), Carer Representative
Paul Dundas (PD), Independent Sector Lead

Professional Advisers:

Lynne Garvey (LG), Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Helen Hellewell (HH), Depute Medical Director
Lynn Barker (LB), Director of Nursing

Attending:

Ashleigh Allan (AA), Finance Business Partner, Fife Council
Clare Gibb (CG), Communications Advisor
Cara Forrester (CF), Communications Advisor
Chris Conroy (CC), Head of Community Care Services
Debbie Macguire (DG), Scottish Government
Emma O'Keefe (EO), Consultant in Dental Public Health, NHS Fife
Ian Dall (ID), Carers Rep
Jillian Torrens (JT), Head of Complex & Critical Care Services
Joy Tomlinson (JT), Director of Public Health
Lesley Gauld (LGau), Team Manager, Strategic Planning
Lisa Cooper (LC), Head of Primary & Preventative Care Services
Olivia Robertson (OR), Senior Manager, Community Services
Ross Reilly (RR), SAMH
Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture
Sharon Wiener-Ogilvie (SWN), Podiatry Head of Service
Vanessa Salmond (VS), Head of Corporate Services
William Penrice (WP), Service Manager, Performance & QA
Gemma Reid (GR), H&SC Co-ordinator (Minute)

	TITLE	ACTION
1	<p>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</p> <p>David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting.</p> <p>David advised that apologies had been received from Kenny McCallum, Vicki Bennett, James Ross, Fiona Forrest, Cllr Margaret Kennedy (deputy – Cllr Eugene Clark) and Sinead Braiden.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p> <p>David highlighted that this was Arlene Wood's last IJB and expressed his thanks on behalf of the Board for her valued contribution over the years, particularly during her time as both Chair and Vice-Chair of the IJB.</p>	
2	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest highlighted.</p>	
3	<p>MINUTES OF PREVIOUS MEETING & ACTION NOTE 29 JANUARY 2025</p> <p>The Minute and Action Note from the meeting held on Wednesday 29 January 2025 were both approved as an accurate record.</p>	
4	<p>CHIEF OFFICER UPDATE</p> <p>Lynne Garvey began her update by warmly welcoming everyone to the IJB, highlighting the Chief Officer's Brief that was sent out earlier this week and noting the importance of celebrating success.</p> <p>Lynne advised the Board of Caroline Cherry's appointment as Principal Social Work Officer, noting that Caroline will take up post on 2nd June 2025. Lynne was delighted to acknowledge Roy Lawrence's success in becoming a Chartered Fellow of the CIPD and also the achievement of Lynn Barker in becoming an Honorary Senior Lecturer with the University of Dundee.</p> <p>Lynne highlighted a fundraising challenge undertaken by the Community Led Support team, walking 63 miles to raise money for Autism Rocks and the Health Promotion Team's support for the SHOUT campaign in relation to young people's mental health.</p> <p>Lynne noted a great turnout at the Fife Care Academy event on 5th March at Fife College, with positive engagement across all sectors in their efforts to encourage careers in Health and Social Care.</p> <p>Lynne drew the Board's attention to Care Opinion, acknowledging lots of positive feedback, highlighting the work of staff across Health and Social Care.</p>	

	<p>Lynne highlighted the Kirkcaldy Urgent Care Centre relocation to Victoria Hospital and gave her thanks to Lisa Cooper for leading on this transition, noting that staff had settled in well to their new surroundings.</p> <p>Lynne advised members of the appointment of a new GP contractor, Denny Cross Medical Centre, who will be taking over the management of Kennoway and Methilhaven GP practices as of 1 September 2025.</p> <p>Lynne highlighted that NHS Fife and Fife HSCP teams from Maternity, Neonatal and Community Children's Services have achieved gold standard status in the Baby Friendly Gold Award from UNICEF.</p> <p>Lynne concluded her Chief Officer's update by acknowledging Arlene Wood's contribution to the IJB over the last few years, personally noting Arlene's support during her own transition into post. Lynne noted that she was looking forward to continuing to work with Arlene in her capacity within NHS Fife.</p>	
5	<p>COMMITTEE CHAIR ASSURANCE REPORTS</p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Strategic Planning Group on 5 March 2025, Quality and Communities Committee on 6 March 2025, Finance, Performance & Scrutiny Committee on 12 March 2025, and Audit & Assurance Committee on 14 March 2025.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Lisa Cooper, (Acting) Chair of the Strategic Planning Group welcomed the draft mental health strategy, noting positive discussion points at Committee which will be reviewed and considered.</p> <p>Rosemary Liewald, (Acting) Chair of the Quality and Communities Committee noted a positive meeting with all matters discussed and thorough debate on various matters on the agenda. There was nothing to escalate to the IJB.</p> <p>Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee noted nothing to report from Committee, confirming that the report provides details of any assurance and recommendations.</p> <p>Dave Dempsey, Chair of the Audit and Assurance Committee referenced page 27 paragraph 5, noting that Committee are now reassured about the sourcing of audit and highlighted positive feedback on the deep dive review papers.</p> <p>Recommendation</p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p>	
6	<p>STRATEGIC PLANNING & DELIVERY</p> <p>6.1 Strategic Plan Annual Report 2024 & Year 3 Delivery Plan</p>	

<p>This report was discussed at the Strategic Planning Group on 5 March 2025, the Quality and Communities Committee on 6 March 2025 and the Finance, Performance & Scrutiny Committee on 12 March 2025.</p> <p>David Ross introduced Audrey Valente who presented the report.</p> <p>Audrey noted that this is the 2nd annual report for the Strategic Plan 2023-26 and it provides an update on the key strategic actions completed during 2024, confirming the Partnership are on track to deliver the actions planned within the 3-year cycle.</p> <p>Audrey highlighted that of the 77 strategic actions planned for 2024, 27 are fully complete with 46 partially complete and 4 not yet started, delayed or cancelled.</p> <p>Audrey advised that the report includes the year 3 delivery plan with 61 planned actions, noting that the papers are being presented for assurance that the implementation of the Strategic Plan is on track and all comments and suggestions were welcomed.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Lisa Cooper, (Acting) Chair of Strategic Planning Group had no comments from Committee.</p> <p>Rosemary Liewald, (Acting) Chair of Quality and Communities noted that assurance was given that the Fife dementia delivery plan will be aligned with the national strategy.</p> <p>Alastair Grant, Chair of Finance, Performance and Scrutiny confirmed that Committee were assured of the progress and implementation of the plan.</p> <p>Dave Dempsey noted that there is reference on page 57 to “completed work continues” status. He requested if this can be reworded to provide more clarity.</p> <p>Eugene Clarke noted that the graphic on page 32 shows an increase throughout 2023-24 of partially completed actions. Eugene questioned whether carried over actions may lead to an overload of the system if actions are continuously carried forward?</p> <p>Audrey advised that the Strategic Plan is soon to be refreshed and that the priority going forward is to be realistic about delivery over the next planning cycle, confirming that if we don’t deliver in the final year, actions will be carried forward, but we will look at priorities.</p> <p>Lynne confirmed that it is important to recognise that the progress of actions is not as advanced as we would like. Lynne advised that a new process has been set up within SLT with added scrutiny on progressing actions.</p> <p>Eugene queried when the Board will be given an update once this process has concluded.</p> <p>Audrey advised that the next steps around the approach to the strategic plan will be brought over the course of this year, noting that May/June will bring planning for the next phase.</p> <p>Arlene Wood noted that the SBAR paper states no direction required but sections 6-8 mention the implications and direction to partners. Arlene complimented a</p>	<p>AV</p>
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	<p>comprehensive report but highlighted that it would benefit from a measure’s framework, stating that it is important to have quantitative and qualitative data to back up the statements within the report.</p> <p>Audrey thanked Arlene for her comments and asked Vanessa for guidance around the Directions. Vanessa confirmed that a Direction is issued in year one only around delivery of the framework and each year thereafter and a new Direction is appended to the Medium-Term Financial Strategy annually. Vanessa agreed that perhaps we could be more robust in this area however advised that we still aim to deliver what was set out in year one.</p> <p>David Ross noted that if the strategy is coming back to IJB in May/June then this may be the time to reinforce the Directions.</p> <p>Arlene took assurance from Vanessa’s comments.</p> <p>Recommendation</p> <ul style="list-style-type: none">• The Board were assured that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024).• The Integration Joint Board reviewed the report and provided final approval for the publication of the Strategic Plan Year Two Annual Report and agreed the Year Three Delivery Plan.	<p>VS</p>
	<p>6.2 Carers Eligibility Criteria</p> <p>This report was discussed at the Quality and Communities Committee on 6 March 2025.</p> <p>David Ross introduced Roy Lawrence who presented the report.</p> <p>Roy advised that the report was brought to IJB to seek support for the Supporting Carers Framework which sets out our Eligibility Criteria, noting this is fully aligned to the Supporting People Framework which was approved by Fife Council Cabinet Committee in January 2025. Roy highlighted that there has been no change to the actual criteria but advised that it has been reviewed to ensure that we meet the requirements and guidance as set out on page 139.</p> <p>Roy noted that page 112 details the amendments to the paper since Committee.</p> <p>Roy highlighted a visual overview of the participation and engagement work on page 142, noting that the Carers Criteria has been endorsed by key stakeholders including our IJB Carers Representative and Partners in the Joint Carers Strategy Group.</p> <p>Roy advised that now that the revised frameworks are in place the priority is to work with services and partners around implementation, noting his intention to meet with Caroline Cherry in her new role as Principal Social Work Officer for her valuable input. Roy welcomed any feedback on the report from IJB members.</p> <p>David Ross then invited Rosemary Liewald, (Acting) Chair of Quality & Communities to comment on discussions at Committee before opening to questions from Board members</p>	

<p>Rosemary highlighted good discussion at Committee and nothing to escalate to the IJB.</p> <p>Morna Fleming welcomed the paper, stating her opinion that eligibility for carers had not been transparent in the past. Morna noted that if this is utilised by everyone working with unpaid carers then it should professionalise the attitudes of everyone concerned as the criteria makes it clear.</p> <p>Morna further commented that she is not happy but understands reasons for eligibility being set as critical as this contradicts early intervention and prevention. Morna requested assurance that if there was to be any surplus in the carers act funding provided by Scottish Government, then the eligibility criteria would be relaxed to give more carers the support they need, even if not at critical level.</p> <p>Roy thanked Morna for her support in getting the criteria to where it is. Roy highlighted the revised action plan for 2025-26 with a focus on how we improve the services that are not based upon the Eligibility Criteria.</p> <p>Dave Dempsey noted that the table on page 116 is an image and therefore would not be accessible to people with sight loss. Dave highlighted that the risk levels within the table need clarified and requested assurance that those who utilise this will understand it.</p> <p>Roy gave assurance that there will be work with professionals and carers to ensure understanding of the criteria, noting that professionals will have a good grasp of what this means in practice. Roy confirmed that support with implementation will be provided.</p> <p>Rosemary highlighted work within the Wells and the “no wrong door” approach noting that Cowdenbeath welfare officers’ knowledge and understanding of benefits and what carers are entitled to is positive and making a difference. Rosemary suggested that if we strengthen this across all localities then we will see real benefits to those who need it.</p> <p>Kenny Murphy reiterated Morna’s comments on the benefits of having the criteria available to all, which ensures consistency and fairness, but noted that it could potentially increase the workload for voluntary sector organisations where funding is already tight. Kenny advised that he would welcome the opportunity to work with Roy to ensure that any additional strain is supported where possible.</p> <p>Roy gave his thanks to Kenny for his support in the preparation of the criteria and noted the need to work in partnership with all providers within the voluntary sector to ensure that as we increase our reach and create more demand, we also ensure people are directed to the appropriate services.</p> <p>Arlene gave her view that the framework comes over as complicated and it is important for the IJB to understand how it will be monitored, what the cost is and if this can be delivered with the available funding. Arlene also noted the implications for Fife Council and NHS but commented that no Directions were attached.</p> <p>Roy advised that there is no change to decision making and funding, noting that in the past it was brief and not transparent, whereby this is framing what is already done in a more transparent way to ensure everyone involved</p>	<p>RL</p>
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	<p>understands why decisions have been made. Roy gave assurance that monitoring will be incorporated into the plan.</p> <p>Vanessa advised that the criteria is nationally set by the Scottish Government, and the aim of the paper is to communicate how we will implement this in our local area, noting that the purpose of the paper is to provide a professional framework for staff to ensure we deliver equity of service. For IJB purposes, we are not changing what we are asking services to deliver, but the way in which services are being delivered.</p> <p>David Ross recognised that we would like to do more, but this is a step in the right direction.</p> <p>Recommendation</p> <ul style="list-style-type: none"> The Board agreed the Supporting Carers Framework as the replacement for the existing Carers Eligibility Criteria. 	RL
7	<p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Podiatry Service - Prevention of Amputation – Presentation by Sharon Wiener-Ogilvie</p> <p>Sharon Wiener-Ogilvie, Professional Head of Service for Podiatry gave a short presentation highlighting the work of the Podiatry Service in the prevention of amputation.</p> <p>Following the presentation Morna Fleming commented that this was a positive example of early intervention and prevention and multi-disciplinary working.</p> <p>Sharon highlighted the unique position in Fife in that we are able to provide this level of care in the community.</p> <p>Lynn Barker thanked Sharon for her presentation, noting the multi-disciplinary approach.</p> <p>Cllr Eugene Clarke thanked Sharon for her presentation and queried the availability of Podiatry services in Fife.</p> <p>Sharon responded to advise that we have a Podiatry care home team, with a focus on tissue viability, wound management and mobility.</p> <p>David Ross thanked Sharon for her presentation.</p>	
8	<p>INTEGRATED PERFORMANCE</p> <p>8.1 Finance Update</p> <p>This report was discussed at the Local Partnership Forum on 11 March 2025 and the Finance Performance & Scrutiny Committee on 12 March 2025.</p> <p>David Ross introduced Audrey Valente, Chief Finance Officer who presented the report.</p> <p>Audrey began her report by advising that the paper details the financial position based on actuals to January 2025, which is currently a projected overspend of £36.990m, noting an adverse movement of £2m from the figure reported in November 2024.</p>	

	<p>Audrey highlighted the recent development of an escalation tool to address the volatile areas of spend, noting continual scrutiny of savings on a weekly basis. The current estimate is 56% of savings to be delivered by the end of the financial year which is £22m of the £39m approved in March.</p> <p>Audrey noted that the position will be kept under continual review and welcomed questions from members.</p> <p>David Ross then opened to questions from Board members.</p> <p>Dave Dempsey highlighted page 154 which states that any remaining overspend will funded by the parties and queried if this is the same as risk share.</p> <p>Audrey confirmed this is the risk share agreement as per the integration scheme and advised that the percentage can change year on year depending on allocations by partners.</p> <p>Recommendation</p> <p>The Board noted the report and were assured that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1.</p>	
	<p>8.2 Revenue Budget 2025/26 & Medium-Term Financial Strategy</p> <p>This report was discussed at the Local Partnership Forum Budget session on 25 February 2025, the IJB Development Session on 26 February 2025 and the Extraordinary Finance, Performance & Scrutiny Committee on 17 March 2025.</p> <p>David Ross introduced Audrey Valente who presented the report.</p> <p>Audrey began her report by advising that she was presenting the revenue budget paper for approval for 2025-26, highlighting a wealth of documents for consideration in addition to SBAR which are included within the report as appendices.</p> <p>Audrey noted that the 3-year budget gap is based on the cost of continuing and inflationary pressures and reflects the allocation from partners to arrive at a 3-year gap of approximately £40m. To close the gap, unachieved savings equating to £15.277m were considered, new proposals were reviewed, and Audrey advised that approval was being sought for £12.347m. Audrey noted the aim to set the budget at the same levels of spend as last year, but due to some of the funding not being passported at start of year this was not possible for the volatile budgets. It was therefore necessary to reduce the budgets based on affordability, whilst noting that income will be made available by partners on an 8-weekly basis.</p> <p>Audrey highlighted that NHS had approved their budget yesterday and therefore the £10.8m funding allocation was now confirmed. Proposed charging for Fife Council services remains unsure and will be considered on 3rd April 2025 at Cabinet Committee. The budget is being set on the basis that this is approved however Audrey reiterated that this remains to be confirmed.</p>	

<p>Audrey noted that detail of the savings proposals was discussed in detail at a recent Development Session and Extraordinary Meeting of the Finance, Performance and Scrutiny Committee.</p> <p>Audrey advised that whilst the 3-year medium term position is reported in the papers, IJB were being asked to approve the 1-year budget for 2025-26, however 3 years were provided to give assurance that financial sustainability is important. Audrey gave assurance that 8-weekly scrutiny and challenge of the financial position by partners will continue, with SLT continuing to scrutinise delivery of savings on a weekly basis.</p> <p>Audrey concluded her presentation by noting that financial challenges will continue into next year, but assured members that our continual review will mitigate these challenges and ensure effective financial management.</p> <p>David Ross invited Lynne Garvey, Co-Chair of the Local Partnership Forum and Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committees before opening to questions from Board members.</p> <p>Lynne Garvey, Co-Chair of the Local Partnership Forum noted that the volatile budget process which has been agreed with partners is crucial to the success of delivering our year end position and advised members that she welcomed this different approach by partners as a positive step.</p> <p>Alastair Grant, Chair of Finance, Performance and Scrutiny noted no particular comments from Committee.</p> <p>Dave Dempsey highlighted a number of queries.</p> <ul style="list-style-type: none">• On page 14 of the report, at the top of the page states a budget uplift from Fife Council of £4.4m for next year only, where at the bottom it states £4.41m has been approved on a recurring basis.• Page 15 states no funding is passported to IJB from Fife Council, however Dave thought Fife Council had passed on money from Scottish Government.• Dave highlighted numerous references to volatile budgets and queried which budgets are volatile.• Dave noted that on page 24, under principles, there is discussion of recovery plans within individual services and recovery plans as a whole. Dave noted that the IJB are asked to approve the overall recovery plan but questioned if individual recovery plans will come to IJB? <p>Dave complimented the Directions but advised that Fife Council Directions should not reference NHS Fife and vice versa, noting the Directions are good as they reference budgetary control which is important.</p> <p>Audrey confirmed a typo with £4.4m/£4.41m and assured members that this would be corrected.</p> <p>In terms of recovery plans, Audrey confirmed that as soon as there is an overspend position the integration scheme clearly states that a recovery plan must come forward. Audrey noted that early in the new year any recovery plans will be brought forward and confirmed that volatile budgets will be closely</p>	<p>AV</p>
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<p>interlinked. Audrey confirmed 8 weekly dialogue with partners with discussions around funding clearly differentiating between volatile budgets and other budgets with overspend. Audrey assured members that regular dialogue with partners around additional funding will take place and where a gap still exists, we will be into a recovery plan.</p> <p>Audrey confirmed that Directions are draft, and Dave’s comments will be taken on board around referencing either partner.</p> <p>Arlene Wood complimented the paper, noting Directions are good and it is helpful to reference delegated services. Arlene commented that there had previously been reference made to the funding available for beds, care packages etc and noted that this level of information would be useful around the volatile budgets and with reference to supplementary staffing and care packages, we need to be clear what the available funding actually buys. Arlene requested clarity in terms of efficiencies and transformation referencing the £21m with a high level of confidence, and the £13m in relation to volatile budgets being the riskier areas for delivery.</p> <p>Audrey confirmed that our escalation tool clearly articulates what the budget buys and where we are in relation to this, noting this will form discussion with our partners on an 8-weekly basis. This will be brought to Governance Committees; however, Audrey was happy to have a conversation if Arlene felt it would be useful to bring this to the IJB. Audrey confirmed that Arlene was correct in her interpretation, noting that we do have high level of confidence in delivery of savings but there is always a risk and advised that if this changes we will look at alternatives and substitutes as an SLT. Audrey assured members that the riskier areas will be kept under continual review and monitored throughout the year.</p> <p>Paul Dundas gave his thanks to Audrey and team for bringing these papers in challenging times, noting his wish to continue exploring opportunities in-year as to how we can do things differently within commissioned services. Paul highlighted areas not listed because of the national position, specifically employers NIC, care homes with the national care home contract still undetermined and the UKVI position to increase the hourly rate for Visa renewal or new Visas from 9th April 2025. Paul noted increasing risk which he would like to monitor in-year, and highlighted a challenging year all round for commissioned services.</p> <p>Audrey advised that she had tried to allude to the risk areas within paper in relation to employers NIC, noting the intention to continue to work alongside the Third and Voluntary Sector. Audrey highlighted a meeting earlier in the week and gave assurance that these discussions and support will continue, noting that we do recognise the risk to our valued partners, and this has been highlighted in the paper.</p> <p>Morna Fleming reiterated Dave Dempsey’s points and in addition noted the involvement of the Private Sector in terms of respite care, highlighting page 43 – the review of respite care and charges. Morna noted her confusion around different policies in place for respite for service users and carers and highlighted that for some service users they may be expected to pay charges which they cannot afford, which will put extra pressures on those caring for them.</p>	<p>AV/VS</p>
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<p>Morna highlighted that the 3-week respite was meant to be a temporary measure for the current financial year and would be re-assessed for 2025-26, noting that if all unpaid carers take out adult carer support plan, they won't have to pay charges. Morna requested clarity on these points.</p> <p>Audrey advised that charging is linked to a Fife Council decision and clarity will come on 3rd April following the Fife Council Cabinet Meeting.</p> <p>Audrey asked Jillian Torrens to provide clarity in terms of review of respite. Jillian confirmed that respite is assessed in its totality and assured Morna that no charges will be applied to those who cannot afford it. In relation to the cap on respite, Jillian confirmed that all respite will be reviewed on an individual basis and if needs require additional respite, then this will be assessed.</p> <p>Morna requested confirmation in writing in order to be assured of this position. Jillian noted that reference had been made to the escalation process but will ensure that this is explicitly stated within the documentation.</p> <p>Paul Dundas further acknowledged that the risk areas are covered within Audrey's paper, however wished to draw attention to the increased cost pertaining to UKVI charges.</p> <p>Rosemary Liewald noted page 9 of 52 which makes reference to workforce, but provides no expansion on recruitment, and advised that agency and bank spend was raised at the last full Fife Council meeting. Rosemary highlighted the care staff lost prior to Brexit and the outbreak of Covid-19 and queried if there was any additional work taking place in regard to this to reduce our reliance on bank and agency.</p> <p>Audrey brought in Chris Conroy who highlighted work being done locally in terms of creating opportunities through recruitment fairs which have been successful in attracting staff from Fife and beyond. Chris noted that it is critical to work on staff retention and highlighted lots of work ongoing to ensure staff are given the appropriate training and progression opportunities.</p> <p>Rosemary highlighted that agency and bank cost is staggering as a national picture and queried whether we have the power to escalate this issue and do a further reach out to reduce the reliance on bank and agency.</p> <p>Lynne Garvey acknowledged the high spend on bank and agency and noted that this is laid out as a priority in the financial plan. Lynne highlighted the progress we have made to reduce this and acknowledged the staff who led on the reduction in this area. Lynne advised that when areas are unsafe there will always be a need for bank and agency staff but confirmed that the drive on recruitment has reduced this reliance.</p> <p>Rosemary acknowledged the huge amount of work happening around this and gave specific thanks to Lynne Parsons and Chris Conroy for their work in this area.</p> <p>Paul Dundas noted success with international recruitment within the Independent and Third Sector in Fife and advised that nursing staff are mostly employed from India and Philippines and care staff from Nigeria and Zimbabwe which has significantly reduced the spend on agency. Paul highlighted that he has established the International Employers Network which is the first in Scotland with support from Scottish Government, with agreement to roll out across</p>	<p>JT</p>
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	<p>Scotland and noted collaboration with Roy Lawrence's team and Alan Adamson in Commissioning to take this forward. Paul recognised an improving picture locally which he noted must be nurtured going forward.</p> <p>Janette Keenan highlighted successful international recruitment within NHS Fife with almost 100 internationally educated nurses and 5 internationally educated radiographers, who are now settled in Fife with their families, noting some who have progressed into promoted posts. Janette advised that the Scottish Executive Nurse Directors Group have asked the Government to consider restarting the supply line for international recruitment. Janette highlighted the impending challenge with recruitment and explained that last year's target was to attract 4500 nursing students with only 3000 achieved which will have a knock-on effect on future recruitment of newly qualified practitioners. Janette highlighted the success of the Assistant Practitioner programme with some staff being accepted into the second year of nursing at Dundee or Abertay and noted ongoing work with universities to attract students.</p> <p>Dave Dempsey noted that the budget includes new charges which he suggested were unlikely to be approved at Fife Council Cabinet and therefore he requested that these were removed. Audrey confirmed that we need level of certainty following Cabinet Committee, however advised that there are alternatives if these are not approved.</p> <p>Cllr David Ross noted that the 2 charges are for debate at Fife Council Cabinet and suggested that the budget was left as it currently stands with members taking assurance that there is an alternative plan in place should charging not be approved.</p> <p>Vanessa Salmond reinforced to members that they were being asked to approve the budget in the best interests of the IJB.</p> <p>Lynne Garvey assured members of robust discussions at SLT with alternative plans in place if charging is not approved at Council.</p> <p>Arlene Wood noted that the income generation element should not prevent the IJB from approving the budget, with the papers clearly stating that this requires Fife Council approval, and therefore she was happy to approve the budget as it stands today.</p> <p>Recommendation</p> <ul style="list-style-type: none"> • The Board examined and considered the budget for 2025-26 and associated savings; • The Board examined and considered the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, changes in Inflation, demographic growth to name but a few. • The Board agreed the budget for next financial year 2025-26; • The Board considered and agreed the direction to both partner organisations. 	
9	GOVERNANCE & OUTCOMES	

	<p>9.1 Membership Update</p> <p>David Ross introduced Vanessa Salmond who presented the report.</p> <p>Vanessa advised that there will be changes to NHS Non-Executive membership within the IJB with effect from 1 April 2025, following a reshuffle of membership within NHS Board. These changes are as follows:-</p> <ul style="list-style-type: none">• Arlene Wood will stand down from the IJB.• Jo Bennett will join the IJB. <p>Vanessa formally recorded her thanks to Arlene for her contribution to the Board and for supporting the enhancement of Board Governance arrangements.</p> <p><u>Vice-Chair Transition</u></p> <p>Colin Grieve will replace Arlene Wood as Vice-Chair of the IJB.</p> <p><u>Committee Membership</u></p> <p>Colin Grieve will stand down from membership of the Quality and Communities Committee and be replaced by Jo Bennett.</p> <p>Colin will also stand down from Finance, Performance and Scrutiny Committee. This change does not have any impact on the quorum of this Committee.</p> <p>Colin will assume the role of Chair of the Strategic Planning Group.</p> <p>Recommendation</p> <p>The Board noted the member transitions as above, formally recorded their sincere thanks to Arlene for her valued contribution over the last 3 years on the IJB and warmly welcomed Jo Bennett to the Board.</p>	
	<p>9.2 Draft IJB Workplan 2025-26</p> <p>David Ross introduced Vanessa Salmond who presented the report.</p> <p>Vanessa advised that the draft workplan for 2025-2026 has been developed to ensure that relevant reports pertaining to the delivery of the Strategic Plan are presented to the Integration Joint Board.</p> <p>Vanessa noted that the workplan has been developed to provide IJB members with an early indication of planned statutory and legislative planned reports expected throughout the 2025-26 fiscal year but also must be reactive to emerging issues, advising that in developing this workplan individual IJB Committee workplans and those of partner bodies have been considered.</p> <p>Vanessa noted that the workplan will evolve throughout the reporting year, alongside developments being considered by the Senior Leadership Team in regard to structure and reporting arrangements and advised that she would welcome input from IJB members on any additional pertinent reports which should be included.</p> <p>David Ross then opened to questions from Board members.</p> <p>Dave Dempsey noted that the table on page 165 looks a year ahead and queried if this will be a rolling year or if the workplan would shrink as the year progresses.</p>	

	<p>Vanessa confirmed that this will shrink as we progress through the reporting year due to the need to be aligned with partner reporting however advised that we will review this.</p> <p>Rosemary Liewald welcomed and complimented the draft workplan.</p> <p>Recommendation</p> <p>The Board discussed and approved the draft workplan for 2025-26 as detailed at Appendix 1 and acknowledged that the IJB Workplan 2025-2026 will be presented at each IJB meeting as a standing agenda item.</p>	VS/GR
10	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Winter Covid-19 and Flu Vaccine Delivery Campaign 2024-25</p> <p>This report was discussed at the Quality and Communities Committee on 6 March 2025.</p> <p>David Ross introduced Lisa Cooper who presented this report.</p> <p>Lisa advised that this report provides an update on vaccine uptake within the eligible cohorts for the Winter Covid-19 and Flu Campaign 2024/25, noting that the data appendix provides a summary of flu and Covid-19 epidemiology over the winter period, including care home outbreak data within Fife.</p> <p>Lisa advised that the key objectives are set out within the paper noting that appendix 2 provides a comprehensive data uptake of all eligible cohorts with appendix 3 providing information around the incidence of flu and the impact on hospital admission. Lisa noted a spike over 2024-25 and the increase in hospital admission as a result which she commented further evidences the need for uptake of the flu vaccine.</p> <p>Lisa highlighted some areas of success with flu vaccine uptake in the over 25 population and Covid-19 vaccination uptake in the over 75 population being slightly above the Scottish average, noting that whilst care home uptake met the aspirations locally it was slightly below the national average. Lisa highlighted that the Health and Social Care workforce flu uptake was not what we had aspired it to be but was comparable with the national uptake. In response to this, a lessons learned exercise has been conducted with a Health and Social Care workforce vaccination planning group being established in June 2025.</p> <p>Lisa noted for information that we have just received direction for the Spring vaccination campaign with plans underway for delivery.</p> <p>David Ross then invited Rosemary Liewald, (Acting) Chair of Quality and Communities to comment on discussions at Committee opening to questions from Board members.</p> <p>Rosemary advised that this report was discussed in detail at the Quality and Communities Committee who recognised the figures in relation to the pre-school cohort, noting that whilst it was positive to see an increase in the 6 months to 2-year cohort, there was a decrease in pre-school uptake. Rosemary noted that she is happy to assist with this work to encourage uptake in this area.</p> <p>Paul Dundas gave his appreciation to Lisa and all involved in the delivery of the vaccination programme and recognised the agility of the team.</p>	

	<p>Dave Dempsey sought clarification around the meaning of peer vaccination and questioned why uptake numbers are low.</p> <p>Lisa advised that peer vaccination is when a cohort of nurses are trained to vaccinate colleagues and noted that this model was in place pre-pandemic to support with delivery of vaccinations by making the service more accessible.</p> <p>Lisa further explained that the reduction in uptake is multi factorial and confirmed that a national review will take place, noting a national increase in vaccine hesitancy and the need to encourage confidence in vaccination.</p> <p>Mary Lockhart queried if there was any data or evidence as to why Health and Social Care staff were reluctant to take up the vaccination.</p> <p>Lisa again noted that vaccine hesitancy was an issue and advised that we are working with national colleagues to understand this in order to promote increased uptake this year.</p> <p>Recommendation</p> <p>Integration Joint Board were assured that the winter vaccine programme meets the deliverables as directed by the Chief Medical Officer.</p>	
11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Quality & Communities Committee – 10 January 2025 • Local Partnership Forum – 14 January 2025 • Finance, Performance & Scrutiny – 15 January 2025 • Audit and Assurance Committee – 17 January 2025 <p>* The Strategic Planning Group did not meet in January 2025.</p> <p>David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.</p>	
12	<p>AOCB</p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.</p>	
13	<p>DATE OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – WEDNESDAY 30 APRIL 2025 (09:30-12:30, Main Hall, Lynebank Hospital, Dunfermline)</p> <p>INTEGRATION JOINT BOARD – WEDNESDAY 28 MAY 2025</p>	

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 26 MARCH 2025

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	IJB 260325 9.2 Draft IJB Workplan 2025-26 Review draft workplan to explore if this could be set up as a rolling year (as per comment from Dave Dempsey)	Vanessa Salmond		The process for developing Committee and IJB workplans is complex with lots of inter-dependencies. Unfortunately, having explored this suggestion, it is not feasible at this time.
2	IJB 260325 8.2 Revenue Budget 2025/26 & Medium-Term Financial Strategy Typo on page 14 of the report relating to budget uplift Request from Dave Dempsey to ensure that Directions are specific to each individual partner. Review of Respite – position to be clearly articulated within documentation (per request from Morna)	Audrey Valente Vanessa Salmond Jillian Torrens		09.05.25 Noted and corrected. Directions amended prior to issue.
3	IJB 260325 – 6.2 Carers Eligibility Criteria Dave Dempsey noted that the table on page 116 is an image and therefore would not be accessible to people with sight loss. Monitoring to be incorporated into the plan (as per comment from Arlene Wood)	Roy Lawrence		The image on page 116 is due to the papers being combined and converted to PDF to create the full IJB papers. The image in the original document is a table and not an image. This is the version that will be distributed so this should not be an issue. Roy met with James Ross as Chief Social Work Officer and Chris Conroy to begin to think about the implementation of the Eligibility Criteria framework. This work will be continued with Caroline Cherry,

				our new Principal Social Work Officer, when she starts in post, alongside the CSWO and our Heads of Service. As part of the work to implement the new framework, monitoring we will be built in to ensure we are receiving feedback from staff and service users on the process.
4	IJB 260325 – 6.1 Strategic Plan Annual Report & Year 3 Delivery Plan Dave Dempsey noted that page 57 states “completed work continues” which does not make sense.	Audrey Valente		Original action completed as planned with additional work underway to enhance delivery.

COMPLETED ACTIONS

<p>IJB 290125 – Fife Immunisation Strategic Framework</p> <p>Morna requested uptake percentage be added to the report along with narrative around why people are not attending and actions taken to encourage.</p> <p>Word omission within the report (page 41 of the IJB papers at end of paragraph 1)</p> <p>Page 19, figure 7 is an image which breaches accessibility guidelines</p>	<p>Lisa Cooper</p> <p>Lisa Cooper</p> <p>Lisa Cooper</p>		<p>LC confirmed all actions complete</p>
<p>IJB 290125 – Mainstreaming the Equalities Duty</p> <p>Lisa to confirm & feedback to Morna if training to support safe eating and drinking for those with learning difficulty is available to unpaid carers.</p> <p>Arlene suggested a Development Session around outcomes and how these are quantified and requested information</p>	<p>Lisa Cooper</p> <p>Audrey Valente</p>	<p>ASAP</p>	<p>Response from Hilary Munro 27.02.25: Where a person has been identified with an eating, drinking and swallowing issue and where upskilling is required, this will be provided to whomever requires it as part of person-centred care. Action complete.</p> <p>Equalities Outcomes added to list of potential topics for</p>

<p>around metrics and how we report back on these. Audrey Valente to confirm.</p> <p>Rosemary Liewald requested data related to how we are doing in terms of recruitment, engagement and retention of male carers.</p> <p>Data to be shared around service user preference of gender of those caring for them (request from Mary Lockhart)</p>	<p>Roy Lawrence</p> <p>Roy Lawrence</p>		<p>future development sessions. Action complete</p> <p>Data shared 14.03.25 – action complete</p> <p>Data shared 14.03.25 – action complete</p>
<p>IJB 290125 – Fife Immunisation Strategic Framework</p> <p>Concern around content of Direction – Lisa and Vanessa to connect with Dave Dempsey to support revision of Direction.</p>	<p>Lisa Cooper / Vanessa Salmond</p>		<p>Teams meeting scheduled – meeting progressed, following meeting it was agreed Direction no longer required. Action closed.</p>
<p>IJB 290125</p> <p>Timescales to be added to action note</p>	<p>Gemma Reid</p>	<p>Following meeting</p>	<p>Complete - further updates requested and some actions now closed with one ongoing (Q&C revised ToR)</p>
<p>IJB 290125</p> <p>Invitation to Morar Living Open Day to be circulated to members</p>	<p>Gemma Reid</p>	<p>Following meeting</p>	<p>Complete 290125</p>
<p>Risk Review – Audrey to meet with Avril Sweeney & Committee Chairs to progress risk review.</p>	<p>Audrey Valente</p>	<p>Action closed</p>	<p>Meeting held with Dave Dempsey, summary report will be presented to A&A Committee.</p>
<p>Finance Update – Audrey/Vanessa to decide how financial position can be reported more regularly to members.</p>	<p>Audrey Valente / Vanessa Salmond</p>		<p>Complete – extraordinary FPS scheduled with any escalation reported via Chair's assurance report.</p>
<p>Armed Forces Covenant Duty – measures framework to be developed for inclusion in next report.</p>	<p>Lesley Gauld / Jillian Torrens</p>	<p>Next annual report</p>	<p>Lesley bringing to next meeting of AFC working group</p>

Workforce Report – Roy to pick up amendments with Chris McKenna	Roy Lawrence		Completed – CM drafting extract for inclusion in revised doc.
IJB Development Session (cancelled 18/12/24) – date to be agreed for rescheduled Development Session, focused on the Integration Scheme, Financial Regulations & Directions.	Vanessa Salmond / Gemma Reid		Action complete – to progress with next scheduled Development Session 26/2/25
Directions Tracker – amend wording re delivery outcomes taking place, but not saying resources allocated.	Vanessa Salmond		Action complete
Lived Experience – video to be emailed to members following IT issues during meeting.	Gemma Reid		Action complete
Finance – formally write to partners to seek additional funding	Audrey Valente		Action complete
Prevention & Early Intervention Strategy – amendment required to 4 th column of table on p.28, to include “and future needs”	Lisa Cooper	Immediate	Complete 01/11/24 - confirmation from Kay Samson that SBAR updated
Prevention & Early Intervention Strategy – strategy to be used to aid the uptake of screening – to be built into delivery plan.	Lisa Cooper		Complete. 01/11/24 Confirmation that Ruth Bennett taking forward as Senior Lead for Implementation.
From Sept IJB Q&C Revised ToR – Diagram 1 to be changed prior to publication to ensure accessible format.	Helen Hellewell		Action Complete – diagram on ToR updated.



Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 5.1

Report Title: Chair's Assurance Report
Audit and Assurance Committee

Committee Chair: Dave Dempsey

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Audit and Assurance Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. There were 2 items of business due to be presented at this Committee cycle delayed. The Internal Control Evaluation Report and the Performance Audit Report were both delayed due to resourcing issues. These have been rescheduled.

At the meeting on 16th May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Internal Audit Progress Report; Internal Audit Follow-Up Report and Annual Internal Audit Plan.
- Risk: Risk Annual Risk Management Report and IJB Strategic Risk Register
- Governance & Compliance: Annual Assurance Statements and Integration Scheme Financial Governance – Budget Setting.

3 Update on Risks

The IJB Strategic Risk Register was reviewed and members were assured that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive review process are helping to support the management of risks.

4 Committee Levels of Assurance / Decisions / Recommendations

The Audit and Assurance Committee made the following decisions at its meeting on 16th May 2025:-

Assurance

- **Internal Audit Progress Report** - Committee were assured by the progress in relation to the 2024-25 Internal Audit Plan.
- **Internal Audit Follow-Up Report** – Members welcomed the update that a review had been undertaken, and number of some long outstanding recommendations are now marked as complete.

Recommendations

- **Risk Annual Risk Management Report** – Committee were assured around progress on Risk management and agreed the Risk Maturity Model baseline should be formally presented to IJB for approval.

Decisions

- **Annual Assurance Statements** – Members welcomed new format and agreed they provide sufficient assurance to proceed to the IJB.
- **Integration Scheme Financial Governance – Budget Setting.**– Committee commended this report and requested a follow-up report to be scheduled.

5 Escalations/Highlights to the IJB

There were issues highlighted requiring formal escalation to the IJB.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Dave Dempsey, Chair, Audit and Assurance Committee



Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 5.2

Report Title: Chair's Assurance Report
Finance, Performance and Scrutiny Committee

Committee Chair: Alastair Grant

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Finance, Performance and Scrutiny Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. The Alcohol and Drugs Partnership Annual Report has been deferred due to competing work priorities, all other items of business scheduled to be reported at this Committee cycle as per the Committee workplan were presented. In summary, at their meeting on 13th May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update and FPS Strategic Risk Register
- Performance: Performance Report, Monitoring Progress of Directions and Mid-Year Workforce Update
- Transformation: Reconfiguration of Adamson and St Andrews Minor Injuries Unit
- Strategies: Mid-Year Workforce Report
- Governance: Annual Governance Statement

3 Update on Risks

The FPS Strategic Risk Register was presented and members agreed to the current risk scores.

4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 13th May 2025:-

Assurance

- **Performance Report** – Committee were assured that this report enables the monitoring of performance for the Partnership and work is progressing to achieve improved outcomes.
- **Monitor Progress of Directions** - Members were assured by the status of all open directions.
- **Commissioning Strategy** – Members were assured by the progress of activities contained within this report on delivery of the Strategy.
- **Mid-Year Workforce Update** - Committee were assured by the activities described with this report.

Recommendations

- **Finance Update** – Following discussion, Committee agree to remit the provisional outturn position to the IJB.
- **Annual Governance Statements** - Members agreed that there were no issues to formally escalate within the Statement.
- **Reconfiguration of MIU** - Members discussed the proposal and agreed to proceed to the IJB for decision.

5 Escalations/Highlights to the IJB

There were no significant areas of concern or items requiring escalation to the IJB identified at this meeting.

6 Forward Planning/Horizon Scanning

There is no planned activity to report.

Alastair Grant, Chair, Finance, Performance and Scrutiny Committee



Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 5.3

Report Title: Chair's Assurance Report
Quality and Communities Committee

Committee Chair: Sinead Braiden

Responsible Officer: Helen Hellewell, Deputy Medical Director
Lynn Barker, Director of Nursing, HSCP

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Quality and Communities Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. There were 2 items of business due to be reported at this Committee cycle delayed. The Alcohol and Drugs Partnership Annual Report was delayed due to competing work demands and the Duty of Candour reports have been delayed due the appointment of a new Principal Social Work Officer. Both of these items have been rescheduled. All other items of business were presented as planned. In summary, at their meeting on 25th April the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters Report and IJB Risk Register Review.
- Strategic Planning: North East Fife Minor Injuries Unit Reconfiguration and Spring Booster Campaign.
- Legislative Requirement and Annual Reports: QCC Annual Statement of Assurance, Adult Support and Protection Annual Report and United Nations Convention for Children's Rights (UNCRC) Update Report.

3 Update on Risks

The Committee agreed to the latest scoring within the Quality and Communities Strategic Risk Register, noting that individual deep dives have been undertaken of the 4 highest scoring risks

4 Committee Levels of Assurance / Decisions / Recommendations

The Quality and Communities Committee made the following decisions at its meeting on 25th April 2025:-

Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board.
- **Spring Booster Campaign** – This report provides Committee with assurance regarding planning and implementation of the Spring Booster campaign in line with national direction.
- **Adult Support and Protection Biennial Report** – Members discussed the report and agreed that it provided assurance on current position.
- **UNCRC Update Report**- The Committee were assured by the report which provides an update on the progress of actions to implement the CRC (Incorporation) (Scotland) Act 2024.

Recommendations

- **NE Fife MIU Reconfiguration** – Members discussed the proposal in detail and provided constructive feedback for progression.
- **QCC Annual Statement of Assurance** – The Committee provided support to progress the Audit and Assurance Committee for sight prior to final submission to the IJB.

5 Escalations/Highlights to the IJB

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting other than those reports identified above to be remitted to the IJB.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Sinead Braiden, Chair, Quality and Communities Committee



Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 5.4

Report Title: Chair's Assurance Report
Strategic Planning Group

Group Chair: Roy Lawrence (Acting)

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Strategic Planning Group (SPG) is intended to provide the Integration Joint Board (IJB) with assurance around the monitoring function of the Group in relation to integrated strategic planning and commissioning; development and progress within strategic planning; responses to emerging strategic issues, and new national and local drivers, to ensure the delivery of key objectives in the Strategic Delivery Plan.

2 Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. There was one item deferred which was scheduled to be reported at this meeting as per the Groups' workplan which was the Alcohol and Drugs Partnership Annual Report, however due to competing demands this has been rescheduled. All other items of business scheduled were presented.

At the meeting on 9th May the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log
- Strategic Planning Group: Future Vision (Verbal Update)
- Annual Reports: Commissioning Strategy and Local Housing Strategy
- Strategy Flash Reports: Advocacy Strategy and Workforce Strategy

3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 9th May 2025:-

Decision

- **Strategic Planning Group Review 2025** – The SPG agreed that a development session to progress an action plan from recent the results of a recent SPG self-assessment would be of value.

Assurance

- **Commissioning Strategy**– The SPG were assured that the vision and principles of the Commissioning Strategy 2023–2026 are being effectively delivered as reported within the annual report.
- **Local Housing Strategy**– The SPG were assured with the progress in deliverables reported within the Local Housing Strategy which directly attribute to improving the health and wellbeing of people within Fife.
- **Advocacy Flash Report** – The SPG welcomed the progress of completed and planned activities in delivery of the Strategy and that no risks have been identified.
- **Workforce Flash Report** – The SPG commended the considerable work being progressed and noted the challenge of lowering the current workforce strategic risk score due to a number of external factors.

4 Escalations/Highlights to the IJB

Colin Grieve will assume the role of Chair at the next meeting.

5 Forward Planning/Horizon Scanning

There were no issues for highlighting.

Roy Lawrence, Acting Chair, Strategic Planning Group

Meeting Title: Integration Joint Board

Meeting Date: 28 May 2025

Agenda Item No: 6.1

Report Title: Reconfiguration of Adamson and St. Andrews Minor Injury Unit (MIU)s

Responsible Officer: Lisa Cooper, Head of Primary and Preventative Care Services

Report Author: Martyn Berrie, Interim Clinical Services Manager, Urgent Care Services Fife (UCSF)

1 Purpose

This Report is presented to the IJB for:

- Assurance
- Decision

This paper is presented for **assurance** in regard to the process undertaken and completed to recommend option 3 articulated within the paper and seeks **decision** to progress with recommendation 3 for North East Fife MIU reconfiguration based upon findings from a robust evaluation, including participation and engagement work and a clinically led options appraisal.

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local.
- Sustainable.
- Integration.

This report relates to:

- IJB Strategic Priorities
- National Health and Wellbeing Outcomes
- IJB Medium-Term Financial Strategy
- National Transforming Urgent Care programme
- Centre for Sustainable Delivery Unscheduled Care Programme
- NHS Fife Population Health and Wellbeing Strategy - priority 2 - Quality of Care. Focusing
- Urgent and Unscheduled Care priorities in line with National Strategy Supporting “Right Care, Right Place, Right Time.”

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

- Safe
- Effective
- Person Centred

2 Route to the Meeting

- 22nd January 2025 - FHSCP SLT
- 10th February 2025 - Engagement with staff & stakeholders
- 17th February to 30th of March 2025 - Participation & Engagement, including public survey, open evening events within Royal Burgh of Cupar and Royal Burgh of St. Andrews and online drop in public events.
- 14th April 2025 - FHSCP SLT
- 25th April 2025 - Fife HSCP Quality and Communities Committee
- 1st May 2025 - NHS Fife Executive Directors Group
- 2nd May 2025 - NHS Fife Clinical Governance Committee
- 13th May 2025 - Fife HSCP Finance, Performance and Scrutiny Committee
- 14th May 2025 - Local Partnership Forum
- 28th May 2025 - Integration Joint Board

3 Report Summary

3.1 Situation

This paper is presented for **assurance** and **decision** and is focused on the delivery of Minor Injury care in North East Fife, Monday to Friday, 08:00–18:00 and all other urgent care services are out with scope of this proposal.

The proposal supports key strategic priorities of the Integrated Joint Board, including the Home First and Primary Care strategies, aligns with the national Transforming Urgent Care Programme directed by the Centre for Sustainable

Delivery, and contributes to NHS Fife's Population Health and Wellbeing Strategy—Priority 2: Quality of Care and promotes alternative models of care in line with the IJBS Strategic Plan (2023–2026) and the Medium-Term Financial Strategy (2024–2027).

Following a clinically led options appraisal led jointly by stakeholders in the NEF Minor Injury Units Group, Option 3 (a single-site model at St Andrews) scored highest based on criteria including person-centred care, sustainability, and equity. A public consultation and engagement plan was then implemented in line with *Planning with People* guidance. This comprised implementation of a comprehensive Participation and Engagement Plan to inform staff, the public, and stakeholders, raise awareness of available services, and promote the principle of right care, right place, right time, alongside the development of a Stage 1 & 2 Equality Impact Assessment (EQIA).

This paper provides a significant level of **assurance** that appropriate communication, engagement, financial scrutiny and EQIA have been undertaken and is presented to the Integration Joint Board for a **decision** to proceed to implementation of Option 3, the North East Fife MIU reconfiguration and consolidation of MIU services 0800-1800 Monday to Friday to St Andrews Community Hospital.

3.2 Background

Both Adamson and St Andrews Community Hospital (SACH) Minor Injury Units (MIUs) operate from 08:00 to 18:00 and are staffed by Emergency Nurse Practitioners (ENPs) and Health Care Support Workers (HCSWs), but workforce shortages impact the ability to consistently and safely deliver care across both sites. A proposed reconfiguration to a single site MIU at St Andrews, with full radiology services, is expected to manage activity comparable to that of Queen Margaret Hospital MIU.

A robust options appraisal process followed (Appendix 1) underpinned by a comprehensive participation and engagement plan (Appendix 2) to inform healthcare staff, stakeholders, and the public, using various channels to explain the rationale, address concerns, and gather feedback. This included meetings, surveys, and events, alongside a robust EQIA (Appendix 3) that assessed impacts on protected groups and children's wellbeing, ensuring mitigations were in place.

This process supports the proposal for a sustainable single MIU in Northeast Fife Locality and aligns with statutory duties under the Equality Act 2010.

It is important to advise and assure that Adamson Hospital, Cupar as a community based hub for Patient care is not within scope and there is a commitment from the HSCP to continue to invest within the site to further develop it is a thriving health and social care hub for the Community within the

Royal Burgh of Cupar and Beyond. This will be outlined further within this paper.

3.3 Assessment

A series of key factors have influenced this proposal, underpinned by robust review of the qualitative and quantitative data presented during the options appraisal process which can be found in Appendix 4.

3.3.1 Workforce sustainability

The current model is not sustainable with existing nursing workforce unable to cover both Adamson and St Andrews MIUs across their combined 100 weekly operating hours.

Current establishment includes:

•	Band 6 ENP	•	4.64 WTE	•	0.77 WTE Bank
•	Band 3 HCSW	•	1.61	•	
•	Total	•	7.01 WTE	•	

- There is variable shift cover with some ENPs starting late or finishing early.
- Occasionally, one or both sites lack HCSW cover

Key benefits of Option 3 relating to workforce includes:

- A single MIU in North East Fife would enhance resilience and sustainability using the current substantive workforce and would not require any staff to be redeployed.
- The proposed model would include 22.5% Predicted Absence Allowance (PAA) to include annual leave and absence, supporting workforce resilience and sustainability.
- Predicted daily attendance: ~24 patients, managed by two ENPs (12 patients per ENP) (Table 1).

3.3.2 Activity/ Statistics

By far the bulk of Fife MIU attendance is to Queen Margaret (QM) with 71% of all attendances. All other MIU attendances occur in the 2 NEF units, which are open during daytime hours only.

St Andrews Community Hospital handles 61% of all attendances within North East Fife with around 305 attendances per month (Appendix 4, table 3). This translates to:

- 9 visits per day at Adamson
- 15 visits per day at St Andrews

- Even combined, these units would have nearly half the attendances compared to the near 40 patients seen per day at QM.

Table 1 advises patient activity across all 3 MIU sites within Fife as a comparison and to advise and assure current and projected activity can be safely managed within model proposed at St Andrews MIU.

Metric	Queen Margaret Hospital MIU (8am-6pm)	St. Andrews Hospital MIU (8am-6pm)	Adamson Hospital MIU (8am-6pm)	Total activity Single NEF MIU
Total Presentations	9969	3,969	2,463	6,432
Average weekly	188	76	47	123
Average daily	38	15	9	24
Average hourly	3.8	1.5	1	2.5
Patient ratio per ENP	13	7.5	4.5	12.0
ENPs on Duty	3	2	2	2
Total Presentations %	60.78%	24.20%	15.02%	39.22%

Table 1: Patient attendances at all MIUs Jan-Dec 2024

To note, data analysis advises St Andrews MIU is the more frequently used minor injuries unit across North East Fife and surrounding areas, including by a notable proportion of residents from Glenrothes, Levenmouth, and Cupar, while Adamson MIU sees higher use mainly from nearby burghs like Falkland, Newburgh, and Ladybank. MIU access data can be seen in Appendix 4.

Conditions such as colds, gynaecology issues, addictions, mental health issues, breathing problems and severe allergic reaction will not be treated. This is because our minor injury units are designed to assess injuries of a potentially painful, but non-life-threatening nature. Minor injuries units do not treat illnesses

Over 110 inappropriate types of conditions presented to both North East MIUs in 2024, ranging from dental pain to urine infections. 556 (9%) of 6235 patients could have been re-directed to the right care professional had NHS 24 111 been contacted in first instance to clinically triage and sign post patients to the correct care.

Extrapolating from this data, a single North East Fife MIU delivering, scheduled minor injury care can expect up to 115 patient presentations per week, 23 patients per day, which is lower presentations than the predicted 24 per day.

3.3.3 Alternative options at Adamson Community Hospital

As advised and assured, there is a commitment from the HSCP to continue to invest within the site to further develop it is a thriving health and social care hub for the Community within the Royal Burgh of Cupar and beyond.

A working group is now established co-chaired by the Heads of Services for Primary and Preventative Care and Community Care Services working in collaboration with Medical and Nursing Leads, AHP Leads, GPs and 3rd and Independent Sector representation to explore, design and build services within resources available in line with strategic priorities including Prevention and Early Intervention.

Building upon the vast number of services already in place, there is a clear ambition to further develop models of care that are tailored to meet the evolving needs of the local population. This ambition is closely aligned with the strategic priorities of Fife Health and Social Care Partnership (HSCP), which emphasise integrated, person-centred, and preventative approaches to health and wellbeing.

Adamson Community Hospital is well-positioned to serve as a catalyst for this transformation. It has the potential to become a central hub for the advancement of community-based ambulatory and frailty care models—approaches that focus on early intervention, proactive management of long-term conditions, and the reduction of unnecessary hospital admissions. These models will support a shift in the balance of care, enabling more people to receive the right support in the right place, at the right time.

Through the optimisation of existing infrastructure, clinical expertise, and fostering collaboration across primary, secondary, and social care, Adamson Community Hospital can play a pivotal role in reshaping how care is delivered across the region. This strategic direction underpins the HSCP's commitment to prevention, resilience, and equity, ensuring that services are designed around the needs and aspirations of individuals and communities.

3.3.4 Quality / Customer Care

Reconfiguring services into a single North East Fife (NEF) MIU will reduce duplication and optimise resource utilisation, leading to more efficient patient care, care scheduled in right place at the right time reducing the risk of a disjointed care experience and shorter wait times.

A single site allows for improved planning regards workforce allocation, with adequate Emergency Nurse Practitioners (ENPs) and Health Care

Support Workers (HCSWs) to deliver high quality, safe and effective care in line with patient demand.

Cohorting staff at a single location will enhance peer support, supervision, and collaboration, ultimately improving the quality of care, patient outcomes, and overall staff and patient satisfaction.

The proposal is aligned to strategic Right Care, Right Place, in line with national messaging, encouraging patients to contact NHS 24 (111) for appropriate triage and scheduling.

Scheduled and planned care ensures improved planning and operational performance and service efficiency.

This paper was presented to the Qualities and Communities Committee for assurance and to support progression of the proposal to IJB. A few concerns were raised, in particular, access and travel to St. Andrews MIU from around North East Fife. Patients may experience longer travel times to the single NEF MIU, there was a perception from public consultation that these could be particularly challenging for those with limited mobility or transportation options. This will be mitigated as Fife offers various transport options, including support for patients returning home, bus services, NHS Fife Community Transport Services, disability bus passes, Go-Flexi on-demand bus service, and NHS 24 (111) for minor injury advice and scheduled urgent care (**Table 2**).

Travel and Access Concerns	Mitigation
Accessibility, Inconvenience and Increase in Waiting Times	<p>It is strongly recommended that members of the public with a minor injury contact NHS 24 on 111 prior to attending any minor injury unit.</p> <p>Generally, 'walking in' to an MIU may be the wrong place for the care a person may require. By contacting NHS 24, those with injuries are triaged by ENPs and can provide advice which may result in patient not requiring to travel to an MIU at all.</p> <p>Furthermore, care can be scheduled following triage and therefore a more convenient service for patients, allowing for appropriate travel arrangements to be made.</p> <p>If minor injury access was only available at St. Andrews MIU for those in the North East of Fife, the average increase of travel will be 11-18 minutes travel compared to travelling to Adamson Hospital MIU. However, this would be a similar journey time</p>

	for those required to travel to the Victoria Hospital to access Emergency Care.
Poor Public Transport	<p>Regular public transport is available to St. Andrews Community Hospital. A variety of buses stop directly outside the hospital front door.</p> <ul style="list-style-type: none"> • Stagecoach East Scotland operates multiple routes, including: 95: From Leven to St. Andrews via various villages. And X58/X61: From Edinburgh to St. Andrews, passing through several North East Fife villages. • Go-Flexi is an on-demand bus service: <ul style="list-style-type: none"> ○ Monday to Thursday: 7 am to 6:15 pm ○ Friday: 7 am to 11:30 pm ○ Saturday: 8:15 am to 11:30 pm ○ Sunday: No service ○ www.fife.gov.uk or 01382 540 624 • Fife Bus provides door-to-door transport for people who are unable to access mainstream public transport. The service is available between 8am and 5:30pm on 03451 55 11 88. • Scottish Ambulance Service - Patient Transport - for minor injuries, eligibility would depend on whether the injury significantly impacts your mobility or ability to use public transport the SAS conduct a Patient Needs Assessment available at 0300 123 1236 • Royal Voluntary Service - Offers transport for patients attending medical appointments at hospitals or Health Centres and back home afterwards. Available at: www.royalvoluntaryservice.org.uk & fifegnhs@royalvoluntaryservice.org.uk or Tel: 01592 269654 • (CCNEF) Continuing Care North East Fife - Provides non-emergency transportation for the elderly, disabled and vulnerable residents in North East Fife to attend and return from hospital appointments. www.continuingcarenef.org.uk or Tek: 0746 888 7900 • Alliance Ambulance Service - Provides pre-planned non-emergency transport for patients with a variety of medical needs.

	<p>www.allianceambulance.co.uk / info@allianceambulance.co.uk / 0333 577 9993</p> <ul style="list-style-type: none"> • Urgent Care Service Fife (Out of Hours) Transport Services: Provides non-emergency transportation for anyone in Fife who requires transport support for urgent care. Operates 6pm-8am daily, 24 hours weekends
Insufficient Parking	<p>Fife HSCP is committed to consulting with NHS Fife Estates services regarding dedicated parking at St. Andrews Community Hospital for those attending MIU.</p> <ul style="list-style-type: none"> • St. Andrews Community Hospital provides 130 parking spaces, of which 12 are disabled access spaces. • Adamson Hospital has 100 parking spaces, with only 25 next to the main entrance, including only 5 disabled spaces on site, all parking is limited to a one-hour maximum stay.
Financial Implications	<p>Travel reimbursement services are available at St. Andrews Community Hospital for those who have paid for a bus ticket to get to St. Andrews Hospital. Available at the cashiers Monday to Friday 8.30am - 4.30pm. (Not available at Adamson Hospital)</p> <p>Urgent Care Services Fife (UCSF) is exploring the St. Andrews MIU providing travel tickets for Bus services to support patients return home from St. Andrews MIU, if required. (This is free)</p> <p><u>Free services:</u></p> <ul style="list-style-type: none"> • Fife Bus • Scottish Ambulance Service - Patient Transport • Royal Voluntary Service • (CCNEF) Continuing Care North East Fife • Alliance Ambulance Service <p><u>Free Bus Travel Scheme:</u></p> <ul style="list-style-type: none"> • Young people aged 5 to 21 living in Scotland can benefit from free bus travel through the Young Persons' (Under 22s) Free Bus Travel Scheme. Online: can apply at Apply for or replace an under 22s bus pass - mygov.scot or Apply directly through your local council. • Over 60 years of age: are eligible for free bus travel through the National Entitlement Card

	<p>(NEC) scheme.</p> <ul style="list-style-type: none"> • Carers of disabled people: In Scotland, eligible disabled individuals can receive free bus travel for a companion through the National Entitlement Card (NEC) scheme. Eligibility: must have a disabled person's bus pass with the C+1 logo
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Table 2: Travel and access concerns with mitigations

The Qualities and Communities Committee raised additional concerns that the paper did not clearly indicate if Health Improvement Scotland (HIS) was consulted and the resulting guidance related to participation and engagement, this has been included within 3.3.8.

Furthermore, the committee noted that during the public engagement, concerns were raised by those in attendance at the public events, that calling NHS 24 delays care. Further information has been enclosed within this paper to give assurance that timely minor injury care and advice can be sought from NHS 24 on 111 between 8am and 6pm:

- February & March 2025 - Patient Total Journey Time (time to access + triage talk time) was an average of 41:07 minutes
- Up to May 2025, the average wait to be answered time around 10am was 37 minutes and decreased to 24 minutes around 2pm. An overall average wait of 30 minutes. A caveat to this up-to-date data is that it includes all recent public holiday data for Easter and May Day.

Assurance is also provided that the service management team for urgent care services are in frequent dialogue and work collaboratively with NHS24 to ensure effective joint service planning, escalation and improvement.

3.3.5 Workforce

A single site allows predictable and consistent staffing levels, leading to a stable work environment, improved staff wellbeing and team collaboration and mutual support and supervision. Additionally, concentrating expertise in one location fosters professional growth and development through better collaboration and knowledge sharing among staff.

Reconfiguration to a single NEF MIU will require only existing workforce, requiring minimal change, building capacity and resilience into workforce including a 22.5% cover for annual leave and sickness.

Reconfiguring services into a single MIU will make better use of available resources and reduce strain on staff.

Subject to decision, a small cohort of staff will be supported through organisational change in line with HR Once for Scotland Policy due to a

change in base, HR and staff side support will be accessed and available throughout

The proposal aims to continuously engage with staff through various channels, including professional drop-in sessions, individual discussions, team meetings, and the development of FAQs to address concerns and mitigations.

Staff side support from NHS Fife colleagues has been integral to this process, ensuring that staff have access to the necessary resources, guidance and support. This paper was presented to Local Partnership Forum (LPF) for information and assurance. The paper was supported and LPF recognised the need to ensure a sustainable workforce and that as a service we deliver best value.

3.3.6 Financial

The HSCP have a duty ensure to resources are used effectively and efficiently in the provision of health and social care services in line with national health and wellbeing outcome 9.

Current operational costs for Adamson and St Andrews MIUs are approximately £557,000. Reconfiguration to a single NEF MIU would only require the substantive workforce, reducing bank and extra staff costs to cover sickness and leave.

Reconfiguration of the NEF MIUs to one unit, would propose a cost saving of £140,000.

The Qualities and communities committee raised concern re potential recharge to Fife HSCP for people being directed to A&E within NHS Tayside. If an NHS Fife patient presents to NHS Tayside Emergency Department, NHS Scotland operates under a system where territorial health boards are responsible for providing healthcare to residents within their geographic area. However, patients are entitled to access emergency care anywhere in Scotland, regardless of their home board.

3.3.7 Risk / Legal / Management

To take no action means a potential for organisational reputational risk. Insufficient staffing has already resulted in the temporary closure of Adamson MIU twice in the last 6 months and this remains a live issue.

To comply with the Health and Care (Staffing) (Scotland) Act 2019, ensuring safe and high-quality care, we must ensure staffing is utilised under a using the common staffing method, appropriate staffing ratios and safe to start, by maintaining both NEF MIU with the current workforce puts Fife HSCP and staff at risk.

Utilising the extant workforce within this proposal will ensure there is no risk of redeployment in line with HR policy.

There is a perceived risk that reconfiguring services will lead to higher patient volumes, potentially resulting in longer wait times and increased staff pressure. This has been mitigated by data analysis and forecasting and will be mitigated by promoting the "Right Care, Right Place" initiative and encouraging NHS 24 (111) for appropriate triage and scheduling.

3.3.8 Equality and Human Rights, including children's rights and health inequalities

EQIA output and actions

Age: Data analysis for 2024 indicates that Adamson Hospital sees 3% more patients over 65 years old. Increased travel distances and equitable access are mitigated by financial reimbursement, supportive transport services, and the promotion of "Right Care, Right Place" campaign.

Disability: Both MIUs are accessible; St. Andrews MIU has more disabled parking spaces (12) compared to Adamson Hospital (5). It is therefore not expected to negatively impact accessibility for disabled service-users.

Race and Ethnicity: There will be no impact in accessing interpreters with processes already in place to ensure access to these services.

Religion and Belief: No anticipated impacts. Both sites have prayer/faith rooms.

All other protected characteristics were considered as part of the EQIA individually and there was no anticipated impact identified.

The EQIA Stage 1 concluded that a Fife HSCP EQIA Stage 2 including a Children's Rights and Wellbeing Impact Assessment (CRIWA) was necessary as potential impacts have been identified that require further evaluation and mitigation prior to presentation and decision making at the Integration Joint Board. This EQIA2 and CRIWA were shaped as a result of the consultation and engagement process and specific questions within the survey enabled themes to be identified and ensure concerns were heard and appropriate mitigating actions provided as per section 3.3.11. See Appendix 3 for full EQIA stage 1 & 2.

3.3.9 Environmental / Climate Change

By considering variable factors, and optimisation of scheduling and transport links, Fife Health and Social Care Partnership can work towards minimising the environmental impact while ensuring equitable access to care for all Fife residents.

3.3.10 Other Impact

N/A

3.3.11 Communication, Involvement, Engagement and Consultation

Communication with Health Improvement Scotland (HIS) took place in February 2025.

HIS advised that:

- An EQIA is completed on the recommended option with a focus on transport and access
- People and communities are involved in developing communications for the engagement/informing proposal
- Communication is accessible, clear and easily available allowing enough time for people to analyse any information shared in advance of engagement meetings
- The level of influence on the proposal is clearly articulated to the community

HIS highlighted section 4.5 of Planning with People guidance - 'There may be occasions where the number of practical options is limited, for example, by requirements to comply with national policy or legislation. Where this is the case, the option development process should still be used to involve potentially affected people and communities, and to seek to achieve a consensus around the limited number of practical options'

This advice was incorporated into the communications and engagement planning process.

Engagement Design:

This proposal was underpinned by a Participation and Engagement Plan which is available at Appendix 2. This was designed and delivered in line with Planning with People National Guidance with the purpose being to inform and consult.

1,300 participants were consulted, with the engagement open across Fife with **96%** of responses were received from people living within North East Fife.

78% of survey responses were concerned about how the clinically preferred model might impact on them, their family and those who care for them, with **85%** of survey responses concerned for other people within their community.

A breakdown of those that expressed concerns by 'type of responder' shows that Unpaid Carers were also concerned. The concerns they had were reflective of the general population concerns and are themed within table below.

Key Themes	Mitigating Comments /Actions
Logistics and Inability for people to get to St Andrews in terms of time and distance, especially for those without cars, the elderly, the disabled and those reliant on the poor public transport options.	<ul style="list-style-type: none">• Transport options reviewed and advised within the EQIA 2• Discussions with Scottish Ambulance Service advise following clinical triage after contact via 111, if appropriate an ambulance may be arranged• Recent work lead by Health Promotion service with NHS and third sector organisations advises other transport options referenced within EQIA 2• NHS Estates Team advised and considering St Andrews parking concerns

	<ul style="list-style-type: none"> Home visiting model available if clinically appropriate to schedule care via flow navigation centre to appointments in out of hours period
Financial implications associated with the additional travel requirement, especially for low-income families.	Considerations given within EQIA 2: <ul style="list-style-type: none"> There is transport support and financial reimbursement for travel costs which can help alleviate the economic burden, and travel support to and from the St. Andrews MIU
Increased pressure on GPs, patient transport, ambulances and Accident & Emergency services.	<ul style="list-style-type: none"> Communication Campaign NHS24 (111) Working with local GPs, community council members and communication officers to refresh and share widely the messaging on accessing care, clinical leads advise this model and robust communication plan will reduce pressured on the system by ensuring scheduling of care via 111 and care in the right place, right time
Delays in receiving treatment, through travel and potential increase waiting times.	<ul style="list-style-type: none"> Access for care via NHS 24(111) right place at the right time for the care needed Workforce planning advises positive impact on waiting times due to the increase resilience and sustainability of ensuring sufficient staff are available across the full shift during the day, including absences with capacity available to manage surges in activity
Stress and Anxiety caused by additional travel, when in pain, if mobility issues and/or to an unfamiliar environment.	<ul style="list-style-type: none"> Robust and clear communication plan will ensuring scheduling of care via NHS24 (111) and care in the right place, right time reducing clinical risk and improving care experiences

10% of survey responses identified **benefits** if the clinical preferred option was to go ahead:

- Better quality of care through efficient use of resource.
- Availability of radiology in the same place.
- Support to maximise cost and efficiencies.

Engagement identified a variation in how the MIU at Adamson Hospital is utilised and peoples expectations and understandings of how to access care in comparison to other MIU's services across Fife. Through consultation it is apparent that action is required to ensure design and delivery of a high profile

widely accessible communication plan to support and encourage people to access care via NHS 24 (111) and not to 'walk in' to services, as well as promotion of services available at Adamson Hospital. This aligns with national strategy also to enable care in the right place, right time

4 Recommendation

The IJB is asked to:

- **Note** the risks and drivers for change articulated within this paper indicating the need to review service delivery models for Minor Injury Care within the North East Fife locality to ensure delivery of sustainable, safe, high quality effective minor injury care.
- **Note** the process followed regarding the clinically led options appraisal as per appendix 1 with option 3 as the clinically preferred option being recommended for decision.
- **Note** that operational costs are unsustainable and to ensure resources are used effectively and efficiently, only requiring the substantive workforce to be employed with a single led NEF MIU would result in a cost saving of £140,000.
- Be **assured** regarding the HSCPs and SLTs continued commitment to investment in the ongoing development of Adamson Hospital as a thriving hub for access to care within North East Fife Locality.
- **Note that IJB Committees have supported the paper to progress to IJB for decision.**
- Following consideration of all information and evidence presented within this report for consideration and assurance to recommend option 3 as the preferred model of care, we seek the **approval** of the Integration Joint Board to reconfigure MIU services within North East Fife locality to a single site at St Andrews Community Hospital and issue Direction to NHS Fife.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 Options Appraisal
- Appendix 2 Summary Participation & Engagement Report (Full Participation & Engagement Report - Available on request)
- Appendix 3 Stage 1 & 2 EQIA
- Appendix 4 Summary of Analytics
- Appendix 5 Direction to NHS Fife

6 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	

2	Fife Council	
3	NHS Fife	X
4	Fife Council & NHS Fife	

FINAL

Options Appraisal**Transforming Urgent Care Northeast Fife Minor Injuries Units –
Joint Provision Review**

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Background

St. Andrews Community Hospital MIU supports an average of 78 patient presentations per week, and Adamson Hospital MIU supports 48 per week, totalling 125 presentations weekly across both sites. Both hospitals are staffed by two Emergency Nurse Practitioners, with a total of four practitioners covering both locations. This staffing model is necessary due to the dual-site coverage.

Over the past 3-4 years, particularly during the Covid-19 pandemic, the way people access urgent care services has significantly evolved. There has been a notable shift towards remote and virtual consultations, as well as a movement from unscheduled to scheduled care. This approach ensures that patients receive the right care at the right time and in the right place.

Patients across Fife now have the option to contact NHS 24, available 24/7, to discuss their clinical needs and receive guidance towards the most appropriate local services, including self-care where appropriate. Supported by local Flow and Navigation Centre (FNCs), this system enables patients to speak directly with clinical teams in MIUs and A&E departments. This development has led to a significant reduction in the number of patients self-presenting at MIUs across Fife and schedule urgent care for minor injury treatment.

When an in-person visit to an MIU is necessary, it is now coordinated to ensure it is scheduled at a time that is convenient for the patient while addressing the clinical urgency of their condition.

As part of our ongoing commitment to service transformation, aligned with both national and local directives, the Health and Social Care Partnership (HSCP) is proposing to transform the MIU services currently provided at Adamson and St Andrews into a single location at St Andrews Community Hospital. By realigning resources, staffing, and services, our goal is to deliver a more effective, efficient, and resilient urgent care service that meets the needs of the population of Northeast Fife (NEF), ensuring that care is accessible by the right person, in the right place, at the right time.

Strategic Overview

As outlined within the Re-form, Transform, & Perform Framework (2024), Fife's population is now estimated at 370,400 as of Census Day 2022, an increase of around 1% since the 2011 census. However, of significant note is Fife's age structure which continues to change, with fewer children and working aged people than in 2011, and a significant increase in its older population.

NHS Fife's Population Health and Wellbeing Strategy 2023-28 notes that while the Fife population is predicted to decline there is an anticipated 30% increase in the over 65 population by 2043. We know this age group is likely to experience multiple health conditions with increasing frailty and will require to access support from health services more frequently than others. To enable delivery of sustainable services to meet current and future need, we need to change how we deliver services in response to these drivers.

Supported by the Integrated Joint Board in line with our Medium-Term Financial Strategy "Transformation" involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2023-2026 and most recently the Medium-Term Financial Plan for 2024-2027.

Transforming unscheduled care is also aligned to the NHS Fife Population Health and Wellbeing Strategy aligned to priority 2 for Quality of Care. Focusing on Urgent and

Unscheduled Care is in line with National Strategy Supporting “Right Care, Right Place, Right Time” and the IJB also has key strategies that are aligned to this work including our home first strategy and primary care strategy and this work is a continuation of the national transforming urgent care programme supported by the Centre for Sustainable Delivery.

In line with values of whole system working this transformation plan will be developed and brought forward with full engagement and joint working with the HSCP and Acute Services. This proposal will consider the interfaces and dependencies relating to unscheduled and urgent care across the system to support the future model. There is already an Integrated Unscheduled Care Programme Board in place which is co-chaired by the Director of Health and Social Care and the Director of Acute Service. This will enable us to have joint oversight on the development and delivery of this plan and work together on opportunities, impacts and outcomes for the people of Fife.

Current Service

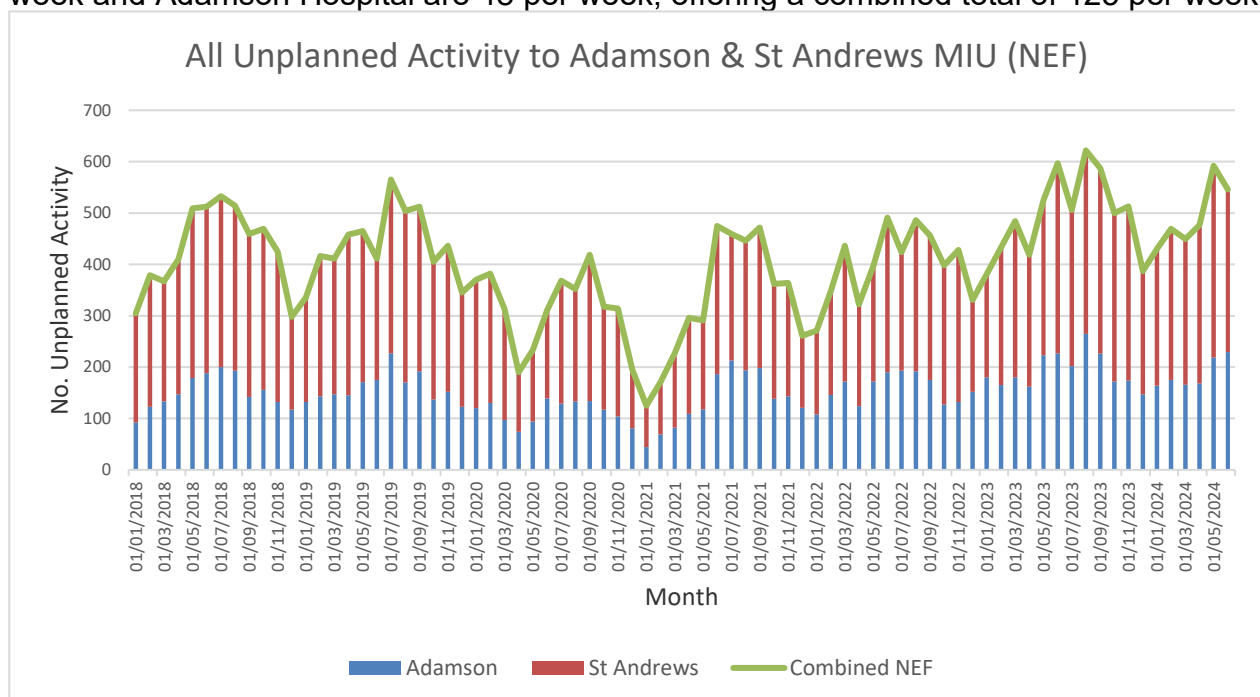
Service Provision

The current service model for minor injuries units in Northeast Fife, is two centres covered by 4 WTE ENPs:

- Adamson Hospital is operational Monday to Friday 08:00-18:00 (with x-ray facilities available from 08:00-12:00).
- St Andrews Community Hospital is operational 7 days a week, Monday to Friday 08:00-16:00, Saturday 08:00-22:00 and Sunday 09:00-21:00 (with x-ray facilities available Monday to Friday from 08:00-16:00).

Service Activity

On average the number of presentations at St Andrews Community Hospital are 78 per week and Adamson Hospital are 48 per week, offering a combined total of 125 per week.



Options Appraisal Process

Review Process

Engagement took place with a joint stakeholder group including representatives from NHS Fife & Fife HSCP to understand areas for improvement and identify any gaps and barriers within the current model of delivering Minor Injury Units at Adamson Hospital and St Andrews Hospitals in Northeast Fife.

Representatives were selected from the NEF Review SLWG group to develop a list of options to present back to the oversight group for review and comment. The aim of the activity was to identify service delivery functions and the workforce required with costings and outline any benefits and/or risks. A long list of options was provided to the group (Appendix A) and final shortlist for appraisal agreed by the chairs of the Integrated Unscheduled Care Board as listed below in Section 5.

Scoring Criteria

The scoring criteria has been developed with the following focuses:

1. Enabling right care, right place, first time ethos
2. Ensuring financial sustainability and value for money service

The options detailed will be scored using the following criteria utilising the Guiding Principles in Health and Care Service Design and Delivery (Ritchie, 2015), the list of stakeholders involved in the scoring process are available within Appendix B.

Criteria	Description
Person-centred	For those who receive and those who deliver services
Intelligence-led	Making the most of what we know about our people and their needs
Asset-optimised	Making the most of all available assets and resources
Outcomes-focused	Making the best decisions for safe and high-quality patient care and wellbeing
Desirable	High quality, safe and effective
Sustainable	Resilient on a continuous basis
Equitable	Fair and accessible to all
Affordable	Making best use of public funds

Table 1 – Scoring Criteria

Score	Description
0 Unacceptable	Criteria requirements are not met.
1 Poor	Criteria is partially delivered but generally requirements are not met.
2 Acceptable	Criteria is partially delivered and will broadly deliver on the requirements.
3 Good	Criteria is mostly delivered, and requirements are mostly met.
4 Excellent	Criteria requirement will be met in full.

Table 2 – Scoring Description

Options

Option 1: Maintain Status Quo	
Description	<ul style="list-style-type: none"> Deliver two NEF MIU's and Out of Hours Urgent Care Centre (UCC) at St Andrews: MIU Adamson & St Andrew's 8am – 6pm M-F MIU & UCC St Andrew's 6pm-10pm M-F, SAT 8am-10pm & SUN 9am-9pm
Benefits	<ul style="list-style-type: none"> Cupar and surrounding area residents can attend the MIU at Adamson or St. Andrews Monday to Friday. The two MIUs help manage the demand for minor injury care in Northeast Fife. NHS Fife Flow Navigation Centre directs unscheduled care to the appropriate MIUs across Fife, ensuring patients receive the right care in the right place. Cupar and surrounding area GP practices have direct access to the Adamson MIU. Patients who receive an x-ray at Adamson or St. Andrews and require immediate treatment can access either MIU directly.
Disbenefits / Risks	<ul style="list-style-type: none"> Difficulty in staffing both MIUs with ENPs. High staffing costs for ENPs at Adamson relative to the number of patients. Low patient attendance at Adamson, leading to inefficiency. Underutilisation of the available capacity at both MIUs in Northeast Fife. Limited radiology services at Adamson, available only until 12:30 pm, resulting in patient redirection to St. Andrews and hindering the delivery of consistent high-quality minor injury care. Radiology services at both NEF MIU will remain unavailable on weekends due to low demand
Costs / Savings	<ul style="list-style-type: none"> Cost £500K

Option 2: Transform NEF MIUs to one MIU based at St. Andrews (2 ENP Model)	
Description	<p>Transform NEF MIUs to one MIU based at St. Andrews MIU 8am – 10pm M-Sa, & Sun 9am – 9pm</p> <p>1 ENP 8am-7pm M-F, 1 ENP 10am – 10pm M-F, 1 ENP 8am-10pm SAT and 1 ENP 9am-9pm SUN</p>
Benefits	<ul style="list-style-type: none"> Aligns with current ENP workforce. Workforce costs are proportional to patient attendance. Fully utilises clinical capacity for minor injury treatment in NE Fife. Radiology Services are available until 16:30 NHS Fife Flow Navigation Centre ensures patients receive appropriate care by directing unscheduled cases to the correct MIUs across Fife. Eliminates the need for patients to transfer from Adamson to St. Andrews for radiology after 12.30pm Opportunities for nursing staff to develop skills in urgent care and advanced practice. Patients who receive an x-ray at St. Andrews and require immediate treatment can access the St. Andrews MIU directly.
Disbenefits / Risks	<ul style="list-style-type: none"> Displaced HCSW will need alternative duties or redeployment. A single clinician will be working alone from 8am to 10am.

	<ul style="list-style-type: none"> • Radiology services at St. Andrews MIU will remain unavailable on weekends due to low demand. • Staff morale and wellbeing negatively affected by contractual changes, shift pattern, and changes in their base of work. • Cupar and surrounding area GP practices will not have immediate access to the Adamson MIU. • Cupar and surrounding area residents will need to travel to St. Andrews or Kirkcaldy Emergency Department for minor injury care. • Patients who receive an x-ray at Adamson, either as outpatients or referred by Cupar and surrounding area GP practices, and require immediate treatment, will have to travel to St. Andrews or Kirkcaldy Emergency Department
Costs / Savings	<ul style="list-style-type: none"> • Cost £300k • Saving £200k

Option 3: Transform NEF MIUs to one MIU based at St. Andrews (2 ENP, 1 HCSW Model)	
Description	<ul style="list-style-type: none"> • Transform NEF MIUs to one MIU based at St. Andrews MIU 8am – 10pm M-Sat, & Sun 9am-9pm • 1 ENP 8am-7pm M-F, 1 ENP 10am-10pm M-F, 1 ENP 8am-10pm SAT and 1 ENP 9am-9pm SUN & 1 HCSW 8am-2pm Mon-Fri Only
Benefits	<ul style="list-style-type: none"> • Aligns with current ENP workforce. • Workforce costs are proportional to patient attendance. • Fully utilises clinical capacity for minor injury treatment in NEF Fife. • Radiology services are available until 16:30. • NHS Fife Flow Navigation Centre ensures patients receive appropriate care by directing unscheduled cases to the correct MIUs across Fife. • Eliminates the need for patients to transfer from Adamson to St. Andrews for radiology after 12:30 pm. • Eliminates risk of lone working between 8 am and 10 am is removed. • Eliminates the risk of Healthcare Support Worker displacement. • Opportunities for nursing staff to develop skills in urgent care and advanced practice. • Patients who receive an x-ray at St. Andrews and require immediate treatment can access the St. Andrews MIU directly
Disbenefits / Risks	<ul style="list-style-type: none"> • Radiology services at St. Andrews MIU will remain unavailable on weekends due to low demand. • Staff morale and wellbeing negatively affected by contractual changes, shift pattern, and changes in their base of work. • Cupar and surrounding area GP practices will not have immediate access to the Adamson MIU. • Cupar and surrounding area residents will need to travel to St. Andrews or Kirkcaldy Emergency Department for minor injury care. • Patients who receive an x-ray at Adamson, either as outpatients or referred by Cupar and surrounding area GP practices, and require immediate treatment, will have to travel to St. Andrews or Kirkcaldy Emergency Department.
Costs / Savings	<ul style="list-style-type: none"> • Cost £320k • Saving £180k

Options Appraisal

9 out of 11 participants completed the options appraisal scoring activity. The table below shows the consolidated average scoring results for each option by criteria. A breakdown of anonymised individual scores is available in Appendix D.

Criteria	Description	Weighting	Option 1	Option 2	Option 3
Person-centred	For those who receive and those who deliver services	12.5%	3	4	5
Intelligence-led	Making the most of what we know about our people and their needs	12.5%	2	4	5
Asset-optimised	Making the most of all available assets and resources	12.5%	1	4	4
Outcomes-focused	Making the best decisions for safe and high-quality patient care and wellbeing	12.5%	3	4	5
Desirable	High quality, safe and effective	12.5%	2	4	4
Sustainable	Resilient on a continuous basis	12.5%	1	4	4
Equitable	Fair and accessible to all	12.5%	2	4	4
Affordable	Making best use of public funds	12.5%	1	4	4
Total			17	30	33

Assessment

The process of options consultation included representation from Acute Medical Services, Health and Social Care Primary and Preventative Care Services, Finance, Partnership and Communications. The assessment has been completed following all options being scoped in full. The weighting has taken into consideration the aims of each option that are viable within the current financial constraints of the organisation and considering the best possibility of success.

To support the scoping of options an Equality Impact Assessment (EQIA) was completed to understand any potential adverse impact as a result of the potential change. As a result of this it was agreed that if Option 2 was selected, a Stage 2 EQIA would be developed to monitor activity during implementation.

A consultation was undertaken with Health Improvement Scotland (HIS) to seek guidance on whether the proposed change would meet the criteria of 'Major Service Change'. HIS recommended that as the public were not involved during the consultation period of the options selection, this would not meet the 'Major Service Change' threshold and instead can be delivered as 'service change' following board approval.

Recommendation

- **Decision** – For reaching a conclusion after the consideration of potential models in the Options appraisal and to proceed with Option 3 – Transform NEF MIUs to one MIU based at St. Andrews (2 ENP, 1 HCSW Model).
- **Decision** – To also agree to enforce the following surrounding the implementation of a consolidated model:
 - Delivery of Communications and Engagement plan in line with standard service change – to engage and inform the public on the decision made and raise awareness of the services available promoting right care, right place, right time. Communications and Engagement are being developed in line with planning with people principles and seek to be carried out between a 4 – 8 week period.
 - Development of Stage 2 EQIA to monitor impact assessment throughout delivery of change.

Document Control Sheet

Key Information

Title	Options Appraisal – Northeast Fife – Minor Injuries Joint Provision Review
Date Published / Issued	N/A
Date Effective From	N/A
Version / Issue Number	0.1
Document Type	Options Appraisal
Document Status	DRAFT
Author	A Skachill
Owner	B Morgan & L Cooper
Approver	Transforming Urgent Care Oversight Group
Approved by and Date	TBC
Contact	B Morgan & L Cooper
File Location	CPMO T: Drive

Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	29/08/2024	First Draft	A Skachill	N

Approvals

Version	Date	Name	Role	Signature
0.1	30/08/2024	Transforming Urgent Care SLWG	SLWG	

Distribution

Version	Date of Issue	Name	Role / Area
0.1	16/07/2024	Transforming Urgent Care SLWG	First Review

Appendices

Appendix A –List of Options for Appraisal

MIU Options

Option 1: Maintain Status Quo	<ul style="list-style-type: none">• Deliver two NEF MIU's and Out of Hours Urgent Care Centre (UCC) at St Andrews:<ul style="list-style-type: none">• MIU Adamson & St Andrew's 8am – 6pm M-F• MIU & UCC St Andrew's 6pm-10pm M-F, SAT 8am-10pm & SUN 9am-9pm
Option 2: Transform NEF MIUs to one MIU based at St. Andrews (2 ENP Model)	<ul style="list-style-type: none">• Transform NEF MIUs to one MIU based at St. Andrews MIU 8am – 10pm M-Sa, & Sun 9am – 9pm<ul style="list-style-type: none">• 1 ENP 8am-7pm M-F, 1 ENP 10am – 10pm M-F, 1 ENP 8am-10pm SAT and 1 ENP 9am-9pm SUN• Displaced HCSW will need alternative duties or redeployment.• A single clinician will be working alone from 8am to 10am.
Option 3: Transform NEF MIUs to one MIU based at St. Andrews (2 ENP, 1 HCSW Model)	<ul style="list-style-type: none">• Transform NEF MIUs to one MIU based at St. Andrews MIU 8am – 10pm M-Sat, & Sun 9am-9pm<ul style="list-style-type: none">• 1 ENP 8am-7pm M-F, 1 ENP 10am-10pm M-F, 1 ENP 8am-10pm SAT and 1 ENP 9am-9pm SUN & 1 HCSW 8am-2pm Mon-Fri Only• Eliminates risk of lone working between 8 am and 10 am is removed.• Eliminates the risk of Healthcare Support Worker displacement

1. Background

This briefing is intended for stakeholders involved in the transformation of urgent care services Northeast Fife's Minor Injuries Units (MIUs). Our objective is to identify the safest, effective and person-centred model of urgent care for the people of Fife, within the constraints of our available resources.

St. Andrews Community Hospital MIU supports an average of 78 patient presentations per week, and Adamson Hospital MIU supports 48 per week, totalling 125 presentations weekly across both sites. Both hospitals are staffed by two Emergency Nurse Practitioners, with a total of four practitioners covering both locations. This staffing model is necessary due to the dual-site coverage.

Over the past 3-4 years, particularly during the Covid-19 pandemic, the way people access urgent care services has significantly evolved. There has been a notable shift towards remote and virtual consultations, as well as a movement from unscheduled to scheduled care. This approach ensures that patients receive the right care at the right time and in the right place.

Patients across Fife now have the option to contact NHS 24, available 24/7, to discuss their clinical needs and receive guidance towards the most appropriate local services, including self-care where appropriate. Supported by local Flow and Navigation Centre (FNCs), this system enables patients to speak directly with clinical teams in MIUs and A&E departments.

This development has led to a significant reduction in the number of patients self-presenting at MIUs across Fife and schedule urgent care for minor injury treatment. When an in-person visit to an MIU is necessary, it is now coordinated to ensure it is scheduled at a time that is convenient for the patient while addressing the clinical urgency of their condition.

As part of our ongoing commitment to service transformation, aligned with both national and local directives, the Health and Social Care Partnership (HSCP) is proposing to transform the MIU services currently provided at Adamson and St Andrews into a single location at St Andrews Community Hospital. By realigning resources, staffing, and services, our goal is to deliver a more effective, efficient, and resilient urgent care service that meets the needs of the population of Northeast Fife, ensuring that care is accessible by the right person, in the right place, at the right time.

2. What is an Options Appraisal?

Option Appraisal is a process often used when thinking about a new way to provide services. It allows different views to be included, so there is a full assessment of options. It ensures all stakeholders inform the decision-making process in an open and clear way. The most promising options, the short-list, will then be worked up in more detail to be assessed, comparing their benefits, risks and costs. This intensive and involved process is the main method for reviewing, testing and scoring options, to produce a preferred option(s) proposal for NHS Fife and the H&SCP to review.

3. Who will take part in and who will lead the Options Appraisal?

Representatives of NHS Fife & Fife Health and Social Care Partnership will take part in appraising the short-list of options.

The Options Appraisal will be led by someone from the Corporate Project Management Office, who is not involved with the services concerned.

4. What will you do?

On the following pages, you will be presented with the short-list of options and scoring methodology for appraising. Please individually assess and score the options according to the criteria on a scale of 1-5:

1. Unacceptable – Criteria requirements are not met.
2. Poor – Criteria is partially delivered but generally requirements are not met.
3. Acceptable - Criteria is partially delivered and will broadly deliver on the requirements.
4. Good – Criteria is mostly delivered, and requirements are mostly met.
5. Excellent – Criteria requirement will be met in full.

Please return completed forms to fife.corporatepmo@nhs.scot by **9am on Thursday 29th August 2024** for collation of scores.

Option 1: Maintain Status Quo	
Description	<ul style="list-style-type: none"> • Deliver two NEF MIU's and Out of Hours Urgent Care Centre (UCC) at St Andrews: • MIU Adamson & St Andrew's 8am – 6pm M-F • MIU & UCC St Andrew's 6pm-10pm M-F, SAT 8am-10pm & SUN 9am-9pm
Benefits	<ul style="list-style-type: none"> • Cupar and surrounding area residents can attend the MIU at Adamson or St. Andrews Monday to Friday. • The two MIUs help manage the demand for minor injury care in Northeast Fife. • NHS Fife Flow Navigation Centre directs unscheduled care to the appropriate MIUs across Fife, ensuring patients receive the right care in the right place. • Cupar and surrounding area GP practices have direct access to the Adamson MIU. • Patients who receive an x-ray at Adamson or St. Andrews and require immediate treatment can access either MIU directly.
Disbenefits / Risks	<ul style="list-style-type: none"> • Difficulty in staffing both MIUs with ENPs. • High staffing costs for ENPs at Adamson relative to the number of patients. • Low patient attendance at Adamson, leading to inefficiency. • Underutilisation of the available capacity at both MIUs in Northeast Fife. • Limited radiology services at Adamson, available only until 12:30 pm, resulting in patient redirection to St. Andrews and hindering the delivery of consistent high-quality minor injury care. • Radiology services at both NEF MIU will remain unavailable on weekends due to low demand
Costs / Savings	<ul style="list-style-type: none"> • Cost £500K

Option 2: Transform NEF MIUs to one MIU based at St. Andrews (2 ENP Model)	
Description	Transform NEF MIUs to one MIU based at St. Andrews MIU 8am – 10pm M-Sa, & Sun 9am – 9pm 1 ENP 8am-7pm M-F, 1 ENP 10am – 10pm M-F, 1 ENP 8am-10pm SAT and 1 ENP 9am-9pm SUN
Benefits	<ul style="list-style-type: none"> • Aligns with current ENP workforce. • Workforce costs are proportional to patient attendance. • Fully utilises clinical capacity for minor injury treatment in NE Fife. • Radiology Services are available until 16:30 • NHS Fife Flow Navigation Centre ensures patients receive appropriate care by directing unscheduled cases to the correct MIUs across Fife. • Eliminates the need for patients to transfer from Adamson to St. Andrews for radiology after 12.30pm • Opportunities for nursing staff to develop skills in urgent care and advanced practice. • Patients who receive an x-ray at St. Andrews and require immediate treatment can access the St. Andrews MIU directly.
Disbenefits / Risks	<ul style="list-style-type: none"> • Displaced HCSW will need alternative duties or redeployment. • A single clinician will be working alone from 8am to 10am. • Radiology services at St. Andrews MIU will remain unavailable on weekends due to low demand. • Staff morale and wellbeing negatively affected by contractual changes, shift pattern, and changes in their base of work. • Cupar and surrounding area GP practices will not have immediate access to the Adamson MIU. • Cupar and surrounding area residents will need to travel to St. Andrews or Kirkcaldy Emergency Department for minor injury care. • Patients who receive an x-ray at Adamson, either as outpatients or referred by Cupar and surrounding area GP practices, and require immediate treatment, will have to travel to St. Andrews or Kirkcaldy Emergency Department
Costs / Savings	<ul style="list-style-type: none"> • Cost £300k • Saving £200k

Option 3: Transform NEF MIUs to one MIU based at St. Andrews (2 ENP, 1 HCSW Model)

Description	<ul style="list-style-type: none"> • Transform NEF MIUs to one MIU based at St. Andrews MIU 8am – 10pm M-Sat, & Sun 9am-9pm • 1 ENP 8am-7pm M-F, 1 ENP 10am-10pm M-F, 1 ENP 8am-10pm SAT and 1 ENP 9am-9pm SUN & 1 HCSW 8am-2pm Mon-Fri Only
Benefits	<ul style="list-style-type: none"> • Aligns with current ENP workforce. • Workforce costs are proportional to patient attendance. • Fully utilises clinical capacity for minor injury treatment in NEF Fife. • Radiology services are available until 16:30. • NHS Fife Flow Navigation Centre ensures patients receive appropriate care by directing unscheduled cases to the correct MIUs across Fife. • Eliminates the need for patients to transfer from Adamson to St. Andrews for radiology after 12:30 pm. • Eliminates risk of lone working between 8 am and 10 am is removed. • Eliminates the risk of Healthcare Support Worker displacement. • Opportunities for nursing staff to develop skills in urgent care and advanced practice. • Patients who receive an x-ray at St. Andrews and require immediate treatment can access the St. Andrews MIU directly
Disbenefits / Risks	<ul style="list-style-type: none"> • Radiology services at St. Andrews MIU will remain unavailable on weekends due to low demand. • Staff morale and wellbeing negatively affected by contractual changes, shift pattern, and changes in their base of work. • Cupar and surrounding area GP practices will not have immediate access to the Adamson MIU. • Cupar and surrounding area residents will need to travel to St. Andrews or Kirkcaldy Emergency Department for minor injury care. • Patients who receive an x-ray at Adamson, either as outpatients or referred by Cupar and surrounding area GP practices, and require immediate treatment, will have to travel to St. Andrews or Kirkcaldy Emergency Department.
Costs / Savings	<ul style="list-style-type: none"> • Cost £320k • Saving £180k

1 Unacceptable – Criteria requirements are not met.	2 Poor – Criteria is partially delivered but generally requirements are not met	3 Acceptable - Criteria is partially delivered and will broadly deliver on the requirements.	4 Good – Criteria is mostly delivered, and requirements are mostly met.	5 Excellent – Criteria requirement will be met in full.
Criteria	Description	Option 1 Score (1 – 5)		Option 2 Score (1 – 5)
Person-centred	For those who receive and those who deliver services			
Intelligence-led	Making the most of what we know about our people and their needs			
Asset-optimised	Making the most of all available assets and resources			
Outcomes-focused	Making the best decisions for safe and high-quality patient care and wellbeing			
Desirable	High quality, safe and effective			
Sustainable	Resilient on a continuous basis			
Equitable	Fair and accessible to all			
Affordable	Making best use of public funds			

Appendix D - Options Appraisal Scoring

1 Unacceptable – Criteria requirements are not met.		2 Poor – Criteria is partially delivered but generally requirements are not met				3 Acceptable - Criteria is partially delivered and will broadly deliver on the requirements.						4 Good – Criteria is mostly delivered, and requirements are mostly met.						5 Excellent – Criteria requirement will be met in full.													
Criteria	Description	Option 1										Option 2										Option 3									
		Score (1 – 5)										Score (1 – 5)										(Score 1-5)									
		A	B	C	D	E	F	G	H	I	A	B	C	D	E	F	G	H	I	A	B	C	D	E	F	G	H	I			
Person-centred	For those who receive and those who deliver services	3	3	4	4	3	4	4	3	3	5	5	2	3	5	2	3	5	4	5	5	5	4	5	5		5	4			
Intelligence-led	Making the most of what we know about our people and their needs	3	3	2	1	2	2	4	2	3	4	4	2	5	5	2	3	4	5	5	5	5	5	5	5		4	5			
Asset-optimised	Making the most of all available assets and resources	1	1	1	2	1	1	3	1	1	3	4	2	4	4	2	4	4	5	5	5	5	4	4	5		3	4			
Outcomes-focused	Making the best decisions for safe and high-quality patient care and wellbeing	4	4	2	4	1	2	3	2	2	3	4	2	3	4	2	4	5	5	5	5	4	4	4	4		5	5			
Desirable	High quality, safe and effective	3	3	2	3	2	2	4	2	1	4	4	2	3	4	2	4	5	5	5	5	4	3	4	4	4	5	5			
Sustainable	Resilient on a continuous basis	1	1	1	2	1	1	2	1	1	4	4	1	4	4	1	5	5	5	5	5	3	5	4	3	5	3	4			
Equitable	Fair and accessible to all	2	2	3	4	2	3	2	1	3	4	4	3	3	4	3	5	5	4	4	4	4	3	4	4	5	5	4			
Affordable	Making best use of public funds	1	1	1	2	1	1	2	1	1	5	5	2	5	4	2	5	5	5	4	4	5	4	5	5		3	3			
Total		18	18	16	22	13	16	24	13	15	32	34	16	30	34	16	33	38	38	38	38	35	32	35	35	14	33	34			

NE Fife MIU Reconfiguration**Summary Participation and Engagement Report**

Feedback was gathered through an online survey, online engagement sessions and in-person meetings. Despite the presentation of three clinical options which outlined patient safety risks, operational challenges, and long-term sustainability concerns, public respondents expressed support for the Status Quo, Option 1 – maintaining the current MIU services at Adamson.

The following clinical and sustainability realities were highlighted:

- NHS Fife unavoidable clinical and operational decision to decommission Adamson Hospital's X-ray machine due to safety concerns and lack of capital funding for replacement (a requirement for MIU operation) and a decision out with the Integration Joint Boards Influence.
- NHS Fife's clarification that public fundraising could not legally cover the purchase of new NHS equipment due to capital expenditure rules and staffing implications.
- Many participants at the in-person meetings questioned why the X-ray machine from St Andrews could not be moved to Cupar instead, despite explanations around infrastructure suitability, staffing, and service viability.

Feedback from the online survey and Cupar Community Council engagement identified further public concerns, including:

- Transport barriers affecting older residents, families with children, and those without reliable access to transportation.
- Insufficient parking at the St Andrews MIU site.
- Increased waiting times and delays in receiving treatment.
- Challenges with Nationally run NHS 24 - 111 service, particularly long call waiting times, raised during the Cupar session.

There was overall support for the proposal at a session hosted by St Andrews Community Council, although concerns were raised around travel for residents of Cupar, particularly older people, those with disabilities, and individuals without access to transport or reliable transport. In addition, there was a request for extended operating hours at St Andrews.

The public engagement activities highlighted the following clinical and operational factors which require be addressed:

1. Clinical and Service Viability of Current Model

Review and reassessment of the clinical sustainability of retaining MIU services at Adamson Hospital. This should include workforce availability, patient safety considerations, and alignment with modern models of urgent care. Explore all possible avenues (including partnership funding models or temporary solutions) to retain MIU at Adamson, even if only in a reduced capacity.

2. Evidence-Based Rationale for Relocation

Clearly articulate the clinical and operational benefits of relocating to St Andrews, ensuring the decision is based on patient outcomes, service efficiency, equitable access and with data-driven explanations.

3. Mitigation of Access Barriers

Implement measures to ensure continued accessibility for Cupar and surrounding rural populations. This may include:

- Reviewing and ensuring effective communication regarding transport links, particularly for urgent care needs.
- Expand Community Treatment and Care CTAC services to maintain local access to appropriate care requirements.
- Enhancing digital and community-based healthcare options to reduce unnecessary travel.

4. Continued Community and Stakeholder Engagement

Maintain transparent, ongoing dialogue with local stakeholders, including patients, clinicians, and community representatives, to monitor the impact of any changes and adapt services accordingly. This engagement should focus on ensuring the revised care model continues to meet patient needs effectively.

These issues emphasise the importance of ensuring that any changes to the MIU address not only clinical and sustainability priorities but also practical accessibility and equity for vulnerable groups. The findings reinforce the need for solutions that mitigate unintended impacts on patient care and community trust.

The disconnect between clinical imperatives and public expectations emphasises the need for a balanced decision that is both evidence-based and takes account of the concerns raised by the community.

Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Transformation of Urgent Care – Reconfiguration of minor injury care service delivery in the Northeast of Fife

Question 2a: Lead Assessor's details

Name	Martyn Berrie	Tel. No	01592740240
Job Title:	Interim Clinical Services Manager	Ext:	28918
Department	Urgent Care Services Fife	Email	Martyn.berrie@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Transformation of Urgent Care: Northeast Fife MIU Group

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	<p>This work seeks to propose the reconfiguration of the provision of available minor injury units (MIUs) in the Northeast Fife and make a recommendation on providing a value based, safe and effective sustainable service ensuring that people can access the right care, in the right place, at the right time.</p> <p>An options appraisal process was undertaken to review opportunities for service change to promote right care, right place, right time, and a preferred option was selected to</p>
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reconfigure resources from the Adamson & St. Andrews MIUs to a combined service delivery, to be solely delivered from the St. Andrews MIU.

The proposed changes of the reconfigured resources will be explored through this EQIA, a separate Stage 2 EQIA will be completed to ensure community engagement meets the need of the locality.

Identified Positives that impact all protected characteristics

Centralised Expertise: We will continue to deliver high-quality minor injury care within the North East of Fife. This care will continue to be delivered by highly specialised Emergency Nurse Practitioners (ENP)s and Health Care Support Workers (HCSW)s . By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.

Extended X-ray Services: There is more availability of diagnostic capabilities at St. Andrews. By ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, can ensure quicker and more accurate treatment for injuries, reducing anxiety, reduce the need for additional travel, especially if attending Adamson MIU and then must commute to St. Andrews for imaging. The Minor Injury Unit at Queen Margaret (QMH) is not included within this proposed reconfiguration, only the MIUs within the North East of Fife at Adamson and St. Andrews Hospitals.

Transport Support: NHS Fife and Fife HSCP is committed to ensure anyone can access minor injury health care. We can reduce the economic burden of travel, especially for low-income families. Financial reimbursement can help mitigate the costs associated with travel, making healthcare more affordable. This is not available at Adamson MIU and provided at St. Andrews MIU. There is range of transport support available at: [final-community-transport-services-leaflet-151024.pdf](#)

Accessibility Issues & Equity Concerns: There may be concerns about equitable access to the combined MIU, particularly if transport support and reimbursement services are not widely known or easily accessible. Furthermore, increased travel distance may disproportionately affect low-income families who may not have access to reliable transportation, impacting their right to timely and adequate healthcare.

We provide assurance that there is available reimbursement and a range of supportive transport services. This will be widely shared as part of the Communication Plan, including a local Right Care, Right Place campaign with the public should the proposal progress to a single NEF MIU. This communication plan will be presented to within the comprehensive SBAR to be submitted to the Integrated Joint Board who will make the final decision on this proposal including a complete Participation and Engagement report, data analysis, public, stakeholder, elected officials feedback and this EQIA 1 & Stage 2 EQIA /full CRWIA).

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - <i>Think: adults, older age etc.</i> <i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i>	<p>Data analysis indicates the following:</p> <ul style="list-style-type: none">• For attendances to Adamson MIU in 2024: (555)<ul style="list-style-type: none">- 24% under the age of 17 years old- (612) 27% of those over 65 years old- (1136) 49% of those between 18 and 64 years old• For attendances to St. Andrews MIU in 2024:<ul style="list-style-type: none">- (717) 19% under 17 years old- (2123) 24% over 65 years old- (917) 57% of those between 18 and 64 years old <p>The data indicates that St. Andrews Community Hospital MIU has a higher number of patient attendances across all age groups compared to Adamson Hospital, however, it can be noted that 3% more over 65-year-olds attend Adamson Hospital compared to St. Andrews.</p> <p>While there are concerns about increased travel distances and equitable access, the implementation of financial reimbursement and a range of supportive transport services, along with the promotion of the Right Care, Right Place campaign, will help mitigate these impacts. Data analysis indicates that St. Andrews Community Hospital MIU already serves a higher number of patients across all age groups compared to Adamson Hospital, suggesting that the proposed changes will continue to support the healthcare needs of the community effectively. By ensuring that these measures are widely communicated and accessible, we can uphold the right to timely and adequate healthcare for everyone in North East Fife.</p>
Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i>	<p>St. Andrews Community Hospital MIU is easily accessible on the ground level from the main car park. The entrance is an automatic door and the MIU is on the ground level. This is similarly available at the Adamson MIU.</p> <p>There are 12 disabled parking spaces available at St. Andrews MIU and only 5 at Adamson Hospital, however, important to note that there are more disabled spaces available at Adamson Hospital, but down a hill next to the dental centre.</p> <p>The proposed change therefore is not expected to negatively impact accessibility for disabled service-users or those in wheelchairs. If the</p>

	<p>number of disabled parking spaces is found to be insufficient, a reasonable solution with NHS Fife estates team will be sought.</p> <p>Interpreting Services are available at both MIUs and there are no anticipated changes in accessibility to BSL interpreters or Deafblind guides due to this service change.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>No adverse impact anticipated.</p> <p>The communities of North East Fife are becoming ever diverse. This proposal is not anticipated to impact groups in relation to Race and ethnicity.</p> <p>There will be no impact in accessing interpreters. The MIU staff have access to Language Line available 24/7 for the majority of languages to service users.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>No adverse impacts identified for people dependent on this protected characteristic.</p> <p>For cases of Gender-based violence, it is not anticipated that this change will result in any differences to care. All NHS Fife staff must complete mandatory training in Gender-Based Violence. Any person presenting to either MIU will be triaged and referred to specialists and safeguarding processes remain unchanged. The Gender-Based Violence team would then contact persons affected, if arranging to see the person this would be at another site.</p> <p>NHS Fife offers comprehensive support for individuals affected by gender-based violence (GBV) through the Fife GBV Team which</p> <ul style="list-style-type: none"> • Provide help and advice for those affected by domestic abuse and/or sexual violence. They can be contacted from any location across Fife at 01592 729258 (Monday to Friday, 8:30 am - 5 pm) or email Fife.gbvteam@nhs.scot • Link: Gender-Based Violence (GBV) NHS Fife
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There are no anticipated impacts on this group as care provided to this protected characteristic group will not differ following the closure of Adamson MIU.</p>

<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>There are no anticipated impacts on this group. Both sites have prayer/faith rooms available. The St. Andrews hospital has a multifaith room available for prayer, meditation, and reflection. This room is designed to accommodate the spiritual needs of people from various faiths and beliefs. It is expected this facility will have space for any increased capacity caused by the closure of Adamson MIU.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No adverse impact identified as neither MIU currently provide Gender-affirming care therefore there will be no change to care provided for this group. All staff are appropriately trained, and care provided will not differ depending on this protected characteristic.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>No adverse impact anticipated.</p> <p>Persons who are pregnant or in the postpartum period, who have an injury will continue to have access to minor injury care. If specialised input is required from the obstetrics and gynaecology teams, the MIU ENP will discuss the persons injury with those teams, and if required direct the person to Victoria Hospital in Kirkcaldy for further review, as per existing processes. Access to Pregnancy and maternity services remain unchanged.</p> <p>Mother and baby room are available at both Adamson and St. Andrews MIUs. It is anticipated that the mother and baby room at St. Andrews will have space to include any increased capacity caused by this change.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>No adverse impact identified.</p>

Question 5: Children's Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children's rights. Please consider here any impacts of your proposal on children's rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Ensuring Timely and Appropriate Care:</p> <ul style="list-style-type: none"> • Access to Care: Decisions about the location and availability of minor injury units (MIUs) must ensure that children can access timely and appropriate medical care. This includes considering the distance to the nearest MIU and the availability of transport support to avoid delays in treatment. • Quality of Care: The consolidation of services, such as having a team of Emergency Nurse Practitioners (ENPs) and extended X-ray services in one location, can improve the quality of care children receive. High-quality care is essential for the best health outcomes and aligns with the principle of prioritising children's well-being. <p>Reducing Anxiety and Stress:</p> <ul style="list-style-type: none"> • Minimising Travel: By ensuring that children can receive comprehensive care at the first point of contact, such as at St. Andrews MIU, the need for additional travel is reduced. This can help minimise anxiety and stress for both children and their parents. • Support Services: Providing transport support and financial reimbursement for travel costs can alleviate the economic burden on families, ensuring that children from low-income households can access necessary care without added stress. <p>Promoting Equity and Accessibility:</p> <p>Ensuring that all children, regardless of their socio-economic background, have access to high-quality minor injury treatment is a key aspect of upholding their rights. This includes making information about available services and support widely known and easily accessible. This will be achieved through our communication plans to ensure the public know how to access minor injury care, where this will be, how to get there, what will happen when they get to the minor injury unit and potential outcomes, including discharge with advice, treatment and plan or potential further care at the Victoria Hospital in Kirkcaldy</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things</i></p>	<p>Providing high-quality healthcare services, including minor injury treatment, contributes to the overall physical and mental development of children. This aligns with the obligation to create conditions that do not negatively impact their well-being. The ENPs will continue to have access to Consultants in Paediatric & Emergency Medicine at the Victoria Hospital for advice related to children and young people injuries, should this be required.</p> <p>St. Andrews MIU is a safe and supportive environment where children can receive care without fear of harm or neglect. Including that the ENPs and HCSWs are trained to handle children's needs sensitively, appropriately and</p>

<p><i>or people which could hurt them.</i></p>	<p>protected. ENPs are trained to identify any protection concerns and stringent process are in place to ensure children and young people can be referred for comprehensive support services, including psychological support for children who have experienced trauma, ensures that their right to protection is upheld. This holistic approach helps children recover fully and continue to develop healthily.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<ul style="list-style-type: none"> • Making Complaints: NHS Fife provides information for all patients about their right to make complaints if they are unhappy with the care they receive. This empowers all patients including children to voice their concerns and ensures their experiences are taken seriously. • Support for Expression: Providing a supportive environment where children feel comfortable expressing their views is crucial. There is a children’s room available at St. Andrews MIU, which is not available at Adamson MIU. Therefore, by redirecting all children to St. Andrews, there will be improved access to children’s rooms.
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<ul style="list-style-type: none"> • Equal Access to Healthcare: Refugee children will have the same access to high-quality minor injury treatment as other children. • Language Interpretation: This change will result in no differing access to NHS Fife interpretation services. For information on impact on religion and faith, please refer to Q4 above.
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>There are no additional impacts on Disabled children compared to the wider Protected characteristic. Please refer to Q4 for details on impacts regarding disability.</p>

<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health</p> <p><i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<ul style="list-style-type: none"> • Good Quality Health Care: Fife HSCP can assure that St. Andrews MIU will continue to ensure that children receive high-quality minor injury treatment supporting their right to health. This includes access to well-equipped facilities, trained healthcare professionals, and timely minor injury care. • Clean Environments: Fife HSCP can assure that the St. Andrew MIU is clean and safe to prevent infections and promote healing. This includes maintaining hygiene standards and providing a healthy environment for recovery.
<p>Other relevant UNCRC articles:</p> <p><i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

- **Workforce:** Current staffing does not allow for full coverage at both Adamson and St. Andrews MIUs throughout the total 100 operating hours per week (Monday to Friday 8am-6pm). This requires Band 6 ENPs (4.64 WTE + 0.77 Bank) and Band 3 HCSWs (1.61 WTE) at a total of 7.01 WTE, some ENPs starting later and finishing early, and some days there is units with no HCSW cover. Reconfiguration of minor injury services into a single North East Fife (NEF) Minor Injury Unit (MIU) would require to **only** utilise the substantive workforce, resulting in no redeployments and a sustainable workforce including a 22.5% cover for annual leave and sickness.
- **Attendances:** The single NEF MIU is expected to support approximately 25 attendances per day, with each ENP managing 12.5 patients. Queen Margaret Hospital MIU, which manages 38 patients per day with each ENP treating 13 patients, serves as a benchmark for efficient patient management.
 - **Usage:** St. Andrews MIU is more frequently accessed by residents from North East Fife and surrounding areas, indicating a preference for this location. **Access:** Adamson MIU has 11% of planned attendances (scheduled minor injury appointments), while St. Andrews MIU has 7%. Queen Margaret MIU has a higher percentage at 38%, highlighting the need for more appropriate appointment scheduling via NHS 24 on 111 to.

- **Presenting Conditions:** Over 110 inappropriate conditions were presented at NEF MIUs in 2024. Data analysis and clinically led forecasting promoting NHS 24 (111) for triage could redirect 8% of patients to the appropriate care professional.
- In conjunction with the proposed reallocation of all minor injury care in the North East of Fife to one MIU, Fife HSCP is committed to re-vitalising a local Right Care, Right Place campaign, in collaboration with communication colleagues, to encourage patients with an injury to contact NHS 24 on 111, to be triaged appropriately, and scheduled to the most appropriately healthcare for their needs.
- **Demographical Analysis:** St. Andrews MIU has higher patient attendances across all age groups compared to Adamson MIU, with a slight increase in over 65-year-old patients at Adamson.
 - **Clinically Led Options Appraisal:**
 - The process included representation from Acute Medical Services, Health and Social Care Primary and Preventative Care Services, Finance, Partnership and Communications.
 - The assessment was completed following all options being scoped in full and a weighting was applied to ensure equity of assessment in the scoring criteria.
 - Scoring Criteria: The scoring criteria was developed with the following focuses:
 - Enabling right care, right place, first time ethos
 - Ensuring financial sustainability and value for money service.
 - Option 3, reconfiguring NEF MIUs to a single MIU at St. Andrews Hospital, scored highest in criteria and was significantly preferred, scoring 16 points (94%) higher than Option 1.
- **Radiology Facilities:** Adamson MIU lacks x-ray facilities after 12:30 pm, requiring patients to travel to St. Andrews or Kirkcaldy. Furthermore, NHS Fife has taken the clinical decision to decommission the x-ray facilities at Adamson Hospital as the machinery has reached the end of its service and no available capital to fund a replacement or the running costs. St. Andrews MIU offers x-ray services throughout the day.
- **Quality / Customer Care:** Reallocation to St. Andrews MIU will improve efficiency, resource availability, and patient care, addressing access issues and managing higher patient volumes.
- **Risk:** This proposal aims to reduce risk to patients and staff, by implementing a single NEF MIU model, will optimise workforce use, ensure adequate coverage, and reduce staff burnout, provide a single safe environment with effective person-centred care, without the need to commute to another MIU for x-ray imaging after 12.30pm.
- **Transport Options to Access St. Andrews MIU for Minor Injury Care**
- **Regular Public Transport:** Regular bus services are available to St. Andrews Community Hospital.
- **Support for Patients Returning Home:**
 - We will now be exploring that the St. Andrew MIU can provide travel tickets for bus services for eligible patients to return home, similar to what is currently provided at the Emergency Department in Kirkcaldy.
 - Travel reimbursement and community transport leaflets and posters are available to guide patients on how to get to the main hospitals. Reimbursement can be claim at: St Andrews Hospital – Cashier - Monday to Friday 8.30am - 4.30pm, Leaflet link: [Travel expenses - information for patients](#)

- **Anyone requiring transport support to an NHS appointment can access NHS Fife Community Transport services. The link is available at: [NHS Fife Community Transport Services Leaflet](#).**
- **The type of services available include:**
 - Scottish Ambulance Service - Patient Transport
 - Royal Voluntary Service
 - Continuing Care North East Fife (CCNEF)
 - Alliance Ambulance Service
 - **Fife Bus:** Provides door-to-door transport for people who are unable to access mainstream public transport due to reduced mobility.
- **Disability Bus Pass:**
 - Free bus travel for carers with a companion pass.
 - Travelling with a companion - MyGov.Scot
- By consolidating services at St. Andrews MIU, the proposed reconfiguration aims to enhance efficiency, quality of care, and sustainability while addressing potential challenges and ensures ongoing comprehensive public, staff, patients, carers, elected members, care providers, third sector providers and stakeholder engagement.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	x	No	
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If yes, **who** was involved and **how** were they involved?


If not, why did you not consult other staff, patients, or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?


- **Communications Plan & Participation and Engagement:** Comprehensive communications and thorough engagement has taken place with local stakeholders through meetings, surveys, and online events.
- Fife HSCP engaged with the local population, including patients, carers, elected members, care providers, third sector providers, and the Royal Burgh of Cupar and St. Andrews Community Council through meetings on March 25th and April 7th, 2025.
- Additionally, they provided an online engagement survey for 6 weeks between the 17th of February and 30th of March and hosted an open online event on March 27th, 2025.
- The team explained the drivers, improvements, and proposed changes, highlighting the benefits and mitigations for patients and visitors, and addressing the needs of new families in the area, particularly regarding Minor Injuries care services.

Question 8: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)	
2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	FHSCP EQIA Stage 2 will be completed as this proposed service change has identified potential impacts that require further consideration by the Fife Integrated Joint Board (IJB) will make the final decision on this proposal following EQIA assessment, participation and engagement and final SBAR paper review.
3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	

To be completed by Lead Assessor	
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Signature	
Date	9 th of April 2025

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
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Telephone (ext)	29557
Signature	
Date	11.4.25

Stage 2 - Equality Impact Assessment including Children's Rights and Wellbeing Impact Assessment (CRWIA)

Part 1: Background and Information

Title of proposal	Reconfiguration of Adamson Hospital, Cupar and St Andrews Community Hospital Minor Injury Unit (MIU)s and the reallocation of minor injury care in the Northeast of Fife
Brief description of proposal (including intended outcomes & purpose)	<p>This work proposes the reconfiguration of the provision of available minor injury units (MIUs) in the Northeast Fife and makes a recommendation on providing a value based, safe and effective sustainable service ensuring that people can access the right care, in the right place, at the right time.</p> <p>A clinically led options appraisal process was undertaken to review opportunities for service change due to known risks to sustainability of services within the current model. These are predominantly sustainability of our workforce, access to radiology (which most patients attending MIU require), delivery of care in the right place at the right time and also delivery of best value in line with resources available to us.</p> <p>The clinically preferred model chosen from that process was the proposal to relocate Minor Injuries services currently delivered at Adamson Hospital in Cupar into one single Minor Injury Unit based at St Andrews Community Hospital.</p> <p>This recommendation was guided by medical research, expert clinical opinion, and best practice guidelines to ensure decisions are made in the best interests of patient care. By optimising services through this proposal, the aim is to help improve clinical outcomes, service user experience, make better use of resources, and provide a more sustainable model for the future.</p> <p>The proposed change of the reconfigured resources includes an Equality and Children's Rights Impact Assessment Stage 1, evidence and public engagement. Through identifiable impacts and to provide mitigations of those impacts, this Stage 2 Equality Impact Assessment (EqIA), including Children's Rights and Wellbeing Impact Assessment (CRWIA) will explore and provide a means to reasonably address those impacts and prevent adverse outcomes.</p> <p>Identified Positives that impact all protected characteristics</p>

	<p>Centralised Expertise: We will continue to deliver high-quality minor injury care within the North East of Fife. This care will continue to be delivered by highly specialised Emergency Nurse Practitioners (ENP)s and Health Care Support Workers (HCSW)s . Having the ENPs and HCSWs in one location increases the staff availability and resilience, ensures they are working closely together and increases the sustainability of the service. This has the potential to improve overall health outcomes for all patients offering seamless care in one location and ensuring access to a full range of Minor Injuries care services and skills from a consolidated workforce.</p> <p>Extended X-ray Services: There is greater availability of diagnostic capabilities at St Andrews Community Hospital. Offering minor injuries care services at St Andrews Community Hospital will ensure patients are assessed and treated quickly, effectively and efficiently in one location.</p> <p>This has the potential to reduce patient anxiety and removes the need for patients to travel to two separate hospital sites as is the case currently for those attending Adamson MIU who are then required to be sent onto St Andrews for radiology and treatment.</p> <p>The Minor Injury Unit at Queen Margaret (QMH) is not included within this proposed reconfiguration, only the MIUs within the North East of Fife at Adamson Hospital in Cupar and St Andrews Community Hospital.</p> <p>Transport Support: NHS Fife and Fife HSCP is committed to ensure anyone can access minor injury health care. We can reduce the economic burden of travel, especially for low-income families. Financial reimbursement can help mitigate the costs associated with travel, making healthcare more affordable. This is not available at Adamson MIU but provided at St Andrews MIU. There is range of transport support available at: final-community-transport-services-leaflet-151024.pdf</p> <p>Accessibility Issues & Equity Concerns: There may be concerns about equitable access to the combined MIU, particularly if transport support and reimbursement services are not widely known or easily accessible. Furthermore, increased travel distance may disproportionately affect low-income families who may not have access to reliable transportation, impacting their right to timely and adequate healthcare.</p>
Partnership Lead	Lisa Cooper, Head of Primary and Preventative Care Services, Fife Health and Social Care Partnership
EqIA Lead Person	Isla Bumba

EqlA Contributors	Isla Bumba
Date of EqlA	April 2025

How does the proposal meet one or more of the general duties under the Equality Act 2010?

Please refer to the HSCP Equality Impact Assessment Guidance.

Consider proportionality and relevance (*See Page 10 of Guidance*).

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>The Fife Health and Social Care Partnership is committed to promoting dignity, equality, and independence for the people of Fife.</p> <p>Our proposal to reconfigure and reallocate minor injury care in North East Fife will ensure that we continue to work effectively with partners, local communities, and individuals to challenge sources of inequality such as discrimination, harassment, and victimisation, and to promote equality of access to care and services</p> <p>St Andrews MIU will continue to provide minor injury care from Monday to Friday, 8 am to 6 pm.</p> <p>Delivering minor injury care solely from the St Andrews Minor Injuries Unit (MIU) will not result in discrimination, harassment, or victimisation. It is acknowledged, burghs that would regularly access Adamson MIU will on average have an increased travel distance to St. Andrews MIU of 8 miles (average additional 15 minutes of travel). This proposal attempts to reasonably address any potential travel detriment to the residents of Cupar and surrounding areas to access the St Andrews Community Hospital MIU for minor injury care.</p> <p>1. Transport Options:</p> <p>Regular public transport is available to St. Andrews Community Hospital.</p> <p>2. Support for Patients Returning Home:</p> <p>Additionally, Urgent Care Services Fife (UCSF) is exploring options for St Andrews MIU to provide travel tickets for bus services to support patients return home from St Andrews MIU, if required.</p>

Additionally, travel reimbursement and community transport leaflets and posters will be available and widely accessible to guide patients on how to get to our main hospitals.

[How to get to our main hospitals | NHS Fife](#)

Bus Services:

- **Stagecoach East Scotland** operates multiple routes, including:
- **95:** From Leven to St. Andrews via various villages.
- **X58/X61:** From Edinburgh to St. Andrews, passing through several North East Fife villages.

Go-Flexi is an on-demand bus service that provides a flexible way of travelling around rural North East Fife. Funded by Fife Council and operated by Moffat & Williamson, Go-Flexi is available to anyone travelling in specific Flexi Zone areas. The Go-Flexi service does travel to St. Andrews Community Hospital via the F3 Zone, and users can use interchange points to connect to the F3 Flexi Zone.

Go-Flexi Service Times:

- Monday to Thursday: 7 am to 6:15 pm
- Friday: 7 am to 11:30 pm
- Saturday: 8:15 am to 11:30 pm
- Sunday: No service

Flexi Zones:

- There are 7 Flexi Zones around North East Fife, each serving large rural areas.
- Travel is permitted anywhere within a Flexi Zone and to nearby interchange points outside the zones.
- **F2:** Auchtermuchty, Strathmiglo, Gateside, Burnside
- **F3:** Denhead, Dunino, Largoward, Peat Inn, Radernie, Scooniehill
- **F4:** East Neuk
- **F5:** Balmerino, Collessie, Den of Lindores, Edentown, Foodieash, Gauldry, Giffordtown, Grange of Lindores, Kilmany, Letham, Rathillet
- **F6:** Chance Inn, Coaltown of Burnturk, Craigrothie, Ladybank, Kettlehill

- **F7:** Blebo Craigs, Ceres, Dura Den, Kemback, Largoward, New Gilston, Peat Inn
- **F8:** Kincaple & Strathkinness

3. Reimbursement Services:

The cashier office at St. Andrews Community Hospital handles various financial transactions, including reimbursements services from Monday to Friday, 8:30 am to 4:30 pm. For specific details, you can contact the hospital directly at **01334 465656**. On the [How to get to our main hospitals | NHS Fife](#) Page - If you have any queries regarding travelling expenses, you can e-mail fife.patienttravel@nhs.scot on expenses leaflet

4. Parking:

Fife HSCP is committed to consulting with NHS Fife Estates services regarding dedicated parking at St Andrews Community Hospital for those attending MIU. Currently, the St Andrews Community Hospital provides 130 parking spaces, which 12 are disabled spaces. At Adamson Hospital, parking is available, 114 parking space, with only 25 next to the main entrance, including only 5 disabled spaces on site, all parking is limited to a one-hour maximum stay. [Adamson Hospital | NHS Fife](#)

5. NHS Fife Community Transport Services:

- Scottish Ambulance Service - Patient Transport
- Royal Voluntary Service
- (CCNEF) Continuing Care North East Fife
- Alliance Ambulance Service
- Fife Bus - [final-community-transport-services-leaflet-151024.pdf](#)

6. Disability bus pass – with companion free bus travel, for carers - [Travelling with a companion - MyGov. Scot](#)

	<p>7. Communications Plan:</p> <p>The next phase of a communications plan will be implemented, outlining the benefits and mitigations for the proposals.</p> <p>This will be informed by feedback received from the Participation and Engagement survey including topics identified by the local community from public meetings held.</p> <ul style="list-style-type: none"> • A key objective will be to improve public and stakeholder understanding of NHS 24 on 111 and how to access Minor Injuries services appropriately to ensure assessment and direction to appropriate place of care based on clinical need. • Right care, right place messaging will also be reinforced to highlight other local options available for example community pharmacy, GP services and NHS Inform. • Additional opportunities to promote appropriate support available including transport reimbursement, travel options and support for carers will be explored. • Working in collaboration with services across the public sector in Fife – including education, children's services, locality teams, carers representatives for example – opportunities will be identified to cascade messages to audiences including carers and care experienced young people.
Advancing equality of opportunity	<p>The reconfiguration of the North East of Fife Minor Injury Units will commit to:</p> <ul style="list-style-type: none"> • Collaborative Working with the public to ensure there is continued equitable access to minor injury care in the North East of Fife, including: • A robust communication plan to improve public and stakeholder understanding of NHS 24 on 111 and how to access minor injuries care appropriately as well as reinforcing right care, right place messaging, • We have conducted a robust engagement activity highlighting key concerns from the public including access and travel, which we have addressed and attempted to mitigate throughout this equality assessment • Supporting and enabling better care co-ordination by encouraging the public to access minor injury care by calling NHS 24 on 111 to ensure they receive the Right Care in the Right Place, first time.

- Building on our existing relationships with our third and independent sector partners, including unpaid carers, care experienced persons, child and young people and those with disabilities can access minor injury care.
- Adopting a sustainable and ethical approach including safe minor injury care in one location, effective use of public funds and a sustainable workforce trained to deliver a consistent high standard of minor injury care in the North East of Fife.

The Organisation shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the “Equality Act 2010” or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.

Fife HSCP developed a Communications Plan and the Participation and Engagement team conducted a programme of activity which included an online survey (also available in other formats) and in person events in Cupar and St Andrews.

The intention was to ensure members of the public, staff, stakeholders and representative groups were properly informed of the proposals.

In addition, communications activities promoted the survey as a mechanism to capture any concerns or considerations and inform what mitigations could be put in place.

Summary of engaged audiences

- Engaged with the local population, patients, carers, elected members, care providers, third sector providers, and the Royal Burgh of Cupar (25th of March 2025) and St. Andrews Community Council (7th of April 2025 meetings, provided an engagement survey and open online event on the 27th of March 2025 about proposed service changes.
- Explained the drivers, improvements, and proposed service changes from the proposal.
- Highlighted the benefits and mitigations for patients and visitors.
- Addressed the needs of new families in the area, especially regarding Minor Injuries care services.

- Engaged with affected staff, primary care contractors, and GPs in surrounding clusters about the proposed new Minor Injuries care model.
- Ensured staff are informed and supportive of the proposed service changes.
- Developed organisational awareness of the proposed service changes.
- Communicated key dates and impacts to minimise any service disruption.

Key objectives

- Build organisational awareness of the proposed service changes to service delivery, the rationale for the proposed service changes and the affects any change will have on individual services.
- Maintain teams and service awareness of the timescales of any associated project milestones.
- Ensure clinical and support staff involved in the affected areas have the right information to support their roles in planning, change and ongoing delivery.
- Keep colleagues across acute, community and primary care services aware of key dates and their impact to ensure minimal disruption to service delivery.
- Galvanise support for the revised model and new ways of working.
- Internally, the support of the **Local Partnership Forum (LPF)**
- and **Area Partnership Forum (APF)**
- along with support from Staffside colleagues.
- Improve public understanding of the proposed need for change.
- Share stats and data to build a mutual understanding and explain the rationale for the proposed service changes.
- Build public understanding of the proposals, any implications and mitigations that will be put in place to ensure safe and sustainable service delivery.
- Improve public and stakeholder understanding of NHS 24 on 111 and how to access Minor Injuries services appropriately.

Communications Plan – tools, resources and activities utilised:

- Bespoke briefing created for community councils in Cupar and St Andrews to promote the survey and explain rationale of the proposals.

- Bespoke briefing created for Elected members to promote the survey and explain the rationale of the proposals.
- Bespoke briefing created for Primary Care contractors to promote the survey and explain the rationale of the proposals.
- Email letters from P&E team to subscribers list, third sector contacts, carers contacts including carers representative on IJB to promote the survey and explain the rationale.
- StaffLink: Featured newsfeed post with ongoing updates including a link to the survey for wider health and social care staff workforce.
- Staff Newsletters: Weekly digital newsletters with introductory announcements and regular updates for both NHS Fife and Fife HSCP staff including a link to the survey for wider health and social care staff workforce.
- Briefing for Primary Care Contractors: Bespoke email briefings to explain the rationale and face to face meeting with local GPs .Face-to-Face/Teams Meetings: Discussions with those staff directly affected by the proposals. Mix of formal and informal engagement with staff, both individually and collectively involving Staffside representatives.
- Briefing meeting for local MP and MSP to introduce proposals, outline rational and gather constituent feedback. Dedicated area on Fife HSCP website with news stories and consultation link
- FAQs developed throughout the course of the survey period based on feedback received from participants: [Proposals for Reconfiguration of Minor Injuries units in North East Fife | Fife HSCP](#)
- A broad announcement for the wider population introducing the proposals, outlining the aims, explaining the benefits the proposals would likely to bring. Communication also explained how local people could get involved through the engagement survey.
- Social media: Posts on NHS Fife's and Fife HSCP's social media pages promoting survey
- Short video created to show services at Adamson, reinforce commitment to retaining Adamson as vibrant community hospital, thank community for ongoing participation in online survey, promoted via social media and available on dedicated area of FHSCP website
- Elected Members Update: Fortnightly updates with special updates and links to webpage.
- Health Improvement Scotland Briefing: Outline of project, timeline, and engagement activity.
- Scottish Government Briefing: Similar briefing as HIS.
- Feedback from various stakeholders, including staff, elected members, and the public.

Fostering good relations	<p>Our proposal to reconfigure the North East of Fife Minor Injury Units aims to maximise opportunities for collaborative minor injury care, with the aim of improving services, outcomes, processes and efficiency.</p> <p>We are committed to building on our existing good working relationships with our third and independent sector care providers including unpaid carers, care experienced persons, child and young people and those with disabilities can access minor injury care and will demonstrate a commitment to partnership working as well as ensuring that feedback from those who use and those who deliver minor injury services is at the heart of our development and improvement plans.</p> <p>This project will be underpinned through the creation of an associated communication and engagement strategy that will seek to foster and maintain good relations with all Service Providers.</p>
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If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	<p>We recognise that low income and reduced access to resources, can impact negatively on people's health and wellbeing.</p> <ul style="list-style-type: none"> • We will actively promote self-care and self-management, including to promote Right Care, Right Place messaging. Right care, right place messaging will also be reinforced to highlight other local options available for example community pharmacy, GP services and NHS Inform. • We will aim to improve public and stakeholder understanding of NHS 24 on 111 and how to access Minor Injuries services appropriately to ensure assessment and direction to appropriate place of care based on clinical need. • NHS 24 have the language option to support people that English is not their first language NHS 24 • Mitigated as noted within the general duties under the Equality Act 2010 by eliminating discrimination, harassment and victimisation, patients will be able to access:

	<ul style="list-style-type: none"> • Transport Options • Support for Patients Returning Home • Reimbursement Services • Disability bus pass <p>NHS Fife Community Transport Services:</p> <ul style="list-style-type: none"> • Scottish Ambulance Service - Patient Transport • Royal Voluntary Service • (CCNEF) Continuing Care North East Fife • Alliance Ambulance Service • Fife Bus - final-community-transport-services-leaflet-151024.pdf <p>Communications Plan:</p> <p>The next phase of a communications plan will be implemented with a key objective to improve public and stakeholder understanding of NHS 24 on 111 and how to access Minor Injuries services appropriately to ensure assessment and direction to appropriate place of care based on clinical need.</p> <ul style="list-style-type: none"> • Right care, right place messaging will also be reinforced to highlight other local options available for example community pharmacy, GP services and NHS Inform. • Additional opportunities to promote appropriate support available including transport reimbursement, travel options and support for carers will be explored. • Working in collaboration with services across the public sector in Fife – including education, children’s services, locality teams, carers representatives for example – opportunities will be identified to cascade messages to audiences
Inequalities of outcome	<p>The Fife Health and Social Care Strategic Plan 2023 -2026, and the related strategic priority is ‘A Fife where we will promote dignity, equality, and independence’.</p> <ul style="list-style-type: none"> • We will commission services with an outcome focus • We will actively work to improve minor injury care across Fife • We will ensure feedback from those who use minor injury care services, their families and their carers, is at the heart of our development and improvement plans

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Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required
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Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
Age (including older people aged 65+)	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving	Noted that 3% more over 65-year-olds attend Adamson Hospital compared to St. Andrews.	Data analysis indicates the following: For attendances to Adamson MIU in 2024: (555) 24% under the age of 17 years old (612) 27% of those over 65 years old (1136) 49% of those	N/A

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>		<p>between 18 and 64 years old For attendances to St. Andrews MIU in 2024: (717) 19% under 17 years old (2123) 24% over 65 years old (917) 57% of those between 18 and 64 years old The data indicates that St. Andrews Community Hospital MIU has a higher number of patient attendances across all age groups compared to Adamson Hospital, however, it can be noted that 3% more over 65-year-olds attend Adamson Hospital compared to St.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
			<p>Andrews.</p> <p>While there are concerns about increased travel distances and equitable access, the implementation of financial reimbursement and a range of supportive transport services, along with the promotion of the Right Care, Right Place campaign, will help mitigate these impacts.</p> <p>Data analysis indicates that St. Andrews Community Hospital MIU already serves a higher number of patients across all age groups compared to Adamson Hospital,</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
			<p>suggesting that the proposed changes will continue to support the healthcare needs of the community effectively.</p> <p>By ensuring that these measures are widely communicated and accessible, we can uphold the right to timely and adequate healthcare for everyone in North East Fife.</p>	
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes	N/A	St. Andrews Community Hospital MIU is easily accessible on the ground level from the main car park. The entrance is an automatic door and the MIU is on the ground level. This is similarly available at the Adamson MIU.	Interpreting Services are available at both MIUs and there are no anticipated changes in accessibility to BSL interpreters or Deafblind guides due to this service change.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p> <p>There are 12 disabled parking spaces available at St. Andrews MIU and only 5 at Adamson Hospital, however, important to note that there are more disabled spaces available at</p>		<p>The proposed change therefore is not expected to negatively impact accessibility for disabled service-users or those in wheelchairs. If the number of disabled parking spaces is found to be insufficient, a reasonable solution with NHS Fife estates team will be sought.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	Adamson Hospital, but down a hill next to the dental centre.			
Gender Reassignment	<p>By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU</p>	N/A	N/A	No adverse impact identified as neither MIU currently provide Gender-affirming care therefore there will be no change to care provided for this group. All staff are appropriately trained, and care provided will not differ depending on this protected characteristic.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.			
Marital Status (Marriage and Civil Partnerships)	<p>By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that</p>	N/A	N/A	There are no anticipated impacts on this group as care provided to this protected characteristic group will not differ following the closure of Adamson MIU.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.			
Pregnancy and Maternity	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care. There is more	N/A	N/A	Persons who are pregnant or in the postpartum period, who have an injury will continue to have access to minor injury care. If specialised input is required from the obstetrics and gynaecology teams, the MIU ENP will discuss the persons injury with those teams, and if required direct the person to Victoria

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.			Hospital in Kirkcaldy for further review, as per existing processes. Access to Pregnancy and maternity services remain unchanged.
Race (All Racial Groups including Gypsy/Travellers)	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking	N/A	N/A	No adverse impact anticipated. The communities of North East Fife are becoming ever diverse. This proposal is not anticipated to impact groups in relation to Race and ethnicity. There will be no impact

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>			<p>in accessing interpreters. The MIU staff have access to Language Line available 24/7 for the majority of languages to service users.</p>
Religion, Belief, and Non-Belief	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the	N/A	N/A	There are no anticipated impacts on this group. Both sites have prayer/faith rooms available. The St. Andrews hospital has a multifaith room available for prayer, meditation, and reflection. This

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>			room is designed to accommodate the spiritual needs of people from various faiths and beliefs. It is expected this facility will have space for any increased capacity caused by the closure of Adamson MIU.
Sex (Women and Men)	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and	N/A	N/A	No adverse impacts identified for people dependent on this protected characteristic. For cases of Gender-

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>			<p>based violence, it is not anticipated that this change will result in any differences to care.</p> <p>All NHS Fife staff must complete mandatory training in Gender-Based Violence.</p> <p>Any person presenting to either MIU will be triaged and referred to specialists and safeguarding processes remain unchanged.</p> <p>The Gender-Based Violence team would then contact persons affected, if arranging to see the person this would be at another site.</p> <p>NHS Fife offers comprehensive support for individuals affected</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
				by gender-based violence (GBV) through the Fife GBV Team which provide help and advice for those affected by domestic abuse and/or sexual violence. They can be contacted from any location across Fife at 01592 729258 (Monday to Friday, 8:30 am - 5 pm) or email Fife.gbvteam@nhs.scot Link: Gender-Based Violence (GBV) NHS Fife
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the	N/A	N/A	There are no anticipated impacts on this group as care provided to this protected characteristic group will not differ following the closure of Adamson MIU.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>			

Please also consider the impact of the policy/strategy/process change in relation to:

	Positive impact	Negative impact	Mitigations	No Impact

Armed Forces Community	<p>By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>	N/A	N/A	There are no anticipated impacts on this group as care provided to this protected characteristic group will not differ following the closure of Adamson MIU.
Carers	By having the ENPs and HCSWs in one location, increases the staff	Travel Distance: Carers may face longer travel distances to reach	Transport Support: There is transport support and financial	N/A

	<p>availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>	<p>St. Andrews MIU, especially if they are located far from St. Andrews. This could increase travel time and costs</p> <p>Transport Availability: The availability of transport support will be crucial to ensure timely access to care. Carers may need to rely on transport services or financial reimbursement to mitigate the impact of longer travel distances</p> <p>Economic Burden: For carers from low-income households, the economic burden of travel costs could be significant. Ensuring financial reimbursement and transport support will be essential to alleviate this burden</p>	<p>reimbursement for travel costs which can help alleviate the economic burden on carers, and travel support to and from the St. Andrews MIU.</p> <p>Fife HSCP commissions a dedicated support service for unpaid carers to meet the NHS Board Duties under section 28 of the Carers (Scotland) Act 2016 whereby carers have the right to be involved in discharge decisions for the person(s) they care for. While the support generally relates to inpatient services, the hospital can raise the awareness of general support services for unpaid carers thereby eliminating the potential for unfavourable service delivery.</p>	
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<p>Looked After Children and Care Leavers</p>	<p>By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>	<p>Travel Distance: may face longer travel distances to reach St. Andrews MIU, especially if they are located far from St. Andrews. This could increase travel time and costs</p> <p>Transport Availability: The availability of transport support will be crucial to ensure timely access to care. May need to rely on transport services or financial reimbursement to mitigate the impact of longer travel distances</p> <p>Economic Burden: Low-income households, the economic burden of travel costs could be significant. Ensuring financial reimbursement and transport support will be essential to alleviate this burden</p>	<p>Transport Support: There is transport support and financial reimbursement for travel costs which can help alleviate the economic burden, and travel support to and from the St. Andrews MIU</p>	<p>N/A</p>
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Privacy (including information security, data protection, and human rights)	N/A	N/A	N/A	No changes will be made to how Fife Health and Social Care Partnership manages patients' privacy including information security, information governance, data protection, and human rights
Economy	<p>By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p>There is more availability of diagnostic capabilities at St. Andrews, ensuring that all patients seeking minor injury care attend</p>	Increased distance for people to commute to St Andrews for Minor Injury care.	<p>The average cost of a bus ticket to travel around North East Fife to St. Andrews Community Hospital varies depending on the type of ticket and the route. Here are some general prices:</p> <p>Single tickets: Range from £1.40 to £12.70, depending on the distance</p> <p>Day Rider tickets: Allow unlimited travel within your chosen zone for one day. Prices are: Adult: £4.20 Student: £3.20 Child: £2.50</p>	N/A

	<p>the St. Andrews MIU first time, removed need for redirection to another minor after 12pm due to current lack of radiology facilities within Adamson MIU.</p>		<p>Group: £10.50 These prices provide a flexible and affordable way to travel to St. Andrews Community Hospital from various locations in North East Fife.</p> <p>Disability bus pass – companion free bus travel Travelling with a companion - MyGov. Scot</p> <p>Reimbursement Services NHS Fife Community Transport Services - final-community-transport-services-leaflet-151024.pdf</p> <p>Support for Patients Returning Home</p> <p>Free bus travel for young people and older adults who have registered for a bus pass. Apply for or replace an under 22s bus pass - mygov.scot</p>	
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- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Transport and Health SBAR (Nov 2023)	Collated evidence to showcase the breadth of support available through NHS Fife
Travel expenses Leaflet/Poster	NHS Fife Facilities/NHS Fife Finance (Financial Operating Instructions) How to get to our main hospitals NHS Fife fi
Community transport Leaflet/Poster	Consultation/agreement with Community transport services to be included in the resource How to get to our main hospitals NHS Fife
Transport Scotland – concessionary travel	A Guide to Concessionary Travel
MyGov. Scot – concessionary travel	Travelling with a companion - mygov.scot
Right care right place / NHS Inform/ NHS24 111 comms plan	Translations NHS inform Right care right place NHS inform HPAC
Young people and children - aged 5-21 years can apply for a card to access the Young Persons' (Under 22s) Free Bus Travel Scheme	Under 22s free bus travel Transport Scotland
Evidence gaps	Planned action to address evidence gaps

If this proposal will impact on children/young people's rights either directly or indirectly, please complete Part 3. If this proposal will have no impact on children/young people's rights, please provide an explanation below and continue to Part 5.

A Children's Rights and Wellbeing Impact Assessment (CRWIA) is required.

Part 3 – Children's Rights & Wellbeing Impact Assessment

<p>Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)</p>	<p>Article 3: The best interests of the child must be a top priority in all things that affect children</p> <p>Article 6: Every child has the right to life.</p> <p>Article 12; Every child has the right to have a say in all matters affecting them, and to have their views taken seriously</p> <p>Article 13: Every child must be free to say what they think and to seek and receive all kinds of information, if it is within the law</p> <p>Article 16: Every child has the right to privacy. The law should protect the child's private, family and home life.</p> <p>Article 17: Every child has the right to reliable information. This should be information that children can understand.</p> <p>Article 18: Both parents share responsibility for bringing up their child and should always consider what is best for the child.</p> <p>Article 23 A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community.</p> <p>Article 24: Every child has the right to the best possible health</p> <p>Article 27: Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs</p> <p>Article 36: protect children from all other forms of bad treatment.</p>
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	Article 37: No child shall be tortured or suffer other cruel treatment or punishment
What impact will the policy/procedure/strategy/practice have on children's rights?	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neutral
Will there be different impacts on different groups of children and young people?	No
What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?	<ul style="list-style-type: none"> • Article 3 - Best Interests of the Child: Minimising Travel: By ensuring that children can receive comprehensive care at the first point of contact, such as at St. Andrews MIU, the need for additional travel is reduced. This can help minimise anxiety and stress for both children and their parents. • Support Services: Providing transport support and financial reimbursement for travel costs can alleviate the economic burden on families, ensuring that children from low-income households can access necessary care without added stress.
How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?	<ul style="list-style-type: none"> • Article 3 - Best Interests of the Child: Quality of Care: The consolidation of services, such as having a team of Emergency Nurse Practitioners (ENPs) and extended X-ray services in one location, can improve the quality of care children receive. High-quality care is essential for the best health outcomes and aligns with the principle of prioritising children's well-being.
How will the policy/procedure/strategy/practice promote the Rights of the Child?	<ul style="list-style-type: none"> • Article 3 - Best Interests of the Child: Promoting Equity and Accessibility: Ensuring that all children, regardless of their socio-economic background, have access to high-quality minor injury

	<p>treatment is a key aspect of upholding their rights. This includes making information about available services and support widely known and easily accessible. This will be achieved through our communication plans to ensure the public know how to access minor injury care, where this will be, how to get there, what will happen when they get to the minor injury unit and potential outcomes, including discharge with advice, treatment and plan or potential further care at the Victoria Hospital in Kirkcaldy</p> <ul style="list-style-type: none"> Article 6 & 19- Life, Survival and Development & Protection: Providing high-quality healthcare services, including minor injury treatment, contributes to the overall physical and mental development of children. This aligns with the obligation to create conditions that do not negatively impact their well-being. The ENPs will continue to have access to Consultants in Paediatric & Emergency Medicine at the Victoria Hospital for advice related to children and young people injuries, should this be required. St. Andrews MIU is a safe and supportive environment where children can receive care without fear of harm or neglect. Including that the ENPs and HCSWs are trained to handle children's needs sensitively, appropriately and protected. ENPs are trained to identify any protection concerns and stringent process are in place to ensure children and young people can be referred for comprehensive support services, including psychological support for children who have experienced trauma, ensures that their right to protection is upheld. This holistic approach helps children recover fully and continue to develop healthily. Article 12 & 13 – Respect for Children’s Views and Access to Information: Support for Expression: Providing a supportive environment where children feel comfortable expressing their views is crucial. There is a children’s room available at St. Andrews MIU, which
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	<p>is not available at Adamson MIU. Therefore, by redirecting all children to St. Andrews, there will be improved access to children's rooms.</p> <ul style="list-style-type: none"> • Making Complaints: NHS Fife provides information for all patients about their right to make complaints if they are unhappy with the care they receive. This empowers all patients including children to voice their concerns and ensures their experiences are taken seriously. • Article 22 & 30 – Refugee &/or Care Experienced Children: Equal Access to Healthcare: Refugee children will have the same access to high-quality minor injury treatment as other children. • Language Interpretation: This change will result in no differing access to NHS Fife interpretation services. For information on impact on religion and faith, please refer to Q4 above. • Article 23 – Disabled Children: There are no additional impacts on Disabled children compared to the wider Protected characteristic. Please refer to protected characteristics Disability (Mental, Physical, Sensory, and Carers of Disabled People) for details on impacts regarding disability. • Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health: Good Quality Health Care: Fife HSCP can assure that St. Andrews MIU will continue to ensure that children receive high-quality minor injury treatment supporting their right to health. This includes access to well-equipped facilities, trained healthcare professionals, and timely minor injury care. • Clean Environments: Fife HSCP can assure that the St. Andrew MIU is clean and safe to prevent infections and promote healing. This includes
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	maintaining hygiene standards and providing a healthy environment for recovery.
Have you engaged with children & young people in the development of this policy/procedure/strategy/practice?	<p><input type="checkbox"/> Yes – Please complete Part 4</p> <p><input checked="" type="checkbox"/> No – please explain why</p> <p>This Children's Rights and Wellbeing Impact Assessment (CRWIA) has been developed in conjunction with an initial proposal to reconfiguration of North East of Fife's Minor Injury Units, including public survey and public engagement events within local community councils and local elected officials.</p> <p>The intention is to engage with children, young people and those of care experience in terms of accessing minor injury care should the proposal proceed, this will be achieved through various means including:</p> <ul style="list-style-type: none"> • School Nursing Service • Community Learning Disability Team with links with CYP through Cupar Youth café • Active Schools teams • Health Visiting Service • Fife Voluntary action and local youth groups • Other locality groups • FHSCP is committed to collaborative opportunities to promote messages to young people through service contacts in Education and Children's services as well as our locality teams and even reach out to partners in Fife Sport and Leisure trust to inform and educate everyone on how to access the Right Care in the Right Place and continue to promote NHS 24 on 111

	<ul style="list-style-type: none"> Distribution of leaflets for staff/local services/people related to the Right Care in the Right Place and Community Transport Services, including reimbursement advice.
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- Please record the evidence used to support the children's rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people's views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
Transport and Health SBAR (Nov 2023)	Collated evidence to showcase the breadth of support available through NHS Fife
Travel expenses Leaflet/Poster	NHS Fife Facilities/NHS Fife Finance (Financial Operating Instructions) How to get to our main hospitals NHS Fife
Community transport Leaflet/Poster	Consultation/agreement with Community transport services to be included in the resource How to get to our main hospitals NHS Fife
MyGov. Scot – concessionary travel	Travelling with a companion - MyGov. Scot
Right care right place / NHS Inform/ NHS24 111 comms plan	Translations NHS inform Right care right place NHS inform HPAC
Young people and children - aged 5-21 years can apply for a card to access the Young Persons' (Under 22s) Free Bus Travel Scheme	Under 22s free bus travel Transport Scotland
Evidence gaps	Planned action to address evidence gaps

Part 4 – Children's Rights & Wellbeing – Engagement and Participation of Children and Young People

Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
2.	A chance to be involved	Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?
3.	Remember it's my choice	How did you make sure you gave children and young people choices?
4.	Value Me	How did you make sure that children and young people know their views have been taken seriously and have made an impact?
5.	Support Me	How did you identify and overcome any barriers to participation?
6.	Work Together	How well did working together achieve aims of participation?

7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
What impact has the engagement/participation made?		

Part 5: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all the protected characteristics).

Recommendation	Lead Person	Timescale
1. The next phase of a communication plan if the proposal is agreed to proceed with the re-allocation of Minor Injury Care in the North East of Fife to be solely delivered from St. Andrews Hospital	Lisa Cooper, Head of Primary and Preventative Care Services, Fife Health and Social Care Partnership	
2. A key objective will be to improve public and stakeholder understanding of NHS 24 on 111 and how to access Minor Injuries services appropriately to ensure assessment and direction to appropriate place of care based on clinical need. a. Right care, right place messaging will also be reinforced to highlight other local options	Lisa Cooper, Head of Primary and Preventative Care Services, Fife Health and Social Care Partnership	

available for example community pharmacy, GP services and NHS Inform. b. Additional opportunities to promote appropriate support available including transport reimbursement and travel options		
3. Distribution of leaflets for staff/local services/people related to the Right Care in the Right Place and Community Transport Services, including reimbursement advice.	Lisa Cooper, Head of Primary and Preventative Care Services, Fife Health and Social Care Partnership	
4. Working in collaboration with services across the public sector in Fife – including education, children's services, locality teams, carers representatives for example – opportunities will be identified to cascade messages to audiences including carers and care experienced young people	Lisa Cooper, Head of Primary and Preventative Care Services, Fife Health and Social Care Partnership	

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: 16/05/25	Date sent to Compliance Team (FOI.IJB@fife.gov.uk):
Senior Officer Name: Lisa Cooper	Designation: Head of Primary and Preventative Care Services, Fife Health and Social Care Partnership

FOR COMPLIANCE TEAM ONLY

EqlA Ref No.	
Date checked and initials	

FINAL

Appendix 5 – Data Pack – North East Fife MIU Reconfiguration

1. Summary

Data relating to the Minor Injury Units (MIU) across Fife was analysed, in particular for those situated in North East Fife (NEF).

It shows performance at the NEF units falling significantly below what would be expected at present. The profile of the 2 NEF units shows greater attendances at St Andrews; with slightly more working age population; musculoskeletal attendances; and attendances from people based outwith NEF and visitors to Fife.

Some limited stress testing of data shows that there are unlikely to be implications from future demographic change and that differences in travel distances between options for siting a single MIU in NEF are relatively low.

2. Performance and Length of Stay

Performance the NEF units are broadly similar, but falling significantly behind performance at the QM unit (Table 1). This is serving to reduce the overall performance level in Fife to around 61% for 1 hour waiting. The performance at the 4 hour level is high in all units at just below the 100% level. The main difference is in the 1 hour performance level, with NEF units at around 45% compared to 67% at QM, while the average waiting time in NEF units is at least 43% longer than at QM (Adamson 76 min; St Andrews 79 mins; QM 53 mins) as shown in Table 1 and figure 1.

The proportion of planned appointments is relatively low but similar in the two NEF units at about 8% (table 2)

	Performance %			Average stay (mins)	Percentage people in Length of Stay category				
	4 hrs	2 hrs	1 hr		<=1 hr	>1 hr <=2 hr	>2 hr <=3 hr	>3 hr <=4 hr	>4 hr
Queen Margaret, Dunfermline	99.9	95.7	66.9	53	66.9	28.8	3.7	0.5	0.2
Adamson, Cupar	99.7	84.8	45.8	76	45.8	38.9	11.1	3.7	0.5
SACH, St Andrews	99.6	82.4	44.9	79	44.9	37.7	12.5	4.6	0.3
All MIU	99.8	92.1	60.6	60	60.7	31.5	6.1	1.6	0.2

Table 1. Average monthly performance and length of stay at the Fife MIUs

Based on 13 months of data from Dec 2023 to Dec 2024

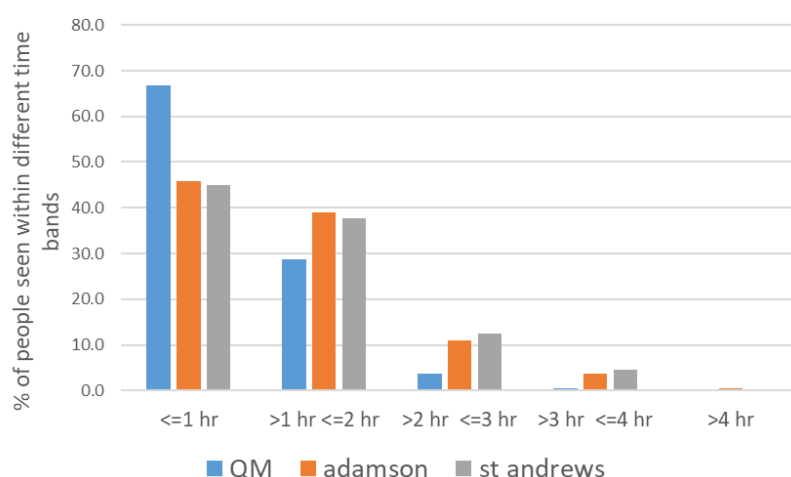


Figure 1. Length of Stay Compared across Fife MIU

Presented as percentage of all stays, average based on 13 months of data from Dec 2023 to Dec 2024

Weekly planned and unplanned presentations	Adamson	St Andrews	All NEF
Planned	5	5	10
Unplanned	57	59	116
% Planned	8.1%	7.8%	7.9%

Table 2. Number and proportion of planned and unplanned presentations at North East Fife MIUs

3. Attendance Levels

By far the bulk of Fife MIU attendance is to Queen Margaret (QM) with 71% of all attendances. All other MIU attendances occur in the 2 NEF units, which are open during daytime hours only.

St Andrews Community Hospital handles 61% of all attendances within North East Fife with around 305 attendances per month (table 3). This translates to around 9 visits per day at Adamson and 15 at St Andrews, compared to around 40 at QM. Even combined, these units would have half the attendances seen at QM.

Throughout the year attendance levels are fairly static and similar across the three Fife units, with only a minor peak in the spring which is most obvious at QM (Figure 2).

	All	Morning	Day	Evening
Queen Margaret, Dunfermline	1208	6	1031	171
Adamson, Cupar	189	0	189	0
SACH, St Andrews	305	0	305	0
All MIU	1703	7	1525	171

Table 3. Monthly average attendances at the Fife MIUs

Based on 13 months of data from Dec 2023 to Dec 2024

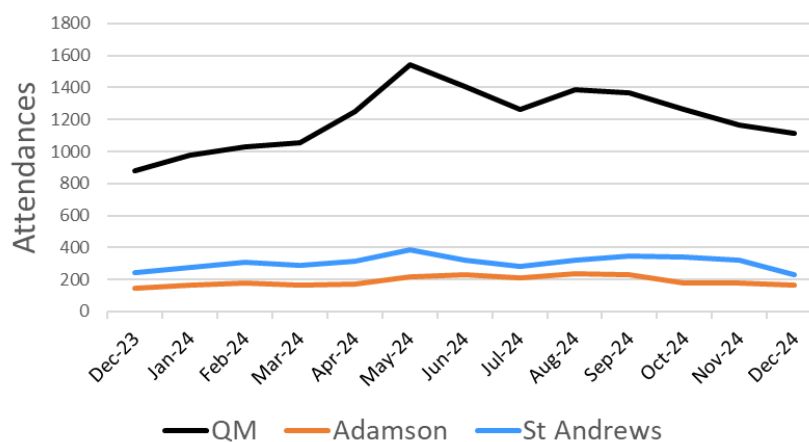


Figure 2.
Attendance at Fife MIU through the year (monthly Dec 2023 to Dec 2024)

4. Geographic coverage

People attending both NEF MIUs come from all over Fife and visitors from beyond Fife (Table 4). St Andrews handles significantly more people from outwith Fife (20% of all attendances versus Adamson at 4%) and more people from elsewhere in Fife (outside NEF).

Unsurprisingly, the majority of those attending come from the area immediately around the units (figure 3) but with significant overlap. The St Andrews unit sees around 17.1% of people from the Cupar Burgh and District, while the Adamson Unit only sees 3.8% of people from the St Andrews Burgh and District. In other words the St Andrews unit already handles a significant proportion of the Adamson units nearest ‘catchment area’ with around 224 attendances per year in that regard (table 5)..

%	Adamson	St Andrews
NEF	89.3	73.7
Fife excl NEF	7.1	6.2
Fife	96.4	79.9
Outwith Fife	3.6	20.1

Table 4. Source of Attendances at North East Fife MIUs as a percentage of all attendances at each unit.

*note the columns will not add to 100% as ‘Fife’ value includes the ‘NEF’ and ‘Fife excl NEF’ values

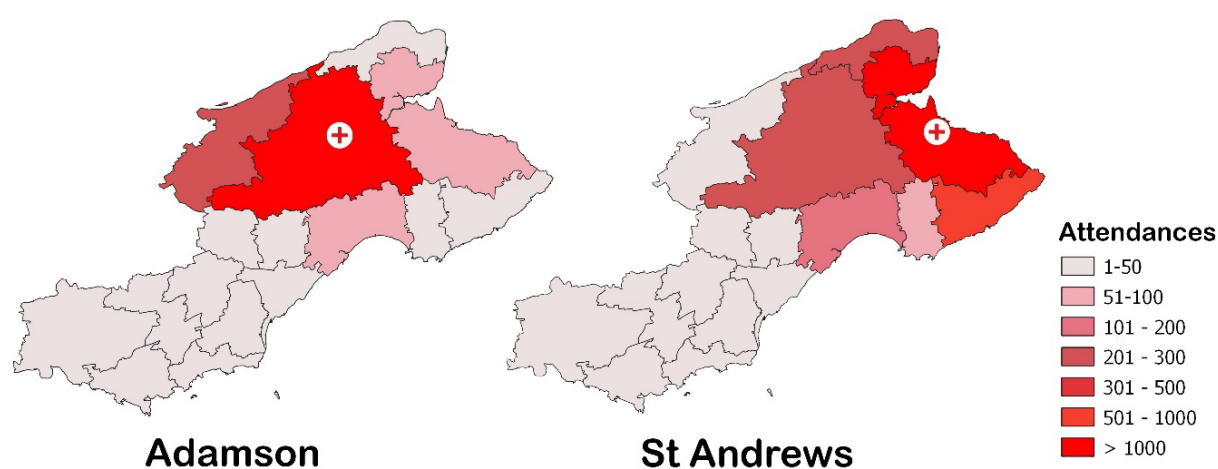


Figure 3. Comparison of geographic coverage of NEF MIUs, attendance per year.

District	Postcode	Adamson	St Andrews
Auchtermuchty Burgh	KY14 7	202	11
Crail Burgh, Kilrenny, Anstruther Easter and Anstruther Wester Burgh	KY10 3	6	350
Cupar Burgh & District	KY15 4 & 5	1309	224
Elie and Earlsferry Burgh	KY9	1	94
Falkland Burgh, Ladybank Burgh	KY15 7	357	20
Newburgh Burgh	KY14 6	84	2
Newport-on-Tay Burgh, Tayport Burgh	DD6	42	222
Pittenweem Burgh, St Monance Burgh	KY10 2	4	170
St Andrews Burgh & District	KY16	63	1654
Outwith North East Fife		247	978

Table 5. Detailed breakdown of geographic source of North East Fife attendees in 2024

5. Profile of Attendances

The age profiles are slightly different, with slightly more working age people attending in St Andrews (table 6), likely due to the presence of the University.

In terms of diagnoses injuries account for most attendances at over 90% for both units (table 7). For more specific diagnoses, the 2 units appear similar (table 8), however some statistically significant differences are present with regard to Musculoskeletal (more in Adamson and less in St Andrews) and in the Unknown/redirected and Other categories.

	Adamson %	St Andrews %
Under 18	24	19
18 to 64	49	57
65+	27	24

Table 6. Age profile of North East Fife MIU attendees

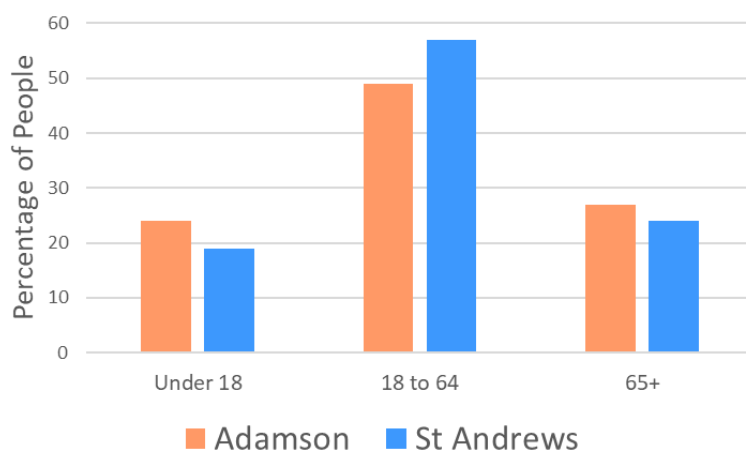


Figure 4. Age profile of North East Fife MIU attendees

	St Andrews %	Adamson %
Illness	8.7	6.7
Injury	91.3	93.3

Table 7. Breakdown by percentage illness or injury at Fife MIU

Broad Diagnosis	Adamson %	St Andrews %	All NEF MIU %
Wound	33.9	32.7	33.1
Soft Tissue Injury	27.3	28.9	28.3
Fracture	15.6	14.9	15.2
Other	6.6	9.0	8.1
Unknown and/or redirected	7.5	4.3	5.5
Musculoskeletal	1.6	4.4	3.4
Dermatology	3.2	2.2	2.6
Burn	2.1	2.1	2.1
Ophthalmology	2.2	1.4	1.7

Table 8. Broad categorisation of Diagnoses for the North East Fife MIUs as percentage of attendances

This is a summary of 275 diagnostic categories, most of which are represented with very small numbers of cases.

6. Stress Testing Data

Two stress tests were applied to the data for the purposes of due diligence in regard to –

1. Will changing demographics have any impact
2. In selecting a single NEF MIU are there significant travel time considerations

Future demographic change was tested by applying the most up to date (2018) National Records for Scotland population projections for Fife to attendance data by age category for a combined unit. These projections show no expected change from now until 2043 (figure 5). There will however be small but noticeable differences in the age profile of future attendees (figure 6) notably, A slow reduction in working age population attendees equating to a 5% reduction in 10 years; no change in under 18s attending; and an increase of about 17% of those aged 65 and over

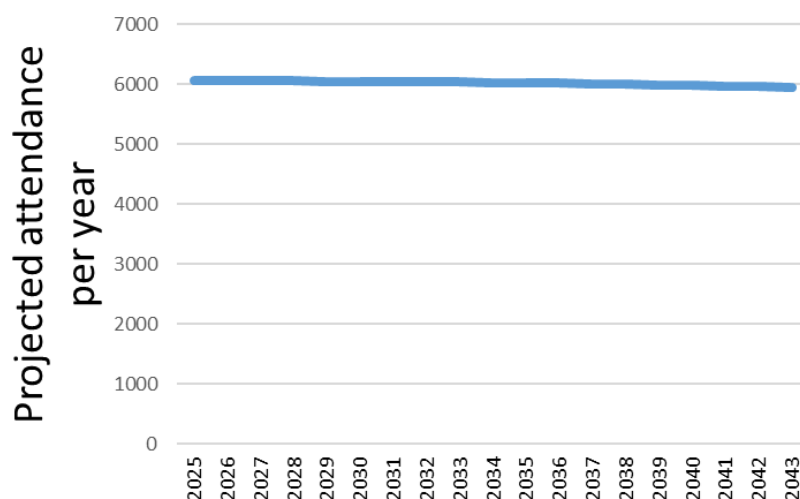


Figure 5.
Projected total
NEF MIU
attendance until
2043

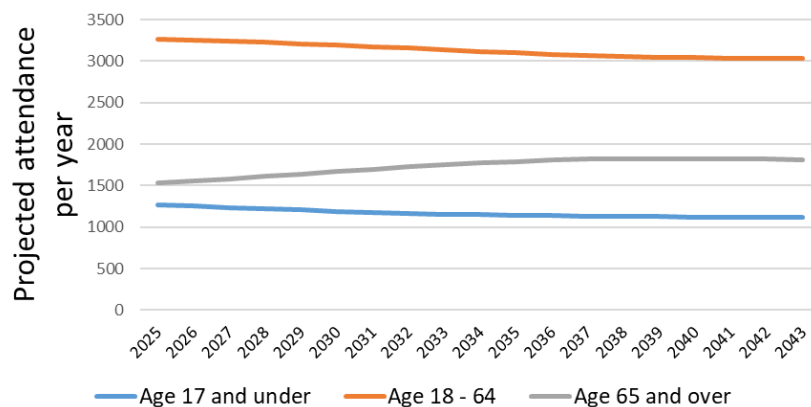


Figure 6.
Projected
attendance by age
group at NEF MIU
until 2043

In terms of choosing an appropriate single location, a rapid analysis considering detrimental impact of travel time to units at district level was undertaken. This suggests little difference between the locations in this regard where slightly more (5%) of people would travel further to Cupar, mainly because this is skewed by the higher numbers of people attending St Andrews. It should be noted that travel time is only one of a number of important criteria being considered.

attendances	Single Unit in -	
	St Andrews	Cupar
Broadly further	2116	2226
Broadly closer	111	488

Table 9. Simplified analysis by districts of travel implications of location of a single unit in North East Fife by change in distance for attendances (2024 data).

1	Reference Number	2025.004
2	Report Title	Reconfiguration of Adamson and St. Andrews Minor Injury Unit (MIU)s
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	28 May 2025
4	Date Direction Takes Effect	17 July 2025
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions related to Minor Injury Provision within North East Fife locality delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	<ul style="list-style-type: none"> • With effect from the 17th of July 2025 - permanently re-allocate all minor injury services from Adamson Hospital 0800-1800 Monday to Friday and solely deliver from St Andrews Community Hospital Minor Injury Unit Monday to Friday's 0800-1800. • Deliver a local communications campaign informing the public of this decision and in combination re-launch a Fife Wide communications campaign for people and communities of Fife to advise and encourage how to access minor injury care related to the Right Care in the Right Place by calling NHS 24 via 111. • Workforce to be continually and consistently supported by line manager,

		professional leads, Human resources and staff side representation during this transition in line with NHS staff governance standards.
9	Budget Allocated by IJB to carry out Direction	Already delegated within extant budgets available to IJB
10	Performance Monitoring Arrangements	Direction will be closed on completion of above directions
11	Date Direction will be reviewed	September



Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 8.1

Report Title: Finance Update

Responsible Officer: Lynne Garvey, Director of Health & Social Care

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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 Finance Team
- Fife Council Finance Team
- Finance Governance Board 12th May 2025
- Finance, Performance and Scrutiny Committee 13th May 2025
- Local Partnership Forum 14th May 2025

3 Report Summary

3.1 Situation

The attached report details the financial position (provisional outturn – subject to audit) of the delegated and managed services. The provisional outturn for Fife Health & Social Care Partnership at 31 March 2025 is an overspend of £34.017m.

Given the reported provisional overspend there is the requirement to implement the risk share agreement, as per 8.2.3 of the Integration Scheme.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).

The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Service and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.

3.3 Assessment

As at 31 March 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a provisional outturn overspend of £34.017m

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- GP Prescribing
- Family Health Services
- Childrens Services
- Homecare Services
- Older People Nursing and Residential
- Older People Residential
- Adult Placements
- Occupational Therapy & ICASS
- Social Care Other

These overspends are partially offset by underspends in:-

- Community Services
- Adults Supported Living
- Social Care fieldwork teams
- Adults Fife Wide

There is also an update in relation to savings which were approved by the IJB in March 2024 and use of Reserves brought forward from March 2024.

3.3.1 Quality / Customer Care

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

Any recovery plan actions have been developed in conjunction with clinical and medical colleagues. Quality and customer care is a

priority for the IJB and work will continue to ensure high quality services are delivered to the people of Fife

3.3.2 Workforce

We recognise and value our workforce and all they do every day to support and care for the people of Fife. This is underpinned by our workforce strategy focusing on how we Plan, Attract, Train, Employ and Nurture our Workforce aligned to our strategic plan.

The design Principles that we are committed to and apply to all of our change and transformation programmes are:

- Staff will be involved in changes that affect them;
- Rationale for change will be transparent;
- Reduce barriers to integrated working and help the services that work together to be a team together;
- Improve pace and scale of integration in Fife;
- Deliver safe and effective care;
- Deliver best value, best quality & outcomes;
- Be sustainable within available resource through transforming care.
- Focus not only on what we do but how we do it placing emphasis on supporting cultural change.

We will support our workforce through these changes with a focus on communication, fairness, consistency, training and health and safety.

Key partners in this work are our staff side and trade union colleagues through a co-design approach and through regular reporting and discussion at the Local Partnership Forum (LPF). The LPF advise on the delivery of staff governance and employee relations issues, inform thinking around priorities on health and social care issues; advise on workforce issues, including planning, development, and staff wellbeing; inform and test the implementation of approaches in relation to Strategic Plans, commissioning intentions, and contributing to the wider strategic organisational objectives of the IJB.

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated for 2024-27.

3.3.4 Risk / Legal / Management

A Savings Tracker and Risk register have been completed and kept up to date.

3.3.5 Equality and Diversity, including Health Inequalities

An understanding of how the recovery actions impacts on protected characteristics and health inequalities is considered as part of our assessment process. Aligned to the IJB strategic plan the impact on

localities and health inequalities is considered as part of all development work.

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[Climate Fife 2024 Strategy and Action Plan](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

In the development of this work there has been engagement with various stakeholders as relevant to recovery actions.

Individual plans will fulfil our responsibilities to engage with the people we support, families, carers, partners Staff side, Trade Unions and our workforce on each of the programmes of work as relevant.

In addition, all of the proposals have been developed in conjunction with clinical and professional colleagues and consideration of key standards and legislative requirements. Quality and customer care is a priority for the IJB and work will continue throughout the delivery of the programmes to ensure high quality services are delivered to the people of Fife.

It is important to us to ensure that any communication is carried out in a supportive way with plain language and simple messaging.

4.4 Recommendation

- **Assurance** – IJB are asked to be assured that there is robust financial monitoring in place
- **Decision** - IJB are asked to note and approve the provisional outturn position for delegated services for 2024-25 financial year as at 31st March 2025 as outlined in Appendices 1-4 of the report; and
- **Decision** - IJB are asked to approve the Direction to NHS Fife for risk share transfer.

List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at March 2025

Appendix 2 – Directions – Risk share transfer

Appendix 3 - Approved 2024-25 Savings Tracker

Appendix 4 – Fife H&SCP Reserves

6 Implications for Fife Council

There are financial implications for Fife Council as the Partnership has exceeded its budget, necessitating the requirement for the Risk Share Agreement.

7 Implications for NHS Fife

There are financial implications for NHS Fife as the Partnership has exceeded its budget, necessitating the requirement for the Risk Share Agreement

8 Implications for Third Sector

There has been full participation and engagement with the third sector in progressing our savings proposals.

9 Implications for Independent Sector

There has been full participation and engagement with the independent sector in progressing our savings proposals.

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	
2	Fife Council	
3	NHS Fife	✓
4	Fife Council & NHS Fife	

Report Contact

Author Name: Audrey Valente

Author Job Title: Chief Finance Officer

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**Fife Health
& Social Care
Partnership**



Finance Report Provisional Outturn as at 31st March 2025

FINANCIAL MONITORING

PROVISIONAL OUTTURN AS AT MARCH 2025

1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) fall into two categories:

- a) Payments for the delegated in scope functions
- b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2024. A budget of £671.633m was set for 2024-25. To balance the budget savings of £39m are required in Yr1.

The revenue budget of £48.482m for acute set aside was also set for 2024-25.

2. Financial Reporting

This report has been produced to provide an update on the provisional financial position of the Health and Social Care Partnership core spend. A summary of the provisional outturn, which is an overspend of £34.017m is provided at Table 2 and a variance analysis provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £4.522m since January (£68.506m since April) as shown in Table 1 below:

Opening Budget	671.633
Adjustments between roll forward and opening budget	11.180
Family Health Services	23.497
Housing	1.633
To health retained - for Pharmacy & Palliative Care	-4.039
Neurodevelopmental Disorder (NDD) outcomes	0.450
Superannuation allocation	2.215
Primary Medical Services	1.722
Mental Health	1.960
Other misc adjustments to allocations	0.350
Pay Uplift 24-25	9.824
Adult +Child health weight	0.668
Additional funding from NHS Fife – funding for specific posts	0.675
Winter funding	0.350
Integration Authorities: MDT	0.237
Prescribing - Tariff reduction reversed	0.312
Improvements to GP surgery – Funding from reserves	0.183
Transfer of SLA Budget to HSCP	5.537
Primary Medical Services uplift	4.919
Medical pay uplift 24-25	2.340

Sla's + Out of Areas Treatment uplift	0.332
Vaccinations	2.192
Speciality doctors pay	0.185
Whole family wellbeing funding	0.250
FC - Pay funding – additional uplift	1.153
FC - Telecare Capital / Revenue swap	0.257
FC - Fairer Scotland Funding for Stratheden Discharge Programme	0.002
FC - funding from Housing for posts	0.122
Budget at March	740.139

4. Directions

When the budget was approved in March 2024 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. Partners have reached agreement, and the invoice was paid in January.

It is important that we continue to develop and progress our use of Directions, it is our intention to provide a Direction for each reporting period next financial year to reflect additional allocations from Scottish Government.

All efforts have been made to reduce the overspend position, however there is a requirement to implement the risk share agreement which requires overspends to be funded by partners at the year-end per Section 8.2.3 of the Integration Scheme

Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB.

A draft direction has been included at Appendix 2 for the risk share transfer, this is subject to external audit.

5. Financial Performance Analysis of Provisional Outturn as at 31st March 2025

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn of £34.017m overspend, a reduction in overspend of £2.973m from the January projected position. This is shown in Table 2 below.

Fife Health & Social Care Partnership									
Provisional Outturn as at March 2025									
Objective Summary	Budget January	Budget March		Forecast Outturn January	Forecast Outturn March		Variance as at January	Variance as at March	Movement in Variance
	£m	£m		£m	£m		£m	£m	£m
Community Services	157.382	159.531		157.280	156.909		(0.102)	(2.622)	(2.520)
Hospitals and Long-Term Care	62.933	62.840		74.970	75.319		12.037	12.479	0.442
GP Prescribing	81.166	81.314		85.666	86.936		4.500	5.622	1.122
Family Health Services	128.872	130.860		129.582	131.216		0.710	0.356	(0.354)
Children’s Services	18.449	18.401		18.799	18.732		0.350	0.331	(0.019)
Homecare Services	58.565	60.676		63.848	65.554		5.283	4.878	(0.405)
Older People Nursing and Residential	55.403	55.455		60.479	58.800		5.076	3.345	(1.731)
Older People Residential and Day Care	16.934	16.934		19.163	18.602		2.229	1.668	(0.561)

Older People Fife Wide/ Hospital Discharge	1.577	1.577		1.540	1.545		(0.038)	(0.032)	0.006
Occupational Therapy & ICASS	5.491	5.489		6.172	6.250		0.681	0.761	0.080
Adults Fife Wide	6.974	7.171		7.280	6.858		0.307	(0.313)	(0.619)
Adult Supported Living	30.962	30.962		29.999	29.325		(0.962)	(1.637)	(0.675)
Social Care Fieldwork Teams	21.223	20.913		19.708	19.875		(1.515)	(1.038)	0.476
Adult Placements	83.794	81.908		90.948	91.145		7.154	9.236	2.082
Social Care Other	(0.425)	(3.611)		0.507	(3.251)		0.932	5.088	(0.572)
Business Enabling/Professional	4.684	7.965		5.042	8.858		0.358	(4.106)	0.264
Housing	1.633	1.633		1.623	1.634		(0.011)	0.000	0.011
Total Health & Social Care	735.617	740.020		772.607	774.036		36.990	34.017	(2.973)

The provisional outturn reflects an overspend of £34.017m and is also presented by portfolio level in Table 3 below. The variance analysis included is by portfolio.

	Budget January	Forecast Outturn January	Variance as at January	Budget March	Forecast Outturn March	Variance as at March	Movement in Variance
	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	288.088	291.695	3.607	292.804	297.194	4.390	0.783
Complex & Critical Care	217.173	230.907	13.734	216.050	231.550	15.499	1.765
Community Care	203.459	221.401	17.941	206.393	221.399	15.006	(2.935)
Professional & Business Enabling	14.078	14.651	0.573	17.313	18.861	1.549	0.976
Other	13.144	14.279	1.135	7.459	5.033	(2.427)	(3.562)
Total HSCP	735.943	772.933	36.990	740.035	774.035	34.017	(2.973)

5.1 Primary & Preventative Care

Variance

The budget as at March is £292.804m. The provisional outturn is £297.194m, adverse variance against budget of £4.390m.

Within this portfolio, approved savings total £6.690m. The provisional outturn position includes delivery of £6.076m of savings, and non-achievement of £0.614m, as per table 4 below

Table 4	Approved	Delivered	Un-Delivered
Medicines Efficiencies programme 2023-25	1.000	1.000	0.000
Further expansion and ambition of medicines efficiencies programme	4.300	3.686	0.614
Integrated Workforce- Community Treatment and Care Services (CTAC)	0.100	0.100	0.000
Health Visiting Service Workforce planning	0.230	0.230	0.000
Urgent Care Services Fife (UCSF)	0.180	0.180	0.000
Nutrition & Dietetics	0.250	0.250	0.000
£1.1M Efficiency Previously approved Saving	0.630	0.630	0.000
Total Savings Delivered	6.690	6.076	0.614

The variance after non-delivery of savings is a provisional outturn overspend of £3.776m. The main area of overspend is GP Prescribing £5.008m due to a 3.95% increase in volume with an average cost per item of £10.82 over the period April 2024 to January 2025. This includes the impact of Efficiency Savings programme, without which the cost per item would have been significantly higher. Primary Medical Services is overspent by £0.356m due to

costs associated with 2c practices for reliance on locum GPs, increased maternity/sickness across GPs and increasing premise costs. This is partially offset by £1.588m of underspends across PPC which is attributable to staff vacancies across several services including Allied Health Professionals, Public Dental and Health Promotion. These underspends are offset by £0.900m overspend in Health Visiting due to Band 6-7 staff regrade unfunded by SG, and high locum and biologics costs within Rheumatology service.

The movement from January is a movement of £0.783m due to an increase in the overspend in prescribing of £1.308m which is attributable to an increase in cost per item following more informed actual data received, and a reduction from the projected overspend at January within Primary Medical Services of £0.354m due to confirmation from SG regarding Global Sum Funding and improvement in 2c practice position primarily as a result of reduced locum costs. There is also an increase in savings delivery of £0.186m for Medicines Efficiencies.

5.2 Integrated Complex & Critical

Variance

The budget as at March is £216.050m. The provisional outturn is £231.549m, an overspend on budget of £15.499m.

Within this portfolio, approved savings total £15.000m. The provisional outturn position includes delivery of £4.809m of savings (including over-delivery of £0.216m on Re-imagining the Voluntary Sector), and non-achievement of £10.407m, as per table 5 below

<i>Table 5</i>	Approved	Delivered	Un-Delivered
Digital Sensor Technology - Transforming overnight care	3.000	0.085	2.915
Re-imagining the Voluntary Sector	1.000	1.216	0.000
Supported Living Rents	0.400	0.400	0.000
Miscellaneous portfolio budgets	0.100	0.100	0.000
Improved commissioning of adult's care packages	2.400	0.150	2.250
Group Homes	0.100	0.050	0.050
Community Support Services	0.150	0.150	0.000
Packages of Care - Equity of Allocation	0.350	0.350	0.000
£1.1M Efficiency Previously approved Saving	0.300	0.300	0.000
Securing a sustainable Medical Workforce and reducing locum spend	0.200	0.200	0.000
Remodelling of Mental Health Services	6.000	1.808	4.192
Nurse Supplementary Staffing	1.000	0.000	1.000
Total Savings Delivered	15.000	4.809	10.407

The remaining variances £5.092m are attributable to the following:-

The provisional outturn includes overspends in Mental Health Services of £4.756m, due to the continued use of locum staff and bank staff to cover difficulties in recruitment, acuity of patients requiring enhanced observation, sickness cover, and a greater number of beds within an inpatient setting than budget allows. There has also been a cut in funding from Scottish Government for Mental Health, and the service are taking action to reduce spend in line with the funding available. There is a year-end overspend of £0.300m in Psychology Services, this is due to staffing overspends. These overspends are partially offset by underspends of £0.997m across Learning Disability services due to vacant posts and difficulties in recruiting.

Social Care for adults has a provisional overspend of £1.033m. This is made up of an overspend on Adults Placements of £4.071m, due to the volume of packages approved being greater than budget, and backdated payments for prior year (£3m), and taxi costs (£1m) This is offset by underspends totalling £3.038m, which is made up of £0.488m underspends on respite, £0.500m under in Social Care Fieldwork Teams, and £2m underspend due to vacancies in the Community Support Service Team.

The movement from the January position is an adverse movement of £1.765m. This is due to adverse movements in delivery of savings and continued use of bank staff and locums. There is also a movement in adults social care of £1.264m. £1.617m is due to additional expenditure on packages, and backdated payments from prior years which were not anticipated. This is offset by underspends in voluntary organisations and vacancies.

5.3 Integrated Community Care

Variance

The budget as at March is £206.393m. The provisional outturn is £221.398m, an adverse variance against budget of £15.006m.

Within this portfolio, approved savings total £10.073m. The provisional outturn position includes delivery of savings of £4.243m, and non-achievement of £5.830m, as per table 6 below

<i>Table 6</i>	Approved	Delivered	Un-Delivered
Single Handed Care	1.500	0.165	1.335
Reprovision of Care Home Beds	2.500	0.000	2.500
Meals on Wheels	0.050	0.050	0.000
Community alarms	0.050	0.050	0.000
Miscellaneous portfolio budgets.	0.100	0.100	0.000
Reduce agency spend across care homes	0.800	0.800	0.000
Cleaning operations in care homes	0.500	0.250	0.250
Reduce spend on Homecare Travel Costs	0.160	0.160	0.000
Packages of Care - Equity of Allocation	0.350	0.350	0.000
£1.1M Efficiency Previously approved Saving	0.160	0.160	0.000
Nurse Supplementary Staffing	1.000	1.000	0.000
Securing a sustainable Medical Workforce and reducing locum spend	1.300	0.147	1.153
Community Rehabilitation & Care	1.000	0.000	1.000
Substitute for Community Rehabilitation & Care	0.000	0.558	-0.558
Transforming Centralised Scheduling	0.413	0.263	0.150
More efficient use of specialist beds	0.140	0.140	0.000
Skill Mix and Digital Referral within the Discharge Hub	0.050	0.050	0.000
Total Savings Delivered	10.073	4.243	5.830

The remaining variances £9.176m are attributable to the following:-

The provisional outturn for Care of the Elderly is an overspend of £3.377m and for Specialist Inpatients £0.380m, these are due to agency staff being used prior to September, and the ongoing dependency on bank staff due to the use of surge beds, vacant posts, sickness cover and increase supervision of patients. Underspends of £1.492m in ICASS, £0.463m in Community Nursing and £0.551m in Admin Staffing due to vacant posts partly offset these overspends.

The provisional outturn for Social Care includes overspends of:

£1.504m within Residential Care, mainly due to agency staff use in internal care homes and additional cleaning charges for infection control, partially offset by vacancies in the Fife Council workforce and additional contributions/income received from service users.

£0.845m is the net overspend within Older People Nursing & Residential due to a greater number of beds being utilised than budget available, and this is partially offset by additional contributions/income received from service users. Bad debt charges also contribute to the overspend.

£3.543m within Homecare Services, due to overspends on the number of external care at home packages being greater than budgeted. There are also overspends on fleet charges, offset by underspends due to vacancies in internal homecare, and direct payments.

The movement from the January position is a favourable movement of £2.935m due to reduction in bank spend across community wards of £0.325m and further delays in recruitment. Within social care there is a movement of £2.610, due to an financial assessment income and deferred income received of £2m, and £0.600m underspend on direct payments.

5.4 Professional & Business Enabling

Variance

The budget as at March is £17.313m. The provisional outturn is £18.861m, giving an overspend position of £1.549m.

Within this portfolio, approved savings total £2.770m. The provisional outturn position includes delivery of savings of £2.677m, and non-achievement of £0.093m, as per table 7 below

<i>Table 7</i>	Approved	Delivered	Un-Delivered
Miscellaneous portfolio budgets	0.100	0.100	0.000
Maximising Core Budgets	1.000	0.975	0.025
Commissioning Centre of Excellence	0.150	0.082	0.068
£1.1M Efficiency Previously approved Saving	0.020	0.020	0.000
Modernising Administration Services	0.500	0.500	0.000
Integrated Management Teams	1.000	1.000	0.000
Total Savings Delivered	2.770	2.677	0.093

The overspend and the movement are caused by a realignment of budget to allow accurate reporting of admin and management savings.

5.5 Other

Variance

The budget as at March is £7.559m. The provisional outturn is £5.033m, giving an underspend position of £2.427m

Within this portfolio, approved savings total £4.500m. The provisional outturn position includes delivery of savings of £2.550m, and non-achievement of £1.950m, as per table 8 below

<i>Table 8</i>	Approved	Delivered	Un-Delivered
Use of Reserves	1.700	0.750	0.950
Maximising Core Budget	0.200	0.200	0.000
Use of Underspends	2.000	1.000	1.000
Miscellaneous portfolio budgets	0.600	0.600	0.000
Total Savings Delivered	4.500	2.550	1.950

6. Savings

The funding gap of £39.033m was identified as part of the budget setting process. As a result, savings proposals totalling £39m for 2024-25 were approved by the IJB on 31st March 2024.

The financial tracker included at Appendix 3, provides an update on savings delivery and includes a RAG status. The provisional outturn position is delivery of £20.355m (52%) of savings in 2024-25.

7. Reserves

Reserves brought forward at April 2024 were £4.731m, the closing balance is £1.712m which will be carried forward into 2025-26, as shown in Table 9

Table 9

Reserves Balances	Opening Balance @ April 2024	Allocated in Year	Additions in Year	Closing Balance at March 2025
Earmarked Reserves	3.496	-2.974	0.052	0.574
Reserves Committed	1.235	-0.264	0.167	1.138
Total Reserves	4.731	-3.238	0.219	1.712

Further details are shown in Appendix 4

8. Risks and Mitigation

The provisional outturn position and unachieved savings have been recognised when developing the budget for 2025-26. We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB, and to understand the impact of any costs which have not been recognised, and what scope, if any, exists to help mitigate these costs.

9. Key Actions / Next Steps

There will be continued close monitoring of the projected outturn position during 2025-26.

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

Delivery of savings is a key priority for the IJB and the Chief Officer will continue to monitor, scrutinise and drive forward delivery of the agreed savings. Weekly Progress Review Update meetings will continue to take place to ensure savings are being progressed.

Continued scrutiny of all vacant posts through a weekly recruitment panel.

It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the financial position with a view to agreeing funding throughout the year.

The financial regulations clearly articulate the governance in relation to areas of overspend and this too will enable risks to be clearly articulated and effective financial management arrangements to be put in place.

As a result of the financial challenges faced by the IJB, we have increased the frequency of meetings with both partners and The Chair and Vice Chair of the IJB. Financial sustainability is a priority, and we recognise the valuable contribution that our key stakeholders can provide.

Audrey Valente
Chief Finance Officer
13th May 2025

1	Reference Number	2025.003
2	Report Title	Finance Update 2024-25
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	28 May 2025
4	Date Direction Takes Effect	28 May 2025
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	NHS Fife is required to transfer funding of £4.651m, as per risk share agreement.
9	Budget Allocated by IJB to carry out Direction	None
10	Performance Monitoring Arrangements	Direction will be closed on completion of fund transfer
11	Date Direction will be reviewed	Not applicable

Savings Tracker 2024-25

Appendix 3

Theme	Tracked Approved Savings HSCP - Approved 2024-25	Total Savings target £m	Forecast delivery £m	Not yet Achieved £m	Rag Status In year Delivery	Rag Status Project Lifetime
Previously Agreed Savings	Nurse Supplementary Staffing	2.000	1.000	1.000	Amber	Green
Previously Agreed Savings	Securing a sustainable Medical Workforce and reducing locum spend	1.500	0.347	1.153	Red	Green
Previously Agreed Savings	Community Rehabilitation & Care	1.000	0.000	1.000	Red	Green
	Substitute for Community Rehabilitation & Care		0.558	-0.558	Amber	Green
Previously Agreed Savings	Modernising Administration Services	0.500	0.500	0.000	Green	Green
Previously Agreed Savings	Integrated Management Teams	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Medicines Efficiencies programme 2023-25	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Maximising Core Budget (Alcohol and Drugs)	0.200	0.200	0.000	Green	Green
Previously Agreed Savings	Transforming Centralised Scheduling	0.413	0.263	0.150	Red	Red
Previously Agreed Savings	Digital Sensor Technology - transform overnight care	3.000	0.085	2.915	Red	Amber
Previously Agreed Savings	Single Handed Care	1.500	0.165	1.335	Red	Green
Previously Agreed Savings	Re-imagining the Voluntary Sector	1.000	1.216	-0.216	Green	Green
Previously Agreed Savings	Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.100	0.100	0.000	Green	Green
Previously Agreed Savings	Use of Underspends - temp in 2023-24	2.000	1.000	1.000	Red	Red
Income Generation	Supported Living Rents	0.400	0.400	0.000	Green	Green
Income Generation	Meals on Wheels	0.050	0.050	0.000	Green	Green
Income Generation	Community alarms	0.050	0.050	0.000	Green	Green
Efficiency	Miscellaneous portfolio budgets	0.900	0.900	0.000	Green	Green
Efficiency	Improved commissioning of adults' care packages	2.400	0.150	2.250	Red	Amber
Efficiency	Maximising Core Budgets	1.000	0.975	0.025	Amber	Green
Efficiency	Reduce agency spend across care homes	0.800	0.800	0.000	Green	Green
Efficiency	Cleaning operations in care homes	0.500	0.250	0.250	Amber	Red
Efficiency	Reduce spend on Homecare Travel Costs	0.160	0.160	0.000	Green	Green
Efficiency	Commissioning Centre of Excellence	0.150	0.082	0.068	Amber	Green
Efficiency	Further expansion and ambition of medicines efficiencies programme	4.300	3.686	0.614	Amber	Green
Efficiency	Group Homes	0.100	0.050	0.050	Amber	Green
Efficiency	Health Visiting Service Workforce planning	0.230	0.230	0.000	Green	Green
Efficiency	Urgent Care Services Fife (UCSF) - Conveyance of Clinicians and Patients, and safe transport of medicines and equipment	0.180	0.180	0.000	Green	Green
Efficiency	More efficient use of specialist beds	0.140	0.140	0.000	Green	Green
Efficiency	Skill Mix and Digital Referral within the Discharge Hub	0.050	0.050	0.000	Green	Green
Efficiency	Previously Approved Underspend Savings	1.110	1.110	0.000	Green	Green
Service Redesign	Community Support Services	0.150	0.150	0.000	Green	Green
Service Redesign	Remodelling of Mental Health Services	6.000	1.808	4.192	Red	Amber
Service Redesign	Nutrition & Dietetics	0.250	0.250	0.000	Green	Green

Commissioning	Packages of Care - Equity of Allocation	0.700	0.700	0.000	Green	Green
Commissioning	Reprovision of Care Home Beds	2.500	0.000	2.500	Red	Amber
Reserves	Use of Reserves	1.700	0.750	0.950	Red	Red
	TOTAL	39.033	20.355	18.678	52%	

Appendix 4

Earmarked Reserves	Opening Balance April 2024	Allocated in Year	Additions in Year	Closing Balance at March 2025
	£m		£m	£m
GP Premises	0.183	-0.183		0.000
Mental Health R&R	1.222	-0.700		0.522
Community Living Change Plan	1.144	-1.144		0.000
Anti Poverty	0.047	-0.047	0.052	0.052
FVCV	0.900	-0.900		0.000
Total Earmarked	3.496	-2.974	0.052	0.574

Reserves Committed	Opening Balance April 2024	Allocated in Year	Additions in Year	Closing Balance at March 2025
	£m		£m	£m
Community Alarms - Analogue to Digital	1.235	-0.264		0.971
Housing - adaptations			0.167	0.167
Uncommitted Balance	1.235	-0.264	0.167	1.138



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 8.2

Report Title: IJB Performance Report April 2025

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: William Penrice, Service Manager (Strategic Planning and Performance)

1 Purpose

This Report is presented to the IJB for:

- Assurance
- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

This is a regular report to the committee.

The full April 2025 performance report was discussed at the Finance, Performance and Scrutiny Committee of 13th May 2025.

Route Following the Meeting

Not Applicable

3 Report Summary

3.1 Situation

The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated Joint Board. The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care, will be responsible for the operational management of these services.

3.3 The report is largely laid out in the format of previous reports, however, please note this will be the last time the report will be in this format.

The next report will be in the new format discussed in the previous quarter (Finance, Performance and Scrutiny Committee on 15th January and Integrated Joint Board on 29th January).

3.3.1 Quality / Customer Care

Management information is provided within the report around specific areas, for example, complaints. The report highlights performance over several areas that can impact on customer care and experience of engaging with the Health & Social Care Partnership. Where targets are not being achieved, improvements actions would be taken forward by the Head of Service and relevant Managers across the service.

3.3.2 Workforce

The performance report contains management information relating to the Partnership's workforce however, any management action and impact on workforce would be taken forward by the relevant Head of Service.

3.3.3 Financial

No financial impact to report.

3.3.4 Risk / Legal / Management

The report provides information on service performance and targets. Any associated risks that require a risk assessment to be completed would be the responsibility of the service area lead manager and would be recorded on the Partnership Risk Register.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

There are no environmental or climate change impacts related to this report.

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

No consultation is required.

4 Recommendation

The report is submitted to assure the Integration Joint Board that the full report has been discussed at the relevant committee, the areas which require improvement are under development and are subject to continual scrutiny by Head of Service.

5 List of Appendices

Appendix 1 – Performance Report – Executive Summary

6 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	✓
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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Performance Report Executive Summary

April 2025

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Executive Summary

Introduction

Fife Health & Social Care Partnership delivers a wide range of delegated services on behalf of both NHS Fife and Fife Council. The Health and Social Care Partnership is working towards delivery of the Health and Social Care Strategic Plan which is cognisant of the national outcomes of Integration, NHS Fife Clinical Strategy, and the Plan for Fife.

This report details the performance relating to local Partnership services as well as management performance targets.

Summary of Performance

The performance picture across the Partnership continues to be variable and reflects the complex mix of services, seasonal variation and the current challenging national landscape for health and social care.

Assessment Unit average length of stay for March 2025 is 60 days, this is a 37% improvement compared to March 2024, one person's stay was 163 days which has pushed the monthly average up. START average length of stay is 38 days, 4 days below the target and the lowest recorded for March over the last 4 years.

Demand for new care at homes services has increased to the highest number of people waiting in 26 months. Older people Care at Home externally commissioned services have continued to decrease however, internal services have been rising since January to the highest level recorded since April 2021.

Due to a data cleansing exercise Adult Packages of Care in both Supported Living and Care at Home data must be reset from July 2024, therefore a shift in data is noticeable. The number of Technology Enabled Care has reached the highest number of clients recorded since we started analysing in April 2021.

Patients in delay in Acute/Community Hospitals has increased again in March 2025 to 58.2, 19.2 above the target of 39. MH/LD patients in delay average bed days lost in March has decreased to 10.7, only 0.7 above the target of 10. This is also a 6.3 decrease on the average bed days lost in February 2025.

CAMHS 18wks RTT has been above 90% target for 7 consecutive months. February 2025 has achieved 100% for only the 2nd time in 2 out of the last 3 months. Psychological Therapies 18wks RTT has improved and is well above the local target of 73% for the past 6mths, with February being 78.0%. Drug and Alcohol waiting times (92.3%) is above the 90% target for the 3rd consecutive quarter, however, please note that only 6 of the 7 services are included in the data.

Smoking Cessation up to December 2024 is well behind the national target with 58.8%. 208 quits achieved with 354 required to keep on target. An increase in Exclusive Breastfeeding at 6-8 Weeks has seen a percentage rise from 30.2% in Dec-23 to 32.3% in Dec-24. Developmental Concerns at 27–30-month review has a new local target of 15%, we are currently achieving 16.7%.

Childhood 6 in 1 Vaccination by 12 months of age has a target of 95% this has slipped away by an extra 0.5% to 93.5% compared to the previous quarter. Childhood MMR2 Vaccination by 5 years of age has a target of 92% although this has improved by 1.1% on last quarter, at 86.8% it is still 5.2% below the target.

Health and social care (Fife Council Employees) absence rates are 11.4%, 0.6% more than March 2024. Health and social care (NHS Fife Employees) absence rate has dropped to 6.7%, the lowest recorded since September 2023.

59% of complaints were responded to within the statutory timescale, 2% higher than the 12-month average to March, however this is still below the 80% target required.

National Health & Social Care Outcomes

The Ministerial Strategic Group for Health and Community Care (MSG) requested partnerships submitted objectives towards a series of integration indicators based on 6 high level indicators.

We submit data to Public Health Scotland who collate these from all areas of Scotland. This process takes several months, and sometimes longer and individual partnerships do not have access locally to all of the information as it requires data to be collated from several health boards. This is because some Fife residents will receive services in adjoining areas.

Rather than report information, which is many months old in every performance report we have removed the national MSG indicators with a view to providing an annual update every 12 months.


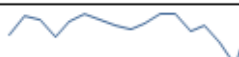


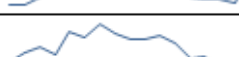
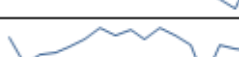
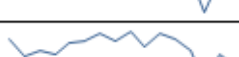
Proxy MSG Indicators

It is advantageous to develop local indicators, which while not being MSG indicators, nonetheless give a good indication of likely performance using more readily available information. For instance, rather than any Emergency Admissions by Fife residents to any hospital, we can provide a good, more up to date figure by reporting on admissions to hospitals in Fife.





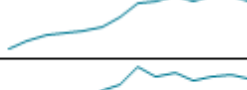







These are distinct from the local indicators on the performance report scorecard later in the report, which are not MSG indicators and relate to indicators we have chosen to look at locally.

These proxy indicators provide a more up to date picture of performance than the nationally collated MSG Indicators. They are similar but are generally confined to visits to locations within Fife.

Additional proxy indicators for MSG indicators will be developed.

Proxy MSG Indicator	Most recent update	Current value (for month)	Percentage Change from same month last year Feb 24 to Feb 25	Change over 13 months
Emergency Admissions (VHK)	Mar-25	3166	2.8%	
Emergency Admissions from A&E (VHK)	Mar-25	1935	7.7%	
A&E Conversion Rate (VHK)	Mar-25	32.4%	2.0%	
A&E Attendances (all sites)	Mar-25	8277	6.1%	
A&E Attendances (VHK)	Mar-25	5977	-4.7%	
A&E % seen within 4 hours (All sites)	Mar-25	72.2%	-0.4%	
A&E % seen within 4 hours (VHK)	Mar-25	61.7%	-4.2%	

Performance Report Scorecard - April 2025

Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Internal Indicators	Assessment Beds - Length of stay upon discharge	42 Days	Mar-25	60			An average of 60 days in March, 18 days more than target, however 8 days less than 12-month average to March.
	STAR Beds Length of stay upon discharge	42 Days	Mar-25	63			Average length of stay is 63 days. It is 29% more than this time last year, and 9% more than 12-months average to March.
	START Length of stay upon discharge	42 Days	Mar-25	38			The average of 38 days in March 2025 is under the Target of 42 days and the lowest recorded for March in the past 4 years.
	Nursing & Residential Long Term Care Population		Mar-25	2,461	N/A		There were 2,461 individuals residing at month end in Long Term Care, the lowest population recorded in 23 months
	Demand for new Care at Home Services Number of waiting		Mar-25	194	N/A		There were 194 people waiting at month end, equating to 1,364 hours, the highest in 26 months.
	Demand for new Care at Home Services Number of hours		Mar-25	1,364	N/A		
	Older People - Weekly hrs Externally Commissioned Care at Home		Mar-25	17,258	N/A		Weekly hours 17,258, this is 9% lower than the 12-month average to March.
	Weekly Hrs Care at Home Internal Services		Mar-25	12,827	N/A		Last week in March 12,827 hours were provided, 9% higher than March 2024.
	Adults - Weekly hrs Externally Commissioned packages of Care		Mar-25	3,902	N/A		Last week in March 3,902 hours were provided to 251 adults for Care at Home.
	Adults - Weekly Hrs Externally Commissioned Supported Living		Mar-25	45,386	N/A		Last week in March 45,386 hours were provided to 741 adults under Supported Living arrangements.
	Technology Enabled Care - Total Number Provided in Month		Mar-25	9,115	N/A		In March 2025 there were 9,115 clients, 10% more than March 2024 and the largest since recording in April 2021.
	Technology Enabled Care Total Number New Services in Month		Mar-25	267	N/A		

Key:

Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	


Performance Report Scorecard - April 2025


Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month/2 year Trend	Summary
Health Board Indicators	Operational Performance Acute Delayed Discharges	43	Mar-25	58			Acute/Community DD is currently 58 average daily bed days lost (35% above target), 9% higher than 12-month average to March.
	Operational Performance Mental Health Delayed Discharges	10	Mar-25	11			MH DD for March is currently 11 (10% above target), equal to the 12-month average.
	Public Health & Wellbeing CAMHS Waiting Time	90%	Feb-25	100.0%			Performance meets the target at 100%, 34% higher than Feb-24.
	Public Health & Wellbeing Psychological Therapies Waiting Time	73%	Feb-25	78.0%			Performance is currently 78.0%, 5% above the local target for 24/25
	Public Health & Wellbeing Mental Health Readmissions (28days)		Sep-24 (3mth Ave)	5.4%	N/A		The 3mth average in June is 5.4%, this is 2.2% higher than the 3mth average in Sep-23.
	Public Health & Wellbeing Smoking Cessation	473	Dec-24	208			Performance against trajectory for the whole year is 58.8% of the annual target.
	Public Health & Wellbeing Drug & Alcohol Treatment Waiting Times	90%	Sep-24	94.5%			Fife has met the target for quarter 2 with 92.3% for 2024/25
	Public Health & Wellbeing Childhood Immunisation (6in1)	95%	Quarter 3 24/25	93.5%			6in1 Performance is 93.5%, 1.5% below target, 1.3% lower than this time last year.
	Public Health & Wellbeing Childhood Immunisation (MMR2)	92%	Quarter 3 24/25	86.8%			MMR2 Performance has increased from 85.7% to 86.8%.
	Public Health & Wellbeing Infant Feeding 6-8week review		Dec-24	32.3%	N/A		% exclusively breastfed is 32.3%, 2.1% higher than Dec-24 and 0.8% higher than 12-month average for March.
	Public Health & Wellbeing Developmental Concerns 27-30months		Quarter 3 24/25	16.7%	N/A		Percentage of 1 or more concerns decreased to 16.7%, 1.7% greater than Dec-24
Management Information	H&SCP Staff Absence (Fife Council Employees)		Mar-25	11.4%	N/A		11.4% absence rate, 0.6% more than this time last year.
	H&SCP Staff Absence (NHS Employees)	4%	Mar-25	6.7%	N/A		March 2025 staff absence rate is 6.70%, the lowest absence rate recorded since September 2023.
	Complaints to H&SCP responded to within statutory target	80%	Mar-25	59.0%			59% of complaints responded to within timescale, 2% higher than 12-month average to March.
	Information Requests to H&SCP responded to within statutory target	80%	Mar-25	91.0%			91% were responded to within timescale, 11% above target, 15% higher than last March.


Key:

Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	

Local Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Assessment Unit - Assessment Beds	42 Days	Dec-21	60 days Mar-25	
<p>Average Length of Stay on Discharge for individuals in March 2025 was 60 days. Although this is higher than the 42-day target, this is 11% lower than the 12-month average to March (68 days on average). This is also 37% lower than March 2024 (95 days). Due to one person's stay upon discharge being 163 days, this will have pushed the average for March up.</p> <p>Over the period, the focus has been on reduction in the overall use of assessment beds with good outcomes over the period. Notwithstanding this, teams have also continued to strive to meet the 42-day target which is monitored through fortnightly meetings with Social Work and Contracts teams. Pressures around timely hospital discharge does have an impact on length of stay in assessment beds as priority is given to assessments in the acute and primary care settings. Improvement work around social work processes and bed base should impact positively on this indicator in the future. However, recommendations from this work await decision.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Short Term Re-ablement beds (STAR)	42 Days	Dec-24	62 days Mar-25	
<p>Average Length of Stay on discharge in March was recorded at 63 days. This is 9% more than the 12-month average to March (58 days on average) but 78% less than the previous 12-month average to March (112 days). Average length of stay in March was 50% above the service expectation of 42 days.</p> <p>Teams continue to strive to meet the 42-day target which is monitored through fortnightly meetings with Social Work and Contracts teams. Pressures around timely hospital discharge does have an impact on length of stay in STAR beds as priority is given to assessments in the acute and primary care settings. Additionally, where referrals to STAR come directly from wards, a further referral for Community Social Work is required which adds additional time to the process. Notwithstanding this, improvement work around social work processes and bed base should impact positively on this indicator in the future. However, recommendations from this work await decision.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Short Term Assessment & Review Team (START)	42 Days	Mar-25	38 Days Mar-25	
<p>An average of 38 days was recorded for START on March 2025, this is the average period of support for individuals who have finished utilizing the service. It is the lowest recorded for March in the past 4 years and 9% less than 12-month average to March. The 12-month average ending March is 26% less than the previous 12-month average.</p> <p>The average length of stay will always fluctuate depending on individual needs and their re-ablement potential. If it is recognized that the service user has reached their full potential, they will be commissioned from START to internal or external providers sooner than the six-week maximum stay.</p>				

Health Board Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Acute Delayed Discharge (No. of Bed Days Lost)	39	Jun-23	58	Mar-24
<p>Bed Days lost to 'Standard' delays: in Acute & Community, the average daily number increased to 58.2 in Mar-25 (from 54.0 in Feb-25) with 97% of these delays being attributable to Community. This is above the Year End target of 39 and above the 24-month average. Bed Days lost to 'Code 9' delays: in Acute & Community, the average daily number increased to 34.2 in Mar-25 (from 31.7 in Feb-25). At Mar-25 Census, there were 86 patients in delay (53 Standard delays; 33 Code 9 delays), a decrease from the 94 seen the month previous.</p> <p>The most recent monthly publication from Public Health Scotland, for data up to end of Feb-25, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 25 delays for Fife against a Scottish average of 32.</p> <p>In our ongoing commitment to enhancing patient care and optimising the discharge process our TOC continues that allows individuals to return home with 24hr wrap-around support. In accordance with the "Discharge Without Delay" Initiative, acute and partnership teams have conducted a joint needs assessment and developed a focused action plan to address key areas:</p> <ul style="list-style-type: none"> • Frailty at the Front Door • Planned date of discharge and Integrated discharge teams • Discharge to assess and Home first • Community Hospital/ Step Down Rehabilitation Units <p>Subgroups are being pulled together to take forward this key work. Challenges persist, particularly with frailty levels and extended rehabilitation needs impacting community hospital length of stay.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
MH Delayed Discharge (No. of Bed Days Lost)	10	Aug-24	11	Mar-25
<p>In MH/LD services, the average daily number decreased to 10.7 in Mar-25 (from 17.0 in Feb-25). This is just above the monthly target of 10 and equal to the 24-month average.</p> <p>Bed Days lost to 'Code 9' delays: The average daily number decreased to 12.5 in Mar-25 (from 14.6 in Feb-25).</p> <p>Work continues to source appropriate packages of care and environments to facilitate timely discharge across mental health and learning disabilities services, aligned to the available financial resources. The function of the discharge coordinator continues to be reviewed to ensure that processes have a dynamic approach to early identification of need and Planned date of discharge is in place to enable steady decrease in delays. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Weekly ward-based multi-disciplinary, solution focused, verification/flow meetings are in place to ensure any barriers to discharge are addressed. Monthly multi-agency review groups have been established to consider Complex delays, replicating the process adopted for DSR, for patients in delay within Rehabilitation services which will be extended to Forensic services. The Dynamic Support Register (DSR) Standard Operating Produce is currently under review with final draft completed.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
CAMHS Waiting Time	90.0%	Feb-25	100.0%	Feb-25 
<p>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. 90% RTT achieved for seven consecutive months, August 2024 to February 2025. 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.</p> <p>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%.</p> <p>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.</p> <p>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.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Psychological Therapies Waiting Times	73.0%	Feb-25	78.0%	Feb-25 
<p>In Feb-25 572 patients started therapy, this was 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 2352 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%).</p> <p>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.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Smoking Cessation	473	N/A	208	Dec-24
<p>There were 13 successful quits in Dec-24 for the 40% most deprived SIMD areas, which is 27 short of the monthly target. Achievement against trajectory is 58.8% 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 (Q1), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 61.8% against a Scottish average of 74.4%.</p> <p>We are 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.</p> <p>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.</p> <p>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 smoking cessation database (ISD) reports a total of 36 successful quits for December 2024 in the specialist service which is a significant difference from the 13 captured in the IPQR report format.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Drugs and Alcohol				
Waiting Times (21-day RTT)	90.0%	Sep-24	94.5%	Sep-24
<p>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.</p> <p>The number of ongoing waits has increased to 220 (192 at end of Jun-24) with 179 waiting less than 3 weeks. Referrals have decreased to 873 the lowest figure since Mar-23, the average over 2024 so far is 913 per quarter. 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%.</p> <p>Data for QE Dec-24 has been published, however only 6 of 7 services are included therefore data has not been updated.</p> <p>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.</p> <p>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.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Childhood Immunisation (6in1)	95%	Quarter 4 23/24	Quarter 3 24/25 93.5%	
<p>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%.</p> <p>Whilst disappointing to see a decline in uptake, several actions have been undertaken to look at improvement.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Childhood Immunisation (MMR)	92%	N/A	Quarter 3 24/25 86.8%	
<p>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%.</p> <p>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,</p> <p>Nurture centres were accessed unfortunately uptake was not as expected for various reasons. Evaluation of all of above will be undertaken.</p>				

Management Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Complaints and Compliments	80%	Mar-21	59%	Mar-25
<p>During March 2025 59% of Complaints were responded to within statutory timescale. This is 21% less than the service expectation of 80%, but 2% higher than the 12-month average to March (57%) and 21% higher than previous 12 months to March (46%).</p> <p>Although we are not yet meeting the target percentage, members will note that the 12-month average has improved. The Compliance team is continuing to work with services to support compliance in this area. We have carried out development sessions for social work and social care staff to encourage good practice and reinforce correct processes. These sessions also raise awareness of deadlines and seek to encourage managers to communicate regularly with complainants and ensure they seek extensions at the earliest opportunity when a complaint is complex and likely to take additional time. All portfolios have been proactive in clearing long outstanding complaints. Business Managers in each portfolio have been supporting this work.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Information Requests	80%	Mar-25	91%	Mar-25
<p>During March 2025 Health and Social Care Partnership closed 32 information requests, of these 29 (91%) were responded to within required timescales. The performance has been above target since April 2024. In comparison, during March 2024 HSCP closed 34 information requests of which 76% within target time. 12-month average ending March equates to 89% compared to 79% for previous 12 months.</p> <p>It is positive to note that the 80% target is being met across HSCP services on a regular basis, even though there has been an increase in more complex requests. The NHS FOI team provided some training and awareness sessions which were well attended. Processes are working well, and managers ensure that information requests are given priority. We will continue to focus on this area to ensure good performance is maintained.</p>				



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28th May 2025
Agenda Item No:	9.1
Report Title:	Annual Assurance Statements
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Vanessa Salmond, Head of Corporate Governance and IJB Secretary

1 Purpose

This report provides assurance to the Board by the Audit & Assurance Committee following their review of the committee's assurance statements that adequate governance arrangements are in place to allow the IJB to discharge its duties in line with the Good Governance Framework.

This Report is presented to the Board for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

2 Route to the Meeting

This 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.

- Quality & Communities Committee, 25th April 2025
- Finance, Performance & Scrutiny Committee, 13th May 2025; and
- Audit & Assurance Committee, 15th May 2025.

3 Report Summary

3.1 Situation

As part of the annual accounts process the IJB must provide assurance that it has adequate controls in place to support good governance. This report will become part of the evidence to support and show the IJB is discharging its duties efficiently and effectively.

3.2 Background

An annual assurance statement is produced to support the assurance the Committees are giving to the IJB, highlighting any significant issues and supports the use of the Good Governance Framework as set out by SOLACE/Chartered Institute of Public Finance and Accountancy (CIPFA and the Blueprint for Good Governance.

3.3 Assessment

Corporate Governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how they relate to local communities. It covers service delivery arrangements structures and process, risk management, internal controls and standards of conduct.

An annual assurance statement is produced each financial year and is incorporated into the annual accounts. This provides assurance to the IJB that it has discharged its duties in an effective and efficient way and in accordance with the scheme of delegation and standing orders.

Each of the governance committees produce an annual assurance statement signed by the Chair of each relevant committee. Once each committee agreed their annual assurance statement these were remitted for review by the Audit & Assurance Committee on 16 May 2024. The purpose

of this review by the Audit & Assurance Committee was to provide the IJB with assurance on the effectiveness of the IJB committee structure and that the committees are fulfilling their statutory duties.

Based upon the assurance statements submitted by the committees, the Audit & Assurance Committee are able to provide assurance to the IJB.

3.3.1 Quality / Customer Care

Provides assurance to the public that the IJB is working effectively, with the Quality and Communities Committee leading in relation to IJB statutory functions for clinical and care governance.

3.3.2 Workforce

Assurance is provided that our staff are engaged and working in accordance with local governance arrangements with the Local Partnership Forum (LPF) providing a platform for engagement and adequate discussions on workforce matters.

3.3.3 Financial

Gives assurance that the financial regulations are being adhered to and managed appropriately, and that scrutiny is in place through the Finance, Performance and Scrutiny Committee.

3.3.4 Risk / Legal / Management

Provides assurance that the appropriate level of risk is monitored and managed at an individual committee level with oversight provided at the Audit & Assurance Committee.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

All members have had the opportunity to comment, scrutinise and contribute to the assurance statements at each committee they attend.

4 Recommendation

Assurance – To provide assurance to members that good governance is in place across the Partnership.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Audit & Assurance Committee Annual Assurance Statement 2024-25;
- Appendix 2 – Finance, Performance & Scrutiny Committee Annual Assurance Statement 2024-25;
- Appendix 3 – Quality & Communities Committee Annual Assurance Statement 2024-25.

6 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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AUDIT & ASSURANCE COMMITTEE – ATTENDANCE RECORD 1st April 2024 to 31st March 2025

Members	17 May 2024	27 Jun 2024	13 Sept 2024	15 Nov 2024	17 Jan 2025	14 Mar 2025
Dave Dempsey	√	√	√	√	√	√
John Kemp	√	√	√	√	√	√
Sinead Braiden	√	x	√	x	√	√
Sam Steele (ceased Aug 2024)	x	x				
David Alexander (wef Aug 2024)			√	√	√	√
In Attendance						
Audrey Valente (Lead Officer)	√	√	√	√	√	√
Nicky Connor (ceased Jul 2024)	√	x				
Avil Sweeney	√	x	√	√	x	√
Vanessa Salmond	√	x	√	√	√	√
Jocelyn Lyall	√	√	√	√	√	√

Remit	Committee Business	Committee Cycle	Committee Decision	
Governance & Compliance				
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Minutes of Previous meeting	Standing agenda item at each Committee meeting	Decision	Approved
	Active or Emerging Issues	Standing agenda item at each Committee meeting	Decision	Approved - Any active or emerging issues were escalated appropriately as detailed below.
	Financial Governance	Jun-24	Discussion/ Assurance	Assurance Provided – Regular dialogue around financial governance and processes to provide assurance to the IJB that ensure appropriate controls are in place and there is adherence within the Partnership.
	Financial Lessons Learned	Sep-24 Nov-24	Discussion/ Assurance	Assurance Provided – Members assured by progress in implementing actions identified within Lessons Learned Action Plan. No issues to escalate.
	Annual Review of Committee Terms of Reference	Jun-24	Decision	Agreed – Committee agreed the mapping between Committee business remit provides an evidence base to ensure ToR remain for purpose.
To ensure that arrangements for Directions are robust and meet the requirements of the Integration Scheme.	Revised Directions Policy	May-24	Discussion/ Decision	Approved - Committee endorsed a revised Directions Policy to proceed to IJB for formal approval.

Remit	Committee Business	Committee Cycle	Committee Decision	
Governance & Compliance				
To review the overall Internal Control arrangements to provide assurance to the IJB and make recommendations to the IJB regarding signing of the Governance Statement.	Fife IJB Annual Report (incorporating Internal Control Evaluation)	Sep-24	Discussion/ Decision	Reasonable Assurance Provided - This report provides the IJB with the Chief Internal Auditors view of the IJBs internal control framework. Members were advised that reliance can be placed on the IJB’s governance arrangements and systems of internal controls for 2023/24, in terms of Corporate Governance, Clinical and Care Governance, Staff Governance and Information Governance. In addition, the Chief Internal Auditor advised that although IJB did have financial governance controls in place, it was their opinion that these were not effective in all areas, however the Lessons Learned Financial Movement report highlighted controls and corrective action in these areas and that these were appropriate and proportionate. In addition, there were no concerns were raised around the Governance Statement.
Oversee Information Governance on behalf of the IJB.	Records Management Annual Report 2024	Sep-24	Discussion/ Assurance	Assurance Provided - Committee were assured by the positive progress in implementing a records management plan setting in compliance with the duty the IJB has under the Public Records Management Scotland Act 2011.
Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.	Assurance Statements 2023-24	May-24	Assurance/ Decision	Assurance Provided No risks or weakness were identified for the previous financial year. Support to proceed to IJB.

Remit	Committee Business	Committee Cycle	Committee Decision	
Risk				
Scrutinise the Corporate Risk Register and provide a bi-annual update on changes prior to the Corporate Risk Register being submitted to the IJB.	IJB Strategic Risk Register	May-24	Discussion/ Assurance	Assurance Provided - This quarterly report sets out the current status of IJB strategic risks and provide assurance that risks continue to be managed by the relevant risk owners. It was agreed the process of relevant Committees providing assurance following deep dive reviews should continue.
		Jun-24	Discussion/ Assurance	Assurance Provided - Committee were advised that the Finance Risk has increased from 16 to 20 reflecting the financial outturn position at year-end. Committee were assured that Strategic risks continue to be appropriately managed.
		Nov-24	Discussion/ Assurance	Assurance Provided - Committee were advised that the Demographic Landscape Risk has increased from 16 to 20 reflecting the current challenging financial landscape. Committee were assured that Strategic risks continue to be appropriately managed, however the Chair agreed to highlighted to the IJB that it is the responsibility of individual Committees to appropriately scrutinise Deep Dive Risk reviews.
	Deep Dive Risk Review	Jan-25	Discussion/ Assurance	Assurance Provided - Members commended this update and agreed for a further update to be provided in 6 months.

Remit	Committee Business	Committee Cycle	Committee Decision	
Audit Reports				
To review and approve the annual internal audit plan and Internal Audit Charter. Assure itself of the quality of Internal Audit and approve the appointment of internal auditors.	Internal Audit Plan 2024-25 and Internal Audit Charter	May-24	Decision	Agreed - IJB Annual Internal Audit Plan for 2024-25 and updated Internal Audit Charter. Were agreed, however agreed further tripartite dialogue with IJB Chief Finance Officer and Partners is required to identify if any scope for additional resource to progress these audits.
	Internal Audit Progress Report	Sep-24	Discussion/ Assurance	Limited Assurance Provided - Committee escalated a potential concern around internal audit resource for the current year and impact on 2025-26 audit plan.
		Nov-24	Discussion/ Assurance	Assurance Provided – Members noted the report with no issues identified.
		Jan-25	Discussion/ Assurance	Escalation - Members were advised that there was a risk to full delivery of the 2024-25 IJB audit plan due to resource pressures. This was escalated to IJB and partners through the Lead Officer.
		Mar-25	Discussion/ Assurance	Assurance Provided – Members noted the report with no issues identified.
Assure the Board that audit recommendations have been completed and used to drive improvement.	Internal Audit Progress Report 2022-23 and 2023-24	May-24	Discussion/ Assurance	Reasonable Assurance Provided – Assured by status of IJB internal audit reports and those of Partners, noting the remaining report from 2022-23 plan is on this agenda for final agreement and there is one outstanding audit report (Internal Control Evaluation) for 2023-24. There were no Fife Council reports outstanding and 4 NHS audit had been completed during 2023-24. Concerns were noted around lack of audit resource and potential impact of delivery of future audit plans.

Remit	Committee Business	Committee Cycle	Committee Decision	
Audit Reports				
Assure the Board that audit recommendations have been completed and used to drive improvement.	Internal Audit - Follow-Up Report on Audit Recommendations	May-24	Discussion/ Assurance	Assurance Provided – Actions are being progressed timeously, with 3 outstanding recommendations being recorded as delayed however appropriate action was being progressed
		Sep-24	Discussion/ Assurance	Assurance Provided - No actions outstanding, although it was noted some timeframes for completion had been extended as per agreed protocol.
		Jan-25	Discussion/ Assurance	Assurance Provided – No outstanding actions within the control of IJB, noting the outstanding action are reliant upon Partners (Info Sharing
		Mar-25	Discussion/ Assurance	Assurance Provided – Lead officer agreed to request update from partners relating to outstanding actions over 1 year old.
	Internal Audit Report - Fife Equipment Loan Store (FELS) Audit Report	May-24	Discussion/ Assurance	Reasonable Assurance Provided - Although this report related to a Fife Council Audit it was presented to Committee for assurance pertaining to delegated services, however Committee agreed future reporting would be via partner audit committees to remove any duplication in reporting.
	Internal Audit Report - Resilience & Business Continuity Planning Arrangements	May-24	Discussion/ Assurance	Reasonable Assurance Provided – Agreed with level of assurance provided by this report that there is general sound system of governance, risk management and control in place. A number of time bound actions have been agreed and these will be monitored through the audit follow-up process through the partnership’s governance structure.

Remit	Committee Business	Committee Cycle	Committee Decision	
Audit Reports				
Assure the Board that audit recommendations have been completed and used to drive improvement.	Internal Audit Report - Fife IJB Contract/Market Capacity	Jun-24	Discussion/ Assurance	Reasonable Assurance Provided - Committee noted and agreed to monitor the 4 service improvements which were identified and once implemented will reduced the associated strategic risk.
Review and consider Reports on Internal Control and Corporate Governance; Internal Audit and External Audit, Risk Management; Standing Orders, Financial Regulations; Annual Accounts and other matters as required. Oversee progress against actions associated with internal and external audits.	Risk Management Annual Report	May-24	Discussion/ Assurance	Assurance Provided - The report provides an annual update on progress with implementing the IJB Risk Management Policy and Strategy. Committee were assured by the progress details within this report.
	Risk Management Update Report	Nov-24	Discussion/ Assurance	Assurance Provided - The report provides a 6-monthly update on progress with implementing the IJB Risk Management Policy and Strategy. Committee were assured by progress.
	Scheme of Delegation Update: Resilience and Business Continuity	Sep-24	Decision	Agreed - Committee endorsed an addition to the Scheme of Delegation reflecting the IJB as Category 1 Responders are per Civil Contingencies Act 2004. It was noted that this addition does not detract from a full review of the Scheme of Delegation scheduled for 2025.
	External Audit Annual Plan	Mar-25	Decision	Approved – Committee agreed the plan and the associated audit fee.
Annual Accounts / Best Value				
Consider the Annual Financial Accounts and related matters before endorsing for submission and approval by the IJB.	Draft Annual Accounts and Financial Statement	Jun-24	Decision	Approved - Committee agreed to submit both the draft Governance Statement and Annual Accounts for the IJB to External Audit by 30th June as per the legal requirement.

Remit	Committee Business	Committee Cycle	Committee Decision	
Annual Accounts / Best Value				
Consider the Annual Financial Accounts and related matters before endorsing for submission and approval by the IJB	Annual Accounts and Financial Statement	Sep-24	Decision	Agreed - Committee agreed that unqualified audited annual accounts and external audit report should be remitted to the IJB for formal approval. Committee noted that External Audit did not identify any significant weaknesses in accounting and internal control systems during their audit. During the Wider Scope Audit on Financial Sustainability, External Audit did raise concerns around risk to achievement of organisational and operational objective due to financial capacity.
	External Audit Annual Plan	Mar-25	Decision	Approved – Committee agreed the plan and the associated audit fee.
Business Cycle				
Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.	Annual Committee Workplan	Standing agenda item at each Committee meeting	Discussion	The Committee workplan is a standing agenda item and is discussed at each meeting. The format of the workplan was revised in September to accurately record the status of each action.
This Committee will have oversight of the annual process of self-assessment/self-evaluation on behalf of the Board, to ensure the effectiveness of the self-evaluation governance process and for inclusion within the Annual Assurance Statement.	Revised Approach to Self-Assessment 2023-24	Jul-Aug-24	Discussion/ Assurance	Assurance Provided - A review of the Committee self-assessment action plan was undertaken by Committee members and the Head of Corporate Governance. It was recognised that the majority to identified actions are now complete.

As Chair of the Audit & 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 Audit & Assurance Committee has allowed us to fulfil our remit. 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.

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

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

Signed:



Date: 24th April 2025

Dave Dempsey

On behalf of the Audit & Assurance Committee

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE – ATTENDANCE RECORD 1st April 2024 to 31st March 2025

Members	15 May	3 Jul	11 Sept	12 Nov	10 Dec	17 Jan	12 Mar
Alastair Grant	√	√	√	√	√	√	√
Graeme Downie (ceased Aug 2024)	√	x					
David Alexander	x	x	√	√	√	√	√
Dave Dempsey	√	√	√	√	√	√	x
John Kemp	√	√	√	√	√	√	√
Colin Grieve	x	√	x	√	x	√	√
In Attendance							
Fiona McKay (Lead Officer) (ceased Dec 2024)	√	√	x	√			
Audrey Valente (Lead Officer wef Jan 2025)	√	√	√	√	√	√	√
Nicky Connor (ceased Jul 2024)	√	√					
Lynne Garvey	√	√	√	√	√	√	√
Jennifer Rezendes (ceased Dec 2024)	√	√	√	√			
Rona Laskowski (ceased May 2024)	x						

Members	15 May	3 Jul	11 Sept	12 Nov	10 Dec	17 Jan	12 Mar
Jillian Torrens (wef June 2024)		√	x	√	√	√	√
Lisa Cooper	x	√	√	√	√	√	√
Vanessa Salmond	√	√	√	√	√	√	√

Remit	Committee Business	Committee Cycle	Committee Decision	
Finance				
Monitor and scrutinise the use of all resources available to the IJB.	Finance Update	May-24	Discussion/ Assurance	Assurance Provided – Partnership continues to ensure there is robust scrutiny of all spend throughout the duration of 2024/25 but recognised that this will be a very challenging year ahead. Support to proceed to IJB.
		Jul-24	Discussion/ Assurance	Assurance Provided – Partnership continues to ensure there is robust financial monitoring, noting impact of non-delivery of savings and overspend at year end. Support to proceed to IJB.
		Sep-24	Discussion/ Assurance	Assurance Provided – Officers continue to monitor financial position, noting extremely challenging financial position and noting requirement for in-year recovery plan.
		Nov-24	Discussion/ Assurance	Assurance Provided – Officers continue to monitor financial position. Committee agreed to the proposal for a formal request to partners as per the Integration Scheme if any further allocations can be made available.
		Additional Meeting Dec-24	Discussion/ Assurance	Assurance Provided – Committee highlighted the need to look at impact on current position on next years budget.
		Jan-25	Discussion/ Assurance	Assurance Provided – Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25.

Remit	Committee Business	Committee Cycle	Committee Decision	
Finance				
Monitor and scrutinise the use of all resources available to the IJB	Finance Update	Mar-25	Discussion/ Assurance	Assurance Provided – Officers continue to monitor financial position, noting continuing action to identify opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process.
	Lessons Learned Financial Movement Review	Jul-24	Discussion/ Assurance	Assurance Provided – Actions identified to strengthen financial controls, recognising tri-partite learning is essential from this review. Agreed monitoring of progress will be via Audit and Assurance Committee.
	Service Level Agreements	Nov-24	Discussion/ Assurance	Agreed – Committee agreed to support proposal of transfer of SLA budgets including expenditure to proceed to IJB for formal agreement.
Review and scrutinise reserves and additional funding.	Finance Update	May-24	Decision	Agree - to use of reserves and remit to IJB for final approval
Review and scrutinise the IJB's Medium Term Financial Strategy, any in year savings and Recovery Plans in support of the Strategic Plan prior to it being approved by the IJB.	Recovery Plan	Sep-24	Discussion/ Decision	Agreed - Committee agreed in principle with savings provided however noted this was a difficult thing to do which needs to be managed very carefully. Agreed an Extraordinary Finance, Performance & Scrutiny Committee to be arranged for members to further discuss in more detail the proposed recovery plan to allow Committee sign off and progress to IJB for final approval.

Remit	Committee Business	Committee Cycle	Committee Decision	
Finance				
Review and scrutinise annual budgets with recommendations to the IJB.	Financial Plan/Revenue Budget & Medium-Term Financial Strategy	Extraordinary Mar-25	Discussion/ Decision	Approved - An Extraordinary extended Committee was convened in March 2025, which provided an opportunity for officers to present the budget gap the Partnership is facing over the medium-term period of 2025-26 to 2027-2028 (indicative). Following robust discussion, Committee approved all recommendations noted including savings opportunities of £40.6m for the forthcoming financial year 2025-26 to be progressed to Integration Joint Board for formal approval. Members welcomed the proposal for closer scrutiny of volatile budgets.
Monitor and provide detailed scrutiny on Finance and Performance Risks on behalf on the IJB.	FP&S Strategic Risk Register	May-24	Discussion/ Assurance	Assurance Provided – risks are being appropriately managed by the risk owners with required actions in place.
		Nov-24	Discussion/ Assurance	Assurance Provided – risks are being appropriately managed with a number of high scoring risks being subject to deep dive reviews.
	Deep Dive Review Report - Contractual/Market Capacity	Jul-24	Discussion/ Assurance	Reasonable Assurance Provided – risks are being appropriately managed by the risk owners with required actions in place.
	Deep Dive Review Report – Strategic Plan	Sep-24	Discussion/ Assurance	Reasonable Assurance Provided – risks are being appropriately managed by the risk owners however recognise the potential impact from external factors.
	Deep Dive Review Report – Transformation	Jan-25	Discussion/ Assurance	Reasonable Assurance Provided – risks are being appropriately managed by the risk owners with required actions in place.

Remit	Committee Business	Committee Cycle	Committee Decision	
Finance				
Monitor and provide detailed scrutiny on Finance and Performance Risks on behalf on the IJB.	Deep Dive Review Report – Information Governance and Digital Transformation	Mar-25	Discussion/ Assurance	Reasonable Assurance Provided – risks are being appropriately managed by the risk owners with required actions in place recognising the interdependences of deliverables.
Performance				
To oversee, on behalf of the IJB, a Performance Framework which provides assurance to the IJB that there is a fit for purpose reporting structure in place	Performance Framework		Discussion/ Decision	
Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives and the performance indicators.	IJB Annual Performance Report 2023-24	Jul-24	Assurance/ Decision	Assurance Provided – Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014. Supported report to proceed to the IJB
Receive regular reports on the performance indicators and review outcomes.	IJB Performance Report	May-24	Discussion/ Assurance	Assurance Provided – supported report to proceed to the IJB, noting request for some additional context/information around CAMHS performance and current challenges, provided below.

Remit	Committee Business	Committee Cycle	Committee Decision	
Performance				
Receive regular reports on the performance indicators and review outcomes.	IJB Performance Report	Sep-24	Discussion/ Assurance	Assurance Provided – supported report to proceed to the IJB, welcoming proposal to report format.
		Jan-25	Discussion/ Assurance	Assurance Provided – supported report to proceed to the IJB
	CAMHS	Jul-24	Discussion/ Assurance	Assurance Provided – Actions being pursued to overcome current recruitment challenges which is impacting on performance.
Directions issued by the IJB will be scrutinised and monitored by this Committee to ensure partners are complying as instructed.	Directions Annual Report	May-24	Discussion/ Decision	Assurance Provided – Noted current status of open Directions and supported for the draft Revised Directions Policy to proceed to the IJB.
	Monitoring of Directions	Nov-24	Discussion/ Decision	Assurance Provided – delivery of the legal directions issued by the Integrated Joint Board.
Transformation				
Oversee the implementation of and scrutinise a Transformation and Change Programme in line with the Strategic Plan.	Transformation and PMO Update	May-24	Discussion/ Assurance	Assurance Provided – Following a verbal update and presentation providing an overview of the work undertaken and progress to date.
		Sep-24	Discussion/ Assurance	Assurance Provided

Remit	Committee Business	Committee Cycle	Committee Decision	
Strategies				
To receive and scrutinise progress reports from accountable officers on finance, performance, transformation and delivery of the priorities within the Strategic Plan.	Creating Hope: Suicide Prevention Plan	Jul-24	Discussion/ Assurance	Assurance Provided - Action Plan will be implemented with oversight by the Mental Health Strategy governance structures
	Primary Care Improvement Plan	Sep-24	Discussion/ Decision	Assurance Provided – around current position and commitment to continue to strive to meet the intention of the GMS Contract via the Primary Care Improvement Plan in 2024-2025
	Equality, Diversity and Inclusion Action Plan	Sep-24	Discussion/ Decision	Assurance Provided – Endorsed the Action Plan as a positive approach to the Partnership’s work on Equality, Diversity & Inclusion and supported to proceed to IJB.
	Winter Planning 2024-25	Nov-24	Discussion/ Assurance	Assurance Provided –that actions being taken to address the forthcoming predicted winter pressures and noted last winter’s performance despite significant pressures.
	Public Sector Climate Change Duties	Nov-24	Discussion/ Decision	Assurance Provided – supported to proceed to IJB
	Mainstreaming the Equalities Duty & Equality Outcomes Progress Report	Jan-25	Discussion/ Decision	Assurance Provided – supported to proceed to IJB
	Chief Social Work Officer Report	Jan-24	Noting	For noting only – no escalations were raised by members.
	Grants to Voluntary Organisations	Mar-25	Discussion/ Decision	Approved – agreement to proceed with funding for Voluntary Organisations as proposed recognising this is part of the 2025-26 budget.

Remit	Committee Business	Committee Cycle	Committee Decision	
Strategies				
Review, monitor and scrutinise delivery of the Strategic Plan making any recommendations as appropriate to the IJB for approval.	Workforce Strategy Update Year 2	May-24	Discussion/ Decision	Assurance Provided – Commended report and supported to proceed to IJB.
	Digital Strategy	May-24	Discussion/ Decision	Assurance Provided – Endorsed report and supported to proceed to IJB noting some delivery elements are reliant upon Partners.
	Prevention & Early Intervention Strategy	Sep-24	Discussion/ Decision	Assurance Provided – Assured this has been developed in accordance with identified requirements and stakeholder expectations. Supported to proceed to IJB for formal approval.
	Workforce Strategy Annual Report Year 2 and Year 3 Action Plan	Nov-24	Discussion/ Decision	Assurance Provided – supported report and proposal of planned activity to proceed to IJB.
	Strategic Plan 2023-26 – Annual Plan and Delivery Plan	Mar-25	Discussion/ Decision	Assurance Provided – supported report and delivery plan to proceed to IJB.
Business Cycle				
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Minutes of Previous meeting	Standing agenda item at each Committee meeting	Decision	Approved
	Active or Emerging Issues	Standing agenda item at each Committee meeting	Decision	Approved - Any active or emerging issues were escalated appropriately as detailed below.
	Financial Governance	Jun-24	Discussion/ Assurance	Assurance Provided – Regular dialogue around financial governance and processes to provide assurance to the IJB that ensure appropriate controls are in place and there is adherence within the Partnership.


Remit	Committee Business	Committee Cycle	Committee Decision	
Business Cycle				
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Financial Lessons Learned	Sep-24 Nov-24	Discussion/ Assurance	Assurance Provided – Members assured by progress in implementing actions identified within Lessons Learned Action Plan. No issues to escalate.
	Annual Review of Committee Terms of Reference	Nov-24	Decision	Agreed – Committee agreed some amendments to ensure ToR remain fit for purpose.
Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year	Annual Committee Workplan	Standing agenda item at each Committee meeting	Discussion	The Committee workplan is a standing agenda item and is discussed at each meeting. The format of the workplan was revised in September to accurately record the status of each action.
Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB	Annual Assurance Statement	May-24	Discussion/ Decision	Agreed – Support to proceed to Audit and Assurance Committee, noting to governance issues to highlight.

As Chair of the Finance, Performance & Scrutiny 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 Finance, Performance & Scrutiny Committee has allowed us to fulfil our remit. 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.

Financial Governance and related processes have been a key discussion point throughout the 2024-25 reporting period due to the challenging financial landscape. I can confirm that that there were no significant control weaknesses or issues at the year-end which the Finance, Performance & Scrutiny Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

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

Signed:



Date: 28th April 2025

Alastair Grant

On behalf of the Finance, Performance & Scrutiny Committee

QUALITY & COMMUNITIES COMMITTEE – ATTENDANCE RECORD 1st April 2024 to 31st March 2025

Members	10 May 2024	5 Jul 2024	4 September 2024	8 November 2024	10 January 2025	6 March 2025
Sinead Braiden	√	√	√	√	√	x
Rosemary Liewald	√	x	√	√	√	√
Colin Grieve	x	√	√	√	√	√
Margaret Kennedy	√	√	x	x	√	√
Lynn Mowatt	x	x	x	√	√	√
Sam Steele	√	x	x	√	√	√
Amanda Wong	√	x	√	√	x	√
Kenny Murphy	x	√	√	x	x	√
Morna Fleming	√	√	√	√	√	√
Paul Dundas	√	√	x	√	√	√
Ian Dall	√	x	x	x	√	x
Alistair Grant	x	√	√	x	x	√
In Attendance						
Dr Helen Hellewell (Lead Officer)	√	√	√	√	x	x
Lynn Barker	√	x	√	x	x	x
Nicky Connor (ceased Jul 2024)	x	x				
Rona Laskowski (ceased May 2024)	x					

Members	10 May 2024	5 Jul 2024	4 September 2024	8 November 2024	10 January 2025	6 March 2025
Jillian Torrens (wef June 2024)		√	√	√	√	√
Fiona McKay (ceased Jan 2025)	√	√	√	√		
Lynne Garvey	√	x	√	√	√	x
Jennifer Rezendes (ceased Dec 2024)	√	√	√	√		
Lisa Cooper	√	√	√	√	√	√
Catherine Gilvear	√	x	√	√	√	√

Remit	Committee Business	Committee Cycle	Committee Decision	
Governance & Compliance				
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Minutes of Previous meeting	Standing agenda item at each Committee meeting	Decision	Approved
	Active or Emerging Issues	Standing agenda item at each Committee meeting	Decision	Approved There were no active or emerging issues highlighted at any Committee cycles throughout 2024-25
	Spring Booster Campaign	May 2024	Assurance	Assurance Provided
	Community OT Waiting Times	Sep 2024	Assurance	Assurance Provided
	Self-Directed Report	Sep 2024	Assurance	Assurance Provided
	Equality, Diversity & Inclusion Action Plan 2024-27	Sep 2024	Discussion/Decision	Support to progress to IJB
	Winter Planning 2024-25	Nov 2024	Assurance	Assurance Provided
	Smoking Cessation Deep Dive	Nov 2024	Discussion/Assurance	Assurance Provided Although Committee recognised the low quit rates and the emerging impact from vaping. Committee requested an update report in 6 months
	Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2025	Jan 2025	Discussion/Decision	Support to progress to IJB
	Developing a Systems-Based Approach to Physical Activity in Fife	Jan 2025	Discussion/Decision	Support to progress partnership initiative

Remit	Committee Business	Committee Cycle	Committee Decision	
Governance & Outcomes				
Assure the IJB that appropriate and effective clinical and care governance mechanisms and structures are in place for clinical and care governance throughout the whole of the Health and Social Care Partnership.	Quality Matters Assurance	Standing agenda item at each Committee meeting	Assurance	Assurance Provided Committee were assured that all active or emerging issues were appropriately investigated and noted there were no issues requiring further escalation
	Fife Council and NHS Fife Duty of Candour Reports 2022-23	May 2024	Discussion/Decision	Support to progress to IJB – No issues raised from a Quality of Care perspective
Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.	Quality and Communities Committee Terms of Workplan	Mar 2025	Discussion	The Committee workplan is prepared annually. A revised format has been developed for 2025-26 fiscal year and will be a standing agenda item at each Committee.
	Quality and Communities Committee Terms of Reference	Jul 2024 Sep 2024	Discussion/Decision	Following a number of required amendments, a revised ToRs were endorsed by the Committee and agreed to present to the IJB for formal approval.
Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.	Annual Assurance Statement	May 2024	Assurance/Decision	Assurance Provided No risks or weakness were identified for the previous financial year. It was agreed to submit the Statement to the IJB and NHS ** Committee.

Remit	Committee Business	Committee Cycle	Committee Decision	
Governance & Outcomes				
Monitor the implementation of locality capacity building, locality planning, community development, participation and engagement and support to carers and to seek assurance that the services being delivered are high quality, safe, effective, person-centred and provide best value for the people of Fife.	Community Led Support Services Progress Report 2023-24	Jul 2024	Assurance	Assurance Provided
	Locality Planning – Community Chest Fund	Nov 2024	Assurance	Assurance Provided
	Carer’s Eligibility Criteria Review	Jan 2025	Discussion/Decision	Support to progress to IJB Committee recognised the merits to this framework to provide clarity and equity in application of criteria
Strategic Planning & Delivery				
Provide assurance to the IJB that the clinical and care governance requirements of recommendations for decision and/or direction have been considered by the Committee.	Draft Digital Strategy	May 2024	Discussion/Decision	Assurance Provided – Committee recognised the continuing difficulties arising from the lack on ‘connectivity’ between partner IT systems. Support to progress to IJB
	Prevention & Early Intervention Strategy	Sep 2024	Discussion/Decision	The Committee welcomed the development of this strategy and suggested a number of amendments to the report around carers. Support to progress to IJB.
	Assessment Rehabilitation Centre (ARC) Transformation	Sep 2024	Discussion/Decision	The Committee were assured quality of care aspects have been considered Support to progress to IJB.
	Professional Assurance Framework	Sep 2024	Discussion/Decision	The Committee commended this report and Framework. Support to progress to IJB.

Remit	Committee Business	Committee Cycle	Committee Decision	
Strategic Planning & Delivery				
Provide assurance to the IJB that the clinical and care governance requirements of recommendations for decision and/or direction have been considered by the Committee.	Fife Immunisation Strategic Framework 2024-27	Jan 2025	Assurance	Assurance Provided Further updates will be brought back to committee.
	Mental Health and Wellbeing Strategy	Mar 2025	Discussion	Following a robust discussion, Committee requested various amendments to the report An update will be presented to Committee at a future date
Oversee the integrated clinical and care governance and risk management activities in relation to the development and delivery of the Strategic Plan ensuring cognisance of the Plan for Fife and NHS Fife Health and Wellbeing Strategy.	Strategic Plan 2023-26 Year 2 Delivery Plan – Annual Report (2024) and Year 3 Delivery Plan (2025)	Jan 2025	Discussion/Decision	Following the request for a few revisions to the report - Support to progress to IJB
Legislative Requirements & Annual Reports				
Assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections recommendations.	United National Convention on the Rights of the Child (Scotland) Act 2024	May 2024	Assurance	Assurance Provided
	Mental Health Estates Initial Agreement - Update	May 2024	Discussion/Assurance	Members noted the updated status around the MH Estate, although disappointed at the lack of capital funding were assured by the planned work to ensure continued patent safety.
	Fife ADP Annual Report and Annual Survey 2023-24	Jul 2024	Assurance	Assurance Provided

Remit	Committee Business	Committee Cycle	Committee Decision	
Legislative Requirements & Annual Reports				
Assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections recommendations.	Fife ADP Annual Report and Annual Survey 2023-24	Jul 2024	Assurance	Assurance Provided
	Annual Performance Report 2023-2024	Jul 2024	Assurance	Assurance Provided
	Creating Hope for Fife : Fife’s Suicide Prevention Action Plan	Jul 2024	Assurance	Assurance Provided
	Children’s Services Annual Report 2022-23	Jul 2024	Assurance	Assurance Provided
	IJB/HSCP Resilience Assurance Group Annual Report	Sep 2024	Discussion/Assurance	Assurance Provided Support to progress to IJB
	Primary Care Improvement Plan Annual Progress Update	Sep 2024	Assurance	Assurance Provided
	Primary Care Strategy 2023-26 – Annual Report	Sep 2024	Assurance	Assurance Provided
	Workforce Strategy Action Plan Year 2 Report 2023-24	Nov 2024	Discussion/Decision	Support to progress to IJB
	Pharmaceutical Care Services Report 2023-24	Nov 2024	Assurance	Assurance Provided
	MAPPA Report	Nov 2024	Assurance	Assurance Provided
	Adult Protection Report (Social Work/Social Care) 2023/24	Nov 2024	Assurance	Assurance Provided
	Mental Welfare Commission Report and Action Plan	Nov 2024	Assurance	Assurance Provided Committee were assured by outcome of these visits and the progress on improvement actions identified
	Armed Forces Covenant Duty	Nov 2024	Discussion/Assurance	Assurance Provided Support to progress to IJB

Remit	Committee Business	Committee Cycle	Committee Decision	
Legislative Requirements & Annual Reports				
Assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections recommendations.	Fife Dental and Oral Health Improvement Annual Report 2024	Jan 2025	Assurance	Assurance Provided
	Learning from the Deaths of Fife’s Children and Young People Annual Report 2023-24	Jan 2024	Assurance	Assurance Provided This report provided committee with assurance that any learning from child deaths is reviewed and any action implemented appropriately.
	AHP Professional Assurance Annual Update	Mar 2025	Assurance	Assurance Provided
	Sexual Health and Blood Borne Viruses in Fife 2024 Update	Mar 2025	Assurance	Assurance Provided
	Fife Violence Against Women Partnership Annual Report 2023-2024	Mar 2025	Assurance	Assurance Provided
Monitor integrated clinical and care governance risk register on behalf of the IJB.	QCC Strategic Risk Register	May 2024 Nov 2024	Discussion/Assurance	Assurance Provided – IJB Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to clinical and care governance and quality of care continue to be managed by the relevant risk owners.
	Deep Dive Risk Review – Whole System Capacity	May 2024	Discussion/Assurance	Reasonable Assurance Provided – Risk being effectively managed
	Deep Dive Risk Review – Contractual/Market Capacity	May 2024	Discussion/Assurance	Reasonable Assurance Provided – Risk being effectively managed

Remit	Committee Business	Committee Cycle	Committee Decision	
Legislative Requirements & Annual Reports				
Monitor integrated clinical and care governance risk register on behalf of the IJB.	Deep Dive Risk Review – Adult & Child Support and Protection	Sep 2024	Discussion/Assurance	Reasonable Assurance Provided – Risk being effectively managed
	Deep Dive Risk Review – Transformation/Change	Jan 2025	Discussion/Assurance	Assurance Provided – Risk being effectively managed
	Drug Related Deaths Deep Dive Risk Assessment – NHS Board Corporate Risk Register	Jan 2025	Discussion/Assurance	Assurance Provided – Recognising the limitations of NHS and the work of the Alcohol and Drug Partnership in manging this risk.
	Deep Dive Risk Review – Information Governance and Digital Transformation	Mar 2025	Discussion/Assurance	Assurance Provided – Risk being effectively managed

As Chair of the Quality & Communities 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 Quality & Communities Committee has allowed us to fulfil our remit. 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.

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

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

Signed: 

Date: 14th April 2025

Sinead Braiden

On behalf of the Quality & Communities Committee



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 28 May 2025

Agenda Item No: 9.2

Report Title: Monitoring of Directions

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Purpose

This Report is presented to IJB for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Outcomes
- Integration

2 Route to the Meeting

Finance, Performance and Scrutiny Committee – 13 May 2025

3 Report Summary

3.1 Situation

Services across the Health and Social Care Partnership work together to plan, commission, monitor and deliver services to meet Directions issued by the IJB.

A revised Directions Policy was agreed in July 2024 which required a monitoring report to be provided to Finance, Performance and Scrutiny Committee to enable assurance to be provided to the Integration Joint Board on the implementation and monitoring of Directions.

3.2 Background

This IJB Direction Progress Report as at May 2025 (Appendix 1) gives an overview of both NHS Fife and Fife Council progress and performance relating to open IJB Directions pertaining to both 2024-25 and 2025-26 fiscal years.

3.3 Assessment

Assurance can be provided to the Integration Joint Board that the necessary actions as required within the Integration Scheme are being followed and are being monitored.

3.3.1 Quality / Customer Care

N/A

3.3.2 Workforce

N/A

3.3.3 Financial

Gives assurance that finance is being appropriately monitored.

3.3.4 Risk / Legal / Management

There is a legal obligation to deliver on IJB Directions.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

N/A

4 Recommendation

- **Note** – IJB are asked to note the current status of the open Directions as per Appendix 1
- **Assurance** - Take assurance that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Update of Delivery of Open Directions for 2024-25 and 2025-26.

6 Implications for Fife Council

There is a legal obligation on Fife Council for the delivery of Directions.

7 Implications for NHS Fife

There is a legal obligation on NHS Fife for the delivery of Directions.

8 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

Author Name: Vanessa Salmond

Author Job Title: Head of Corporate Governance

E-Mail Address: Vanessa.salmond@fife.gov.uk

Direction Ref No:	Title:	Delivery Partner	
2024-001	Revenue Budget 2024-25	NHS Fife ✓	Fife Council
Direction:			
For the financial year 2024 to 2025, Fife IJB has allocated a budget of £384.710 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.			
In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.			
Performance Measures:			
Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.			
Current Direction Status:	Delivering Outcomes (but not within resources allocated)		
Latest Update:			
July 2024 - the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, NHS Fife to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments.			
May 2025 - the provisional financial outturn position as at 31 March 2025 is £34.017m, the outturn will be validated by External Auditor following completion of Annual Audit process.			
Next Steps/Recommendations:			
July 2024 - A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, NHS Fife to seek additional funding.			
May 2025 - As per Section 8.2.3 of the Integration Scheme, the risk share agreement will be invoked. A further Direction will be issued to NHS Fife to transfer funds to Fife Council.			

Update of Delivery of Open IJB Directions: 2024-25

Direction Ref No:	Title:	Delivery Partner	
2024-001	Revenue Budget 2024-25	NHS Fife	Fife Council ✓
Direction:			
For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.			
In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.			
Performance Measures:			
Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.			
Current Direction Status:	Delivering Outcomes (but not within resources allocated)		
Latest Update:			
July 2024 - the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, Fife Council to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments			
May 2025 - the provisional financial outturn position as at 31 March 2025 is £34.017m, the outturn will be validated by External Auditor following			
Next Steps/Recommendations:			
A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, Fife Council to seek additional funding.			
May 2025 - This Direction will be closed on completion of the External Annual Audit Process.			

Update of Delivery of Open IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner	
2025-001	Revenue Budget 2025-26	NHS Fife ✓	Fife Council
Direction:			
In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.			
For the financial year 2025 to 2026, Fife IJB has allocated a budget of £436.108 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.			
The assumed funding for volatile budgets is yet to be confirmed by each partner, and will be agreed on an 8-weekly basis through the escalation and review process.			
Performance Measures:			
Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.			
Current Direction Status:		Delivering Outcomes	
Latest Update:			
May 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £6.1m as per Direction issued. Agreement to be paid on a 8-weekly basis subject to scrutiny at tri-partite meeting.			
Next Steps/Recommendations:			
May 2025 - It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the financial position with a view to agreeing funding throughout the year.			

Update of Delivery of Open IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner	
2025-001	Revenue Budget 2025-26	NHS Fife	Fife Council ✓
Direction:			
For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council for the purpose of delivering the functions delegated to			
In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.			
Performance Measures:			
Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.			
Current Direction Status:	Delivering Outcomes		
Latest Update:			
May 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £6.1m as per Direction issued. Agreement to be paid on a 8-weekly basis subject to scrutiny at tri-partite meeting.			
Next Steps/Recommendations:			
May 2025 - It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the financial position with a view to agreeing funding throughout the year.			

Integration Joint Board										
Meeting Dates 2025-26	Frequency	Purpose	Owner	28-May-25	30-Jul-25	29-Sep-25	26-Nov-25	28-Jan-26	25-Mar-26	Partner Reporting
STRATEGIC PLANNING AND DELIVERY										
Dementia Strategy	On Request	Decision	Jillian Torrens							Yes
Learning Disability Strategy	On Request	Decision	Jillian Torrens		Scheduled					Yes
Mental Health and Wellbeing Strategy	On Request	Decision	Jillian Torrens		Scheduled					Yes
Strategic Plan 2026-2029 Approach	On Request	Decision	Audrey Valente				Scheduled			No
Reconfiguration of Adamson & St Andrews MIU	On Request	Decision	Lisa Cooper	Scheduled						Yes
Strategy Annual Reports										
Strategic Plan - Annual Report	Annual	Assurance	Audrey Valente		Scheduled				Scheduled	No
Annual Performance Report 2024-25	Annual	Assurance	Audrey Valente		Scheduled					No
Advocacy Strategy	Annual	Assurance	Caroline Cherry				Scheduled			No
Alcohol and Drug Strategy	Annual	Assurance	Jillian Torrens	Delayed	Scheduled					No
Carers Strategy	Annual	Assurance	Roy Lawrence		Scheduled					No
Commissioning Strategy	Annual	Assurance	Audrey Valente	Delayed	Scheduled					No
Digital Strategy	Annual	Assurance	Audrey Valente				Scheduled			No
Home First Strategy	Annual	Assurance	Chris Conroy		Scheduled					No
Local Housing Strategy	Annual	Assurance	Paul Short						Scheduled	No
Medium Term Financial Strategy	Annual	Assurance	Audrey Valente						Scheduled	No
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper			Scheduled				No
Primary Care Strategy	Annual	Assurance	Lisa Cooper			Scheduled				No
Workforce Strategy (Inc. EDI Update) Annual Report	Annual	Assurance	Roy Lawrence				Scheduled			No
LIVED EXPERIENCE & WELLBEING										
What Matters to You	Standing Item	Assurance	Lynn Barker	Scheduled						No
INTEGRATED PERFORMANCE & QUALITY										
Finance Update	Standing Item	Decision	Audrey Valente	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	No
Performance Report - Executive Summary	Quarterly	Assurance	Audrey Valente	Scheduled		Scheduled		Scheduled		No
Annual Performance Report	Annual	Assurance	Audrey Valente		Scheduled					No
Fife IJB Dratt Audited Accounts	Annual	Decision	Audrey Valente			Scheduled				No
Annual Review of Best Value	Annual	Assurance	Audrey Valente				Scheduled			No
Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)	Annual	Decision	Audrey Valente						Scheduled	No
GOVERNANCE & OUTCOMES										
Chairs Assurance Statements	Standing Item	Assurance	Vanessa Salmond	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	No
Clinical & Care Governance Framework	On Request	Decision	Helen Hellewell							Yes
Governance Committee Assurance Statements	On Request	Decision	Vanessa Salmond	Scheduled						No
Duty of Candour Annual Report 2023-2024 - NHS	Annual	Assurance	Helen Hellewell		Scheduled					Yes
Duty of Candour Annual Report 2023-2024 - Fife Council	Annual	Assurance	James Ross		Scheduled					Yes
Membership Update	On Request	Noting	Vanessa Salmond							No
IJB Workplan	Standing Item	Assurance	Vanessa Salmond	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	No
Monitoring Progress of Directions	Quarterly	Decision	Vanessa Salmond	Scheduled		Scheduled		Scheduled		No
LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS										
Annual Risk Management Report	Annual	Assurance	Audrey Valente	Scheduled						No
Risk Management Progress Report - 6-month update	Annual	Assurance	Audrey Valente				Scheduled			No
IJB Strategic Risk Register	Annual	Assurance	Audrey Valente	Scheduled						No
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence	Scheduled						No

Integration Joint Board										
Meeting Dates 2025-26	Frequency	Purpose	Owner	28-May-25	30-Jul-25	29-Sep-25	26-Nov-25	28-Jan-26	25-Mar-26	Partner Reporting
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy			Scheduled				No
Records Management Annual Report	Annual	Assurance	Audrey Valente			Scheduled				No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Scheduled					No
Armed Forces Covenant Duty	Annual	Assurance	Audrey Valente				Scheduled			No
Public Sector Climate Duties Annual Report	Annual	Assurance	Audrey Valente				Scheduled			No
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Due Jan 2027)	Biennial	Assurance	Audrey Valente							No
Community Led Support Annual Report 2024	Annual	Assurance	Roy Lawrence		Scheduled				Scheduled	Yes
Winter Plan 2025-26	Annual	Assurance	Chris Conroy			Scheduled				Yes
Care Inspectorate Grading Report	Annual	Assurance	Audrey Valente				Scheduled			Yes
Child Protection Annual Report (Child Protection Committee)	Annual	Assurance	James Ross					Scheduled		Yes
Pharmaceutical Care Services Report 23-24	Annual	Assurance	Lisa Cooper				Scheduled			Yes
Adult Protection Report (Social Work / Social Care)	Annual	Assurance	Jillian Torrens	Scheduled						Yes
Chief Social Worker Officer Report	Annual	Assurance	James Ross					Scheduled		Yes
Spring Booster Campaign	Annual	Assurance	Lisa Cooper	Scheduled						Yes
Winter COVID-19 and Flu Vaccine Delivery Campaign	Annual	Assurance	Lisa Cooper						Scheduled	Yes
Fife Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled		Yes



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 28/05/2025

Agenda Item No: 10.1

Report Title: Risk Management Annual Report 2025

Responsible Officer: Lynne Garvey, Director of Health and Social Care

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

This 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.

- Senior Leadership Team – 28 April 2025.
- Audit and Assurance Committee – 16 May 2025, where members were happy with the content and approved submission to the Integration Joint Board.
- Operational Risk Management Working Group.

3 Report Summary

3.1 Situation

The Integration Joint Board (IJB) agreed its Risk Management Policy and Strategy in March 2023. A delivery plan was put in place at that time to ensure the actions required to deliver the strategy were progressed. A short life risk management working group was set up to support this work. This report provides an update on the work undertaken in the last year

3.2 Background

The delivery plan for the IJB Risk Management Policy and Strategy contains ten actions. Seven have been completed, although further improvement work on two of these is continuing, and work is progressing on the other three actions, with the intention of seeking approval of the next iteration of the Risk Maturity Model as a baseline assessment at today's meeting. For the outstanding actions, the aim is to complete these by September.

3.3 Assessment

The delivery plan for the IJB Risk Management Policy and Strategy is shown at Appendix 1.

The following provides a summary of the key tasks that have been completed to date.

Strategic Risk Register

The IJB Strategic Risk Register was reviewed in line with the new Strategic Plan 2023 – 2026 at a development session for IJB members. The risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors, financial planning and progress on the delivery of the Strategic Plan. Risks are assigned to one or both of the Governance Committees for scrutiny. Risks are presented to the Governance

Committees twice per annum. The risk register is also presented to Audit and Assurance Committee four times per annum.

Performance Measures – Individual Risks

Relevant key performance indicators are aligned to SMART control actions on all strategic risks to provide assurance that these are effective and improving the management of risks. A deep dive risk review process was developed and agreed by all the governance committees. This aims to provide members with assurance that risks are being effectively managed within the risk appetite and agreed tolerance levels. The deep dive risk review process has also highlighted relevant performance indicators for individual risks.

Progress on the deep dive risk reviews is shown in green on the workplan which was originally agreed at Audit & Assurance Committee in November 2023 below:

IJB Strategic Risk	Risk Score	Q&C	F, P&S	Comments	Assurance Provided
Finance	High	N/a	12/05/23	Also submitted to Audit & Assurance on 28/06/23	Reasonable Assurance
Primary Care Services	High	07/09/23	15/09/23		Reasonable Assurance
Demographic/Changing Landscapes	High	17/01/24	18/01/24		Reasonable Assurance
Workforce	High	n/a	12/03/24	Also submitted to the LPF	Reasonable Assurance
Whole System Capacity	Mod	10/05/24	n/a		Reasonable Assurance
Contractual/Market Capacity	Mod	05/07/24	03/07/24		Reasonable Assurance
Strategic Plan	Mod	n/a	11/09/24		Reasonable Assurance
Adult and Child Protection	Mod	06/09/24	n/a		Reasonable Assurance
Transformation/Change	Mod	10/01/25	15/01/25		Reasonable Assurance
Information Governance/Digital Transformation	Mod	07/03/25	12/03/25		Reasonable Assurance
Clinical and Care governance	Mod	July 2025	n/a		
Governance	Mod	n/a	July 2025		
Resilience	Mod	Sept 2025	n/a		

An update report highlighting progress with the deep dive risk reviews alongside comments, actions and outcomes for individual risks and for the deep dive review process as a whole was presented to the Audit and Assurance Committee in March

2025.

Risk Reporting Framework

The Risk Reporting Framework was approved by the IJB in May 2024. In line with the Risk Reporting Framework, the IJB Strategic risk register was presented at the following Committees/IJB during 2024/25.

Committee	May 24	Jun/July 24	Sept 24	Nov 24	Jan 25	Mar 25
IJB	Annual Report					
A&A	X	X		X		X
F,P&S	X			X		
Q&C	X			X		

Guidance and Training

Guidance for Managers and an initial risk management training programme were approved by the IJB in May 2024 and circulated to relevant staff across the HSCP at that time. A development session on risk management was held in February 2025 for the HSCP extended leadership team. Following this, the Operational Risk Management Group is working on developing additional training materials to support managers and staff.

The following two areas have had initial work completed but further improvements are to be made

Risk Appetite Statement

A formal risk appetite statement was approved by the IJB in July 2023. This supports the management of the strategic risks and is set out within the deep dive risk review process for each individual risk. Further work is ongoing to integrate risk management into business processes and members will note this was used within the budget process in 2024 and again in 2025. An amendment to the SBAR to support further use of the risk appetite in decision making is being worked up and this will be presented to Committee in a future cycle.

Performance Measures – Risk Management Process

Performance measures have been developed to provide assurance that risk management processes are operating effectively. These include:

- Movement of the IJB Strategic Risk Profile:
- Risk Scoring Trajectory
- Deep dive risk review process

The first two measures are included in the regular risk register reporting to Audit and Assurance on a quarterly basis.

The development and agreement of the Risk Maturity Model will provide a further measure of performance and highlight areas for improvement.

The following is a summary of key tasks where work is continuing.

Risk Maturity Model

An initial draft risk maturity model for the IJB was presented to Audit and Assurance Committee in November 2024, following review of a number of industry standard risk maturity models, some of which are in use in partner organisations. Members were supportive of the approach but asked that further views were sought on the content and an additional review be completed by officers. This was taken to a development session of the HSCP extended leadership team in February 2025, where members discussed further evidence, comments and actions and a further iteration is shown at Appendix 2 for consideration as a baseline. This provides additional improvement actions which, if agreed, will be formulated into SMART actions going forward and added to the Delivery Plan.

Lesson Learned/Process Reviews

The final two actions in the delivery plan, which are due to complete by September 2025 are as follows:

Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward.

Undertake a programme of process reviews/management audits to improve areas of loss e.g. claims, complaints, adverse events, incidents etc.

These actions have been considered by the Operational Risk Working Group. The development of a position statement to capture all the relevant areas where there may be opportunities for learning, such as complaints, adverse events, health and safety accidents etc, is ongoing. This will set out whether any learning is currently shared, how this sharing is carried out and how we can evidence the impact of that learning. The position statement also includes questions on the second action and will capture whether a process review or audit has recently been undertaken and whether this highlighted any areas for improvement to the process as a result. Once the position statement has been compiled this will inform consideration of further improvement actions

A further update report will be provided in six months' time.

3.3.1 Quality / Customer Care

No direct quality or customer care implications, however, the risk management process seeks to support and provide greater transparency of quality and customer care issues.

3.3.2 Workforce

No direct workforce implications, however, the risk management process seeks to support and provide greater transparency of workforce issues.

3.3.3 Financial

No direct financial implications however, the risk management process seeks existence and scrutiny of risks and risk appetite in decision making seeks to support and provide greater transparency of financial issues.

3.3.4 Risk / Legal / Management

The IJB, its Governance Committees and staff working across the HSCP

need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

N/A

4.4 Recommendation

- **Assurance** – The report seeks to provide assurance to members that work on the delivery plan actions is progressing.
- **Discussion** – Members are asked to discuss the annual report on risk management activity and consider whether any further information is required.
- **Decision** – Members are asked to approve the Risk Maturity Model baseline as shown at Appendix 2.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Risk Management Policy and Strategy Delivery Plan

Appendix 2 – Risk Maturity Model

6 Implications for Fife Council

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies, and the reporting of risks is relevant to all partners

7 Implications for NHS Fife

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies, and the reporting of risks is relevant to all partners

8 Implications for Third Sector

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies, and the reporting of risks is relevant to all partners

9 Implications for Independent Sector

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place. Operational risks remain the responsibility of the partner bodies, and the reporting of risks is relevant to all partners.

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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Author Job Title: Manager, Risk Compliance

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Risk Management Policy and Strategy									
Responsible: Avril Sweeney, Risk Compliance Manager									
Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
<i>Priority number in your strategy that action is linked to</i>	<i>What you'll need to do to implement the relevant priority in the strategy</i>	<i>Who is responsible for carrying out each action step</i>	<i>What resources will you need to complete each action step</i>	<i>How will you know that you have made progress on each action step</i>	<i>What are the risk that could affect this action step being achieved</i>	<i>Detail what was done to complete this action</i>	<i>The outcome of completing this action step</i>	<i>Anticipated completion date</i>	<i>Date completed</i>
4	Review the IJB Strategic Risk Register in line with the new Strategic Plan	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Progress will be identified by the production of a revised risk register aligned to the key priorities and themes of the Strategic Plan 2023 - 2026	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas Rapidly changing risk environment	The risk register was reviewed by IJB members at their meeting of 24 February and all risks on the register were aligned to the revised Strategic Plan. Since then risks have been reviewed by the relevant governance committees	Risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors and progress on delivery of the Strategic Plan.	Apr-23	Apr-23
4	Ensure relevant key performance indicators are aligned to control actions to provide assurance that these are effective and improving the management of individual risks	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Each strategic risk has had relevant performance measures added. The deep dive review process has also highlighted relevant performance indicators for individual risks.	Measures are in place for the current IJB Strategic Risks. Any new risks added following subsequent review of the IJB Strategic Risk Register will also have measures assigned	Apr-23	Apr-23

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
3	Develop a Risk Appetite Statement for the IJB and processes to support the application of Risk Appetite to management of risks and delivery of objectives	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Appetite Statement agreed and appended to this strategy. Further actions will then be required to apply to individual risks and risk decisions	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	First session at IJB Development meeting on 9 Dec 2022 Follow up session on 24 February 2023 Approval of IJB Formal Risk Appetite Statement on 28 July 2023	This will support management of the strategic risks and also decisions taken by the IJB. A paper was presented to A&A in March 24 which proposed a method of considering and evidencing Risk Appetite discussions to support decision making. Further work is being undertaken on integrating this into current processes and this will be brought forward in the new year	01/07/2025 for further improvement work	July 2023 for Statement
1	Develop guidance and processes for managers, staff and members of the IJB to reflect all elements of the risk management process to ensure ongoing review and management of risks and risk registers, aligned (or directing to) partner bodies processes as necessary	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Guidance agreed, circulated to relevant stakeholders and understood. Will link to training programme action	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Draft guidance has been developed and circulated to the working group and comments received. This is now being aligned to the Risk Reporting Framework to set out the expectations across the HSCP. A series of meetings across HSCP portfolios will allow teams to contribute to and inform the guidance and the Risk Reporting Framework.	Approved at IJB 31 May 2024	May-24	May-24

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
4	Develop a risk reporting framework to ensure relevant risks and risk registers are reported to the appropriate Group, Committee or board timeously	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Reporting framework agreed, circulated to relevant stakeholders and implemented	Capacity of staff to attend meetings, review documents	The risk reporting framework is currently in draft but has taken account of recent developments in Committee processes, including the deep dive reviews. A series of meetings across HSCP portfolios will allow teams to contribute to and inform the guidance and the Risk Reporting Framework	<i>Approved at IJB 31 May 2024</i>	May-24	May-24
1	Develop and roll out a risk management training programme	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Training needs identified and a programme in place to address these for all relevant staff/Board members	Capacity of staff to attend meetings, review documents	The group is taking forward a review of current training and availability of training via the partner bodies and externally.	<i>Approved at IJB 31 May 2024</i>	May-24	May-24
4	Develop performance measures to provide assurance that risk management processes are operating effectively	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Movement of the IJB Strategic Risk Profile and a risk scoring trajectory is now in place and currently provided to Audit and Assurance Committee quarterly. The A&A Committee has agreed a deep dive review process which is incorporated in to the Risk Reporting Framework. Deep dives are now being progressed through Committees. Once the Risk Reporting Framework is agreed, further measures may be developed to ensure compliance with the Framework.	<i>Performance measures in place. Following review of the Risk Reporting Framework when it was approved, it was recommended that the Annual report highlights submission of risk registers to relevant Committees in addition to the reporting of the deep dive risk reviews. Additionally once the Risk Maturity model is agreed progress with this will provide a further assurance measure.</i>	<i>May 25 for the addition of the Risk Maturity Model as a performance Measure</i>	<i>01/01/2024 for initial measures</i>

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
4	Develop a risk maturity model and use to assess a baseline level of maturity for the IJB as a metric to enable and measure improvement	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Once agreed, an assessment will be made to pinpoint the maturity level as a baseline. Further actions will then be developed to reach the next level on the model	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	A number of risk maturity models have been considered and work is ongoing to develop a model that will meet the needs of the IJB.	<i>Initial draft of the Risk Maturity Model was submitted to A&A for consideration in November 2024. Members asked that this be given additional review by officers. This was taken to an ELT (Extended Leadership Team) Session in February 2025 where additional evidence, comments and actions were provided.</i>	May 25 for the addition of the Risk Maturity Model as a performance Measure	
2	Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Process agreed and in place	Capacity of staff to attend meetings, review documents	This is being progressed via the Quality Assurance and Performance group. A position statement is in development to capture where we currently share learning and how this is carried out. The position statement will also cover the process reviews and management audits action noted below.	A position statement on relevant areas where there is the opportunity to share learning is being prepared and will be submitted to a future Committee for consideration.	Sep-25	
2	Undertake a programme of process reviews/management audits to improve areas of loss e.g claims, complaints, adverse events, incidents etc	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Programme to be set out for areas which are not already subject to regular review	Capacity of staff to attend meetings, review documents	This is being progressed via the Quality Assurance and Performance group. A position statement is in development to capture where we currently share learning and how this is carried out. The position statement will also cover the process reviews and management audits to capture what is currently in place, what is currently a work in progress and what areas still require to be considered.	A position statement on relevant areas where there is the opportunity to share learning is being prepared and will be submitted to a future Committee for consideration. This statement will also cover the latest review of processes	Sep-25	

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
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Key

		Complete
		Due by Quarter 2 - 25/26

INTRODUCTION

The objective of a strong risk management process is to support a structured and consistent approach to identifying and analysing risks and opportunities. This will give members of the Board and the Senior Leadership Team visibility over the organisation's risk profile, enabling effective and informed decision making to identify emerging risks and capitalise on opportunities.

Effective risk management is key to meeting the objectives of our Strategic Plan and Transformation programme and to continue to build sustainable Health and Social Care services for the people of Fife.

As part of the IJB Risk Management Policy and Strategy delivery plan there is an action to develop a risk maturity model which will support review of its risk management processes and further development. This will:

- enable the IJB and SLT in the first instance, to have a discussion on the current level of maturity
- identify the actions required to further develop our risk management arrangements
- highlight areas of good practice on which to build
- Provide a further measure of performance

METHODOLOGY

The methodology used is an industry recognised approach that will review 7 elements:

1. Leadership & Management
2. Risk Strategy & Policy
3. People
4. Partnership, Shared Risk and Resources
5. Processes
6. Risk Handling & Assurance
7. Outcomes & Delivery

The Risk Maturity Model is rated on a five-stage gauge from “Risk Naïve” to “Risk Enabled”.



Each of the 7 elements above will be evaluated to consider our risk maturity through a range of organisational characteristics. A baseline assessment will be undertaken and then an improvement target set for each element

	Leadership & Management	Risk Strategy & Policy	People	Partnership, Shared Risk & Resources	Processes	Risk Handling & Assurance	Outcomes & Delivery
	Do senior management and the Board support and promote risk management?	Are there clear strategies and policies for risk?	Are people equipped and supported to manage risk well?	Are there effective arrangements for managing risks with partners?	Does the organisation have effective risk management processes to support the business?	Are risks handled well and does the organisation have assurance that risk management is delivering successful outcomes and supporting creative risk taking?	Does risk management contribute to achieving outcomes?
Risk Naïve	Senior Management are aware of the need to manage uncertainty and risk and have made resources available to improve.	The need for a risk strategy and risk-related policies has been identified and accepted. The risk management system may be undocumented with few formal processes present.	Key people are aware of the need to understand risk principles and increase capacity and competency in risk management techniques through appropriate training.	Key people are aware of areas of potential risk in partnerships and the need to allocate resources to manage risk.	Some stand-alone risk processes have been identified and are being developed. The need for service continuity arrangements has been identified.	No clear evidence that risk management is being effective.	No clear evidence of improved outcomes.
Risk Aware	Board and senior managers take the lead to ensure that approaches for addressing the risk are being developed and implemented.	Risk management strategy and policies drawn up, communicated and being acted upon. Roles and responsibilities established; key stakeholders engaged.	Suitable guidance is available and a training programme has been implemented to develop risk capability.	Approaches for addressing risk with partners are being developed and implemented. Appropriate tools are developed and resources for risk identified.	Risk management processes are being implemented and reported upon in key areas. Service continuity arrangements are being developed in key areas.	Some evidence that risk management is being effective. Performance monitoring and assurance reporting being developed.	Limited evidence that risk management is being effective in, at least, the most relevant areas.

Risk Defined	Senior Managers take the lead to apply risk management thoroughly across the organisation. They own and manage a register of key strategic risks and set the risk appetite	<p>Risk management principles are reflected in the organisation's strategies and policies.</p> <p>Risk framework is reviewed, developed, refined and communicated.</p>	<p>A core group of people have the skills and knowledge to manage risk effectively and implement the risk management framework.</p> <p>Staff are aware of key risks and responsibilities</p>	<p>Risk with partners and suppliers is well managed across organisational boundaries.</p> <p>Appropriate resources are in place to manage risk.</p>	<p>Risk management processes used to support key business processes.</p> <p>Early warning indicators and lessons learned are reported.</p> <p>Critical services supported through continuity plans.</p>	<p>Clear evidence that risk management is being effective in all key areas</p> <p>Capability assessed within a formal assurance framework and against best practice standards.</p>	Clear evidence that risk management is supporting the delivery of key outcomes in all relevant areas.
Risk Managed	Risk Management is championed by the CEO. The Board and senior managers challenge the risk to the organisation and understand their risk appetite. Management leads risk management by example	<p>Risk handling is an inherent feature of policy and strategy making processes.</p> <p>Risk management system is benchmarked, and best practices identified and shared across the organisation.</p>	<p>People are encouraged and supported to take managed risks through innovation.</p> <p>Regular training and clear communication of risk is in place.</p>	<p>Sound governance arrangements are established.</p> <p>Partners support one another's risk management capacity and capability.</p>	<p>A framework of risk management processes in place and used to support service delivery.</p> <p>Robust business continuity management system in place.</p>	<p>Evidence that risk management is being effective and useful for the organisation and producing clear benefits.</p> <p>Evidence of innovative risk taking.</p>	Very clear evidence of very significantly improved delivery of all relevant outcomes and showing positive and sustained improvement.
Risk Enabled	Senior management uses consideration of risk to drive excellence through the business, with strong support and reward for well-managed risk-taking.	Risk management capability in policy and strategy making helps to drive organisational excellence	<p>All staff are empowered to be responsible for risk management. The organisation has a good record of innovation and well-managed risk taking.</p> <p>Absence of a blame culture.</p>	Clear evidence of improved partnership delivery through risk management and that key risks to the community are being effectively managed.	Management of risk and uncertainty is well integrated with all key business processes and shown to be a key driver in business success	<p>Clear evidence that risks are being effectively managed throughout the organisation.</p> <p>Considered risk taking part of the organisational culture.</p>	Risk management arrangements clearly acting as a driver for change and linked to plans and planning cycles.

Question Sets

Leadership & Management	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
Uses risk management to develop effective policies at the policy making stage	Yes	Records Management, Data protection, Financial Regulations, Scheme of Delegation	Policies developed following consideration of relevant risks Using quality assurance data and information to inform risk assessment/management. Taking into consideration external changes which could have an impact e.g. legislative changes (Civil Contingencies Act 2004)	
Uses risk management to achieve better outcomes	Yes	IJB Strategic Risk Register development, linking to the Strategic Plan. IJB Development sessions around risk PMO Risk Management Strategy	Focus for the development of the IJB Strategic Risk Register has been on the delivery of the Strategic Plan and compliance with statutory requirements. Delivery of the Transformation Programme ensures risks are considered for all programmes and collectively	Further work on escalation pathways from operational to strategic risks. Continue to raise awareness and visibility of risks and risk registers across the HSCP.
Provides clear direction on the management of risk	Yes	IJB Risk Management Policy and Strategy Integration Scheme IJB Risk Reporting Framework Performance Measures for Risk Process		
Enables unanimity on the key strategic risks	Yes	IJB and Governance Committee papers - risks, risk registers and risk management LCSI systems leadership approach	Governance Committees Terms of Reference highlight their role in Risk Management	
Sets the criteria/arrangements for the organisation's risk appetite	Yes	IJB Risk Appetite Statement Deep dive risk review process		Consider the impact of the financial position across the risk portfolio Managers may need more support to cope with the risk appetite and the consequences

				and impact e.g. complaints.
Encourages innovation through well-managed risk-taking	Yes	IJB Risk Appetite Statement. Use of risk appetite in the development of budget proposals	Recognising that in the current climate, where historically we may have been more conservative with risk appetite, we need to have open discussions and appreciation and support of managing higher levels of risk across the HSCP	Further consideration being given to use of risk appetite in decision making and other business processes
Supports staff when things go wrong	Yes	LCSI systems leadership approach Wellbeing Approach Programme Management Approach Debrief Process/Flow charts	We do need to work on creating and building a culture, not just lip service to the 'No Blame Culture'. We need to use capacity and expertise to meet priority needs at this time.	Utilise peer support between service managers to support and increase knowledge and confidence.
Ensures clear accountability for managing risk	Yes	All risks assigned to a member of SLT and to one or more Governance Committees	Be aware of movement of risks and impact of risk in one area, service or portfolio and how this can impact and have a knock on affect to other services and portfolio leading to unexpected consequences.	Consider sharing of worked up tangible examples in training materials to illustrate.
Drives implementation of improvements in risk management	Yes	IJB Risk Management Policy and Strategy Delivery Plan Performance Metrics Deep dive risk reviews		
Uses the principles of good governance to manage risks	Yes	IJB Risk Management Policy and Strategy Integration Scheme Risk Reporting Framework Risk Appetite Statement Deep Dive Risk Review Process Use of Committee Assurance Principles and associated question sets		

Strategy & Policy	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
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Set a clear direction for the scope and priorities of its risk management	Yes	Integration Scheme IJB Risk Management Policy and Strategy IJB Risk Management Policy and Strategy Delivery Plan Risk Reporting Framework		
Set the organisation's requirements of risk management as part of its overall approach to governance	Yes	Integration Scheme IJB Risk Management Policy and Strategy Committee Terms of Reference		
A risk management policy has been produced and approved following endorsement by the appropriate Committee(s).	Yes	Minutes of Governance Committees	Ensure this is reviewed at a regular interval	
A risk management policy is in place and has been communicated throughout the organisation.	Yes	Circulation of Relevant Minutes and Papers Cascade to SLT, throughout services and to partners and internal and external auditors		Continue to raise awareness and visibility of risks and risk registers across the HSCP.
A risk management strategy has been produced and approved by the Board following endorsement by the appropriate Committee(s).	Yes	Minutes of Governance Committees	Ensure this is reviewed at a regular interval	
A risk management strategy is in place and has been communicated throughout the organisation	Yes	Circulation of Relevant Minutes and Papers Cascade to SLT, throughout services and to partners and internal and external auditors		Continue to raise awareness and visibility of risks and risk registers across the HSCP.

People	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
Training undertaken for managers and staff	Yes	Training through partner bodies Training for IJB Committee members	Further work required to develop training resources	Develop a variety of awareness

responsible for risk management		IJB Development sessions Operational Risk Group Training at Quality Matters Assurance Groups		raising/training options for staff and members as required
Training in risk management is provided to all staff	Yes	Guidance for Managers developed through Quality Matters Assurance Group and partner bodies, then approved and circulated to all relevant managers	Although Risk management training is not currently mandatory, there are a number of mandatory training courses where risk, and risk management, forms a significant part of the process, including Cyber Security, Health and Safety, Prevent, Data Protection etc	Develop a variety of awareness raising/training options for staff and members as required
Roles and responsibilities for risk management have been identified centrally and across Services	Yes	IJB Risk Management Policy and Strategy Risk Reporting Framework Committee Terms of Reference Strategic groups TOR (quorate) and risk register	Understanding our roles / responsibilities for partners corporate risks.	
Effectiveness in dealing with risk management responsibilities is evaluated as part of individual performance review/appraisal	Yes	This is discussed in 1 to 1's	It may be useful to formalise this is in 1 to 1 process.	1 to 1 process to be formalised to include risk responsibilities.
A risk aware culture as opposed to a risk averse culture at all levels within the organisation	Yes	IJB Risk Appetite Statement. Decisions highlight risks and impacts within the SBAR report	Further work on risk appetite and decision making. Helping peoples understanding at any level of their responsibilities to understand and support risk management.	Develop the ongoing work on risk appetite within decision making and other business processes
Responsibilities for risks are allocated to individuals to manage	Yes	All risks assigned to SLT members and Governance Committees	Ensure those who are responsible for managing a risk are fully aware of what this means	

Partnership, Shared Risk & Resources	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
There are agreed mechanisms for identifying, assessing and	Yes	IJB Risks shared with partners IJB Risk Management Policy and Strategy	Further awareness raising required to ensure understanding for connectivity for all partners across	Continue to raise awareness and visibility of risks and

managing risks in each key partnership.		Risk Share Agreement - Integration Scheme HR support - Shared Workforce strategy	Council, NHS and 3rd sector partners. Increase visibility of evidence	risk registers across the HSCP.
There is a common risk language which creates shared understanding of the key partnerships' risk appetite.	Partial	IJB Risk Management Policy and Strategy and Guidance documentation developed with support from partners IJB/HSCP staff have contributed to strategy development and review in the partner bodies	Not always a common language across partners but possible to consolidate areas of shared risk. Further strategy development and review of risk with partners to be considered next year as part of the refresh of the Risk Management Policy and Strategy, alongside the refresh of the Strategic Plan	Continue to work to improve shared understanding and information sharing across all partners.
There are appropriate mechanisms for the provision and testing of contingency arrangements.	Yes	IJB/HSCP Resilience framework IJB/HSCP is integrated in to the Fife LRP/East of Scotland RRP/Government resilience arrangements BCP Assurance exercise for all HSCP Business Continuity Plans	IJB is a Cat 1 responder under the Civil Contingencies Act 2004. Consider whether we have enough simulation of practice within enacting BCPs Consider whether we need an Overarching BCP for mass loss of staffing Assurances around connectivity between key partners and external agencies in an overarching BCP.	Continue to promote awareness of resilience planning, training and exercising
There are appropriate mechanisms for identifying and addressing the implications of sharing risk amongst those best placed to manage them.	Yes	Whole system approach Organisational structure where the Chief Officer sits on the NHS Fife EDG and the Fife Council CET HSCP staff sit on the NHS Fife and Fife Council risk groups	Policies and guidance there, knowledge and understanding of resilience planning.	Continue to promote awareness of resilience planning, training and exercising Ensure we work across all partners

Processes	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
Risk management contributes to the success of policy making	Yes	Financial Regulations Scheme of Delegation Records Management Policy Data Protection Policy		

		Directions Policy		
Risk management contributes to the success of performance management	Yes	Performance Framework supports the identification and management of risk Existing risks have Key Performance Indicators which help to support the management of these risks	The Performance Framework is seeking to improve current difficulties with accessibility and analysis of data. Clarity around performance management across the HSCP – there is often individual focus e.g. NHS Fife / Once for Scotland capability policy	Continue to develop work on improving accessibility to data and data analysis
Risk management contributes to the success of governance arrangements	Yes	Integration Scheme Annual Accounts Process IJB Risk Management Policy and Strategy Committee Terms of Reference Escalation processes Risk Reporting Framework		
Risk management contributes to the success of financial management	Yes	Management of Financial risk. Budget setting and monitoring Medium Term Financial Strategy Scrutiny of decisions	In theory it should but unsure if evidence could support this.	Continue to seek evidence and assurance to support
Risk processes support a lessons learnt culture	Yes	Lessons learned in year-end movement and financial position IJB Risk Management and Policy Delivery Plan		Define what is currently in place and seek to share best practice
There is an effective business continuity framework in place to support service delivery	Yes	IJB/HSCP Resilience Framework. BLINK / FC Intranet Lessons learned from live events	Real life learning through the Covid pandemic has been incorporated into current arrangements	

Risk Handling & Assurance	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
Risk management related activity has contributed to delivering innovation	Yes	The savings proposals highlighted as part of the Finance risk provide a range of options for delivering services differently The Transformation programmes include the use	A broader understanding of the various risk impacts has been developed through the IJB Risk Appetite and its application to risks	Improved focus on innovation and outcomes achieved rather than finance context (efficiencies, bi-product)

		of digital technology and innovation in care provision	Opportunities identified through identification of risks at operational levels and redesigning models of care	
Risk management related activity has contributed to effective anticipation and management of strategic risks	Yes	Support of partner risks - independent sector Cost of living Inflation Recruitment New legislation National Care Service	These are examples of new and emerging factors (or risks) which have been integrated into the IJB strategic risk register	Continued horizon scanning to identify both internal and external factors
Risk management related activity has contributed to effective decision making	Yes	Risks highlighted for budget decisions Palliative Care Out of hours services	Examples of key decisions where risk management has made a clear contribution Risk underpins all decisions to ensure no unintended consequences or identify impacts on other services/providers	Develop examples of where some decisions have shifted pressure or other risks to other parts of the system. Work to develop a holistic picture of decisions taken – stakeholder engagement key
Risk management related activity has contributed to effective policy making	Yes	Financial Regulations Scheme of Delegation Records Management Policy Data Protection Policy	Some of these policies are developed to mitigate risks EQIA – level of assurance, informed our policy making Lessons learned from all regulatory reviews / external scrutiny Lessons learned from BCPs	
Risk management related activity has contributed to effective handling of cross-cutting issues	Yes	Whole system approach	No decision in isolation Awareness of impact on other parts of the system Interdependencies of organisations, teams and staff	

			Resilience whole system and all partners	
Risk management related activity has contributed to effective review of business planning and target setting	Yes	Strategic Plan Performance Framework IJB Risk Management Policy and Strategy	Participation and engagement much more inclusive Better collaboration	
Risk management related activity has contributed to effective management of risks to the public	Yes	Prioritisation of critical services Eligibility criteria	Participation and engagement much more inclusive Role of Lived Experience – informing of strategic intent Plan4Fife	
Risk management related activity has contributed to effective risk allocation	Yes	Right care, right place, right time Scheduling of work Working in partnership Overnight technology	Prioritised order of supporting strategies	
Risk management related activity has contributed to better management of risks to delivery	Yes	Partners manage operational risks but these are reported as necessary to Committee via SBAR	Robust risk escalation processes in situ	
Risk management related activity has contributed to greater efficiency/reduced costs	Yes	Savings options considered Track record on savings delivery	The Performance Framework is seeking to improve current difficulties with accessibility and analysis of data	Continue to develop work on improving accessibility to data and data analysis
Risk management related activity has contributed to information integrity and asset security	Yes	Records Management Plan	Data Security Policy	

Outcomes & Delivery	YES/NO/PARTIAL	Evidence	Comments	What can we do to improve
Successful delivery of improved outcomes for	Yes	Annual Performance Report	Assumes successful delivery – some elements may not be deliverable	Consider how we communicate

local people/the community.		<p>IJB Governance Route (Board and Committee structure)</p> <p>Internal audits (and recommendations and actions)</p> <p>QMAG – Internal process and structures</p> <p>CI reports</p> <p>HIS inspection reports</p> <p>MWC reports</p> <p>Locality Planning and actions taken</p> <p>SAER/Significant occurrences/LSI</p> <p>IPQR – Integrated Performance and Quality Report (Health KPI's Local dashboards etc)</p> <p>Customer experience feedback</p> <p>Participation and Engagement opportunities</p> <p>Locality Planning Groups – users and deliverers (providers) of services</p> <p>Complaints and compliments</p> <p>SPSO/Ombudsmans report</p> <p>Political feedback</p>		improvements – are they sufficiently readable/accessible (Not too long) etc
Meeting planned financial outcomes	Yes	<p>Annual Accounts</p> <p>Medium Term Financial Strategy</p> <p>Financial Recovery Plan (Monitoring of actions)</p> <p>Governance and assurance routes – SLT/IJB structures</p> <p>Monthly meetings with accounting teams</p> <p>Assurance processes and escalations</p>	<p>Unintended consequences – managing one risk and creating another</p> <p>Clarity on financial overspends and actions</p> <p>In an “unplanned” position?</p> <p>External factors – ringfenced monies and imposed targets</p> <p>How are budgets managed – micro/macro etc?</p>	Seek ways to make the issues more visible and/or identify them more rapidly
Increased public confidence that risks are well managed	Yes	<p>Transparency of risks in publicly accessible papers</p> <p>Care Opinion Feedback</p> <p>Participation and Engagement events and activities</p> <p>EQIA's</p> <p>Customer feedback surveys</p> <p>Co-production</p> <p>Engagement with the public</p>		<p>Set up of the Fife Wide Public Engagement Forum</p> <p>Consider the development of a means to benchmark how we are presented in the press/media</p>

The high reputation of the organisation	Yes	Performance Framework and Management Benchmarking against other HSCP's Complaints Compliments Care Opinion Feedback Staff imatters questionnaire and action plans Awards		Actions from Imatters
Successful innovation	Yes	Transformation Programme Awards – Digital Transformation – Community Alarms		

	Leadership & Management	Strategy & Policy	People	Partnership, Shared Risk & Resources	Processes	Risk Handling & Assurance	Outcomes & Delivery
Date	01/05/2025	01/05/2025	01/05/2025	01/05/2025	01/05/2025	01/05/2025	01/05/2025
Current	Managed	Managed	Managed	Defined	Defined	Managed	Defined
Target by May 2026	Enabled	Enabled	Enabled	Managed	Managed	Enabled	Managed



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 28/05/2025

Agenda Item No: 10.2

Report Title: IJB Strategic Risk Register

Responsible Officer: Lynne Garvey, Director of Health and Social Care

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

This 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.

- Audit and Assurance Committee – 16 May 2025, where members were happy with the content
- Senior Leadership Team.

3 Report Summary

3.1 Situation

As required by the Integration Scheme and set out in the IJB Risk Management Policy and Strategy (RMPS), the IJB has in place a strategic risk register which highlights the key risks to delivery of the Strategic Plan. The risks on the IJB Strategic Risk register are managed by the Senior Leadership Team (SLT).

3.2 Background

The IJB Strategic Risk Register was last presented to the Audit and Assurance Committee at its meeting of 13 March 2025. Risks relating to finance and performance were presented to the Finance, Performance and Scrutiny Committee at their meeting of 13 May 2025 and risks relating to clinical and care governance and quality of care were presented to the Quality and Communities Committee on 25 April 2025

3.3 Assessment

The risks on the IJB Strategic Risk Register were last reviewed by risk owners in April 2025. All current risk scores remain the same. Two risks have moved the target risk date to 2026. These are Whole system capacity and Resilience. Commentary on these is provided in Appendix 2, column 20

The current six high-level risks are as follows:

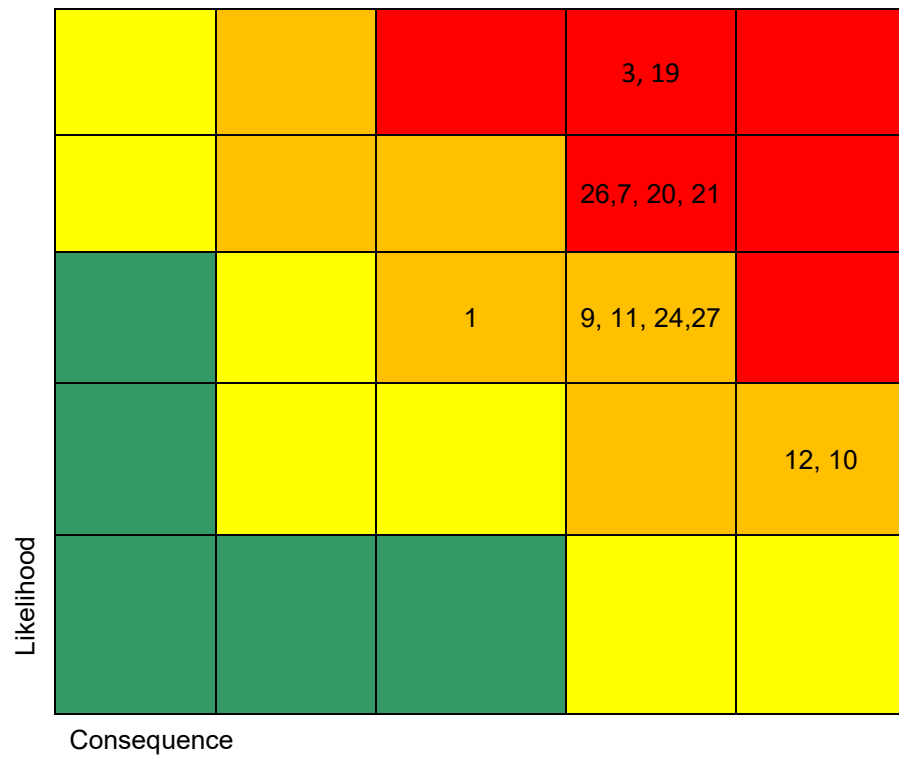
	Risk	Residual Risk Score
3	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	HR (20)
19	Demographic/Changing Landscape Impacts – There is a risk that the IJB will not be able to deliver the	HR (20)

	outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressure and the changing landscape of Health and Social Care.	
26	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	HR (16)
7	Workforce - There is a risk that the delegated bodies and partners across the system are unable to deliver some elements/aspects of the Workforce Strategy & Action Plan 2022 - 25. This risk may arise as a result of a wide range of internal and external factors; the challenge of retaining and recruiting staff across the system; the impact of a changing age demographic on the people of Fife and our workforce; the impact of the increased pressure across the workforce on mental health and wellbeing; challenges around leadership capability and impact on organisational culture. The impact of this risk may be an inability to deliver the objectives of the Strategic Plan due to reduced levels and quality of service, low staff morale and impact on our financial strategy.	HR (16)
20	Transformation/Change - There is a risk that the transformation change programmes do not meet the desired timescales or achieve the required outcomes which may impact on the quality and sustainability of services to meet the needs of the people of Fife.	HR (16)
21	Contractual /Market Capacity - There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, winter pressures and significant financial pressures	HR (16)

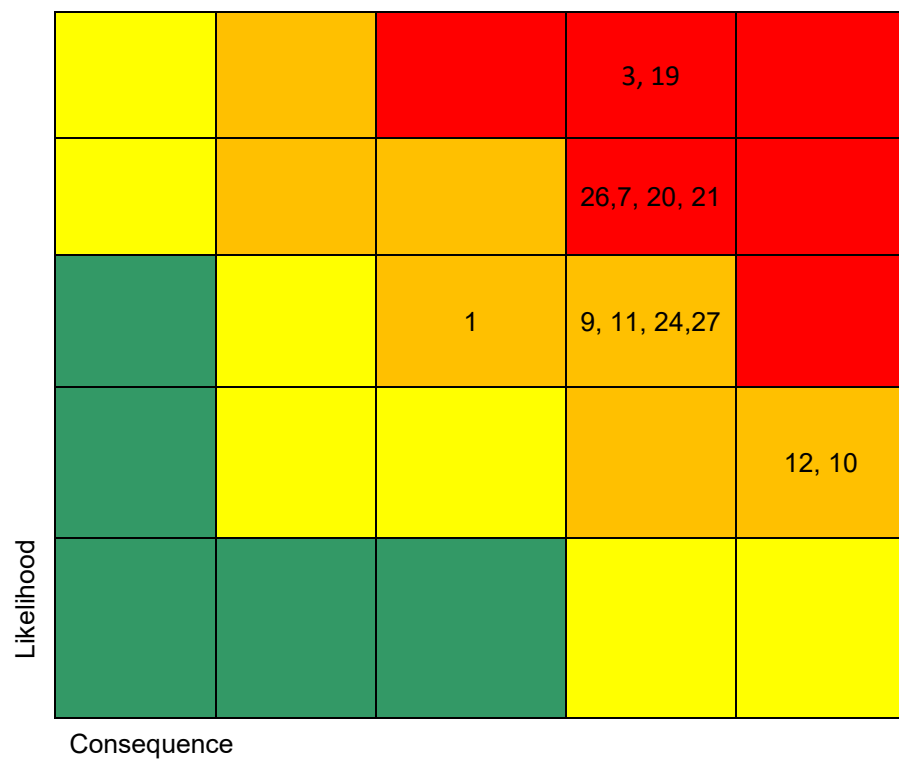
As requested by the Audit and Assurance Committee, a condensed version of the Strategic Risk Register is shown at Appendix 1. This report shows the risk, risk scores, relevant governance committee(s) and last date the risks were submitted to that committee. The report also gives the trend in terms of the residual risk score over the last two reviews. The full risk register is also presented at Appendix 2 for information and to allow members to see the position for SMART actions and commentary on target risk score dates.

The following shows the risk profile of the IJB, using the individual risk reference numbers, as of Apr 25, and for the previous two reviews in Jan 25 and Oct 24.

Apr 2025



Jan 2025



Oct 2024

Likelihood				3, 19	
				26,7	
		1	9, 11, 20, 21,24,27		
				12, 10	
Consequence					

The risk matrix is shown at Appendix 3.

3.3.1 Quality / Customer Care

The existence of an IJB Strategic Risk Register will support quality and customer care issues.

3.3.2 Workforce

No direct workforce implications.

3.3.3 Financial

No direct financial implications.

3.3.4 Risk / Legal / Management

The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team

3.4 Trend Analysis

The chart shown at Appendix 4 shows the trajectory of risk scores from March 2023 to the target dates of March 2026 and March 2027. For those with target dates to March 2026 the largest gaps are those for the Finance, Demographic/Changing Landscapes, Transformation/Change and Primary Care risks.

4 Recommendation

- **Assurance** – This report is presented for assurance that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive review process are helping to support the management of risks.
- **Discussion** – Members are asked to discuss the IJB risk register and whether any further information is required.
- **Decision** – Members are asked to approve the IJB Strategic Risk Register.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Strategic Risk Register Apr 25 Condensed

Appendix 2 – IJB Strategic Risk Register Apr 25

Appendix 3 - Risk Assessment Matrix

Appendix 4 – Trajectory of Risk Scores Apr 25

6 Implications for Fife Council

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

7 Implications for NHS Fife

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

8 Implications for Third Sector

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

9 Implications for Independent Sector

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	

3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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Risk Register

Risk Register

IJB Strategic Risk Register - as at 01/04/25

							Management Actions				Risk Ownership														
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Internal Controls	Smart Actions	Deadline	Progress	Residual Consequence Residual Likelihood	Residual Risk Grade	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee Latest Date	Trend since Jan 25	Trend since Oct 24	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
3	IJB Strategic Risk Register	May-15	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	Almost certain (5)	Extreme(5)	HR (25)	Regular Tripartite Meetings with Partners to discuss funding and implications of funding assumptions including inflation pressures. Balanced budget, set annually Medium Term Financial Strategy in place, updated annually Regular budget monitoring in place Continuous benefits/savings tracking Grip and Control process in place Regular financial reports to Finance and Performance Committee and IJB. Financial Recovery Plan required in an overspend position Project Management Office Transformation Change Programme in place Financial Governance Group Revised Financial Regulations and Scheme of Delegation in place Directions given in relation to finance to the partner bodies	Benefits tracking in relation to all other savings to close the budget gap will continue Recovery actions (Recovery Plan) for 2024/25 being considered Action plan produced from Lessons learned exercise following the External Audit review of the Annual Accounts Continued dialogue with partners to develop understanding of Directions following legal advice. Further advice to be sought around dispute resolution if required Work has begun on refreshed budget gap for 24/25 to 26/27 - This will culminate in production of budget for 25/26 in March 2025 A weekly Progress Reporting Update meeting of SLT will be in place to challenge responsible officers in relation to delivery of savings.	Mar-26 Sep-24 Jul-25 Dec-24 Mar-25 Mar-26	On track Complete On track Complete Complete On track	Almost certain (5)	Major (4)	HR (20)	MR (12)	31/03/2026	Director of Health & Social Care	Chief Finance Officer	Jul-25	Risk reviewed and score held at 20 due to volatile budgets identified as part of the 25/26 budget. Target score remains at 12 given the MTFS where by year 3 we are forecasting that we can achieve a balanced budget. There remain significant external influences which may impact on the IJB financial position. This will remain under review and be revised as required.	Apr-25	Active	Over/Under spend monitoring Act v Budget Balanced Budget	Finance, Performance and Scrutiny - 12/11/24 IJB - 02/02/24		
19	HSCP Annual Report 2016-17	Oct-17	Demographic/Changing Landscape Impacts - There is a risk that the IJB will not be able to deliver the outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressures and the changing landscape of Health and Social Care	Likely (4)	Major (4)	HR (16)	Current Strategic Plan 2023-2026 is in place and actions are monitored through the Strategic Planning Group and the Strategic Plan Framework Performance Reporting Annual Report completed each year to highlight progress made with the Strategic Plan, including a forward review and horizon scan Medium Term Financial Strategy aligned to Strategic Plan - updated annually. Regular budget monitoring will highlight any pressures Strategic Needs Assessment completed to influence Strategic Plan Performance Oversight Board in place Performance Framework Prevention and Early Intervention strategy delivery plan	Transformational Change Programme of work aligned to the Strategic Plan- Time line to March 2026. Delivery Plan is regularly monitored.	Mar-26	On track	Almost certain (5)	Major (4)	HR (20)	MR (12)	31/03/2026	Director of Health & Social Care	Chief Finance Officer Head of Strategic Planning, Performance and Commissioning	Jul-25	Risk reviewed. Scoring remains at 20 due to financial pressures. Continue to monitor closely	Apr-25	Active	Performance Report linked to the Performance Framework (Includes localities) Monitoring of Transformation Programme. Workforce data Locality planning – performance reports – linked to the Prevention	Finance, Performance and Scrutiny - 12/11/24 Quality and Communities - 08/11/24 IJB - 02/02/24		
26	IJB Strategic Risk Register	Jan-20	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	Likely (4)	Major (4)	HR (16)	Primary Care Governance and Strategy Oversight Group is in place. This brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst overseeing critical aspects of governance. It provides assurance to NHS Fife and the IJB through the appropriate sub-committees. A Primary Care Improvement Plan in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. Reviewed structures which underpin delivery of the PCIP with refreshed workstreams and GMS leadership meeting now convened to ensure oversight of progress with outcomes from PCIP workstreams. Reporting via GMS Implementation Group The Primary Care Strategy Year 1 Annual Report 23/24 was approved by the IJB in September 24 The Primary Care Strategy 2023-2026 is in year 2 of implementation with progress overseen by the Primary Care Governance and Strategy Oversight Group. A Primary Care Strategic Implementation Group is now convened to ensure oversight of the strategy deliverables. This reports to PCGSOG Integrated workforce action plan (aligned to year 2 of the HSCP Workforce Strategic Plan) is in place A Performance and Assurance Framework, for all component parts of Primary Care Services, covering qualitative and quantitative performance provides robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to the committees quarterly PCIP Annual Report was presented to IJB Committees in September 2024 for assurance regarding progress Risk Registers in place for Primary Care Contractors Primary Care Strategic Communicaton Plan in place	Primary Care Strategy Stakeholder workshop year 2 is now being planned MOU2 remains the national direction regarding delivery of PCIP. Programme of work continues with regular monitoring and oversight by the GMS Groups and governance structures of the IJB. Awaiting further direction and/or guidance from Scottish Government for 24/25. Guidance now received from SG and planning is progressing accordingly The PCIP 2024-2025 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers GMS Implementation Group has agreed an end point of Mar 26 for completion of delivery of the PCIP. We have begun work to ensure we will meet this deadline Pharmacotherapy and CTAC models for care continue to be shaped and developed throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to the HIS Primary Care Improvement collaborative	Sep-25 Mar-25 Mar-26 Apr-26 Mar-26	On track Complete On track On track On track	Likely (4)	Major (4)	HR (16)	MR (8)	31/03/2026	Director of Health & Social Care	Head of Primary and Preventative Care	Jul-25	Risk reviewed. Actions updated. Relevant completed actions are noted as internal controls. Scoring remains the same.	Apr-25	Active	PCIP Programme timeline - monitoring of progress Performance and Assurance Framework for Primary Care Startegy	Finance, Performance and Scrutiny - 12/11/24 Quality and Communities - 08/11/24 IJB - 02/02/24		

Management Actions												Risk Ownership																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26			
27	IJB Strategic Risk Register	Dec-21	Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.	Likely (4)	Major (4)	HR (16)	Whole system capacity and modelling tool across the Acute and HSCP system is enabling the identification of capacity and providing early intelligence where action can be taken to mitigate capacity risks. Ongoing daily interrogation of the official delay position Daily H&SC capacity and flow huddle. Weekly MDT/whole system verification meeting Timely social work assessments to expedite discharge to interim placements. Ongoing recruitment to Care at Home Service. Pathfinder site - "Planned date of discharge". Ongoing messaging to staff - "Discharge planning from admission" Consistent approach to implementing the "Moving On" guidance and choices. Attendance/absence management. Scottish Government Annual Delivery Plan submission Home First and Prevention models now in place Rapid action plan to ensure readiness for winter in place Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty Discharge without Delay: Planned Date of Discharge (PDD) goals in community hospitals. Digital Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care Hospital based assessors and social workers in every ward Transformational programme to reduce delays by introducing new models of care progressed	Progress Home First into delivery phase with a specific focus on prevention and community based models of care away from hospital based care. Home First is an integrated system wide Discharge Without Delay action plan which has been agreed in conjunction with acute services with four key deliverables.	Mar-26	On track	Possible (3)	Major (4)	MR (12)	MR (8)	31/03/2026	Director of Health & Social Care	Head of Community Care Services	Jul-25	Risk reviewed. Risk score currently remains at 12 and target date extended to Mar 2026 to reflect the additional work within the Home First programme	Apr-25	Active	Number of people in delay Associated bed days lost. Delay performance rate per 100K population Weekly return to SG	IJB - 02/02/24	Quality and Communities - 08/11/24				
9	IJB Strategic Risk Register	May-15	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of cost of living pressures and capacity of workforces to deliver.	Possible (3)	Extreme (5)	HR (15)	Current Strategic Plan 2023-2026 is in place and actions are monitored through the Strategic Planning Group and the Strategic Plan Framework Performance Reporting Annual Report completed each year to highlight progress made with the Strategic Plan Commissioning strategy approved. Strategic Planning Group Participation and Engagement Team in place Senior Leadership Team reporting to Quality and Communities Committee	Monitoring of the supporting strategies through the Strategic Planning Group - 2026	Mar-26	On track	Possible (3)	Major (4)	MR (12)	MR (8)	31/03/2026	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning (CFO Interm)	Jul-25	Risk reviewed. Risk score remains the same and target at Mar 2026	Apr-25	Active	Performance Report	Finance, Performance and Scrutiny - 12/11/24 IJB - 02/02/24					

Management Actions												Risk Ownership													
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Internal Controls	Smart Actions	Deadline	Progress	Residual Risk Grade	Residual Consequence	Residual Likelihood	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee Latest Date	Trend since Jan 25	Trend since Oct 24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
11	IJB Strategic Risk Register	May-15	Clinical and Care Governance - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for C&CG, leading to negative impacts on the delivery of care to individuals, the Strategic Plan and damage to the reputation of the partner organisations and the IJB. This risk may be compounded by the changes in leadership and focus on financial pressures which may lead to a potential impact on quality of care	Possible (3)	Major (4)	MR (12)	Qualities and Communities Committee is now in place. The Quality Matters Assurance Group reports to SLT Assurance. Governance framework is in place Systems and processes in place at all levels to provide assurance reports on a regular basis. Working towards full compliance. Qualities and Communities Committee provides oversight of all activity Quality Matters Assurance Group to enable the assurance and reassurance or escalation of Q&C matters to the IJB or partner bodies. Bi-Weekly quality huddle looking at a weekly dashboard of information. Leadership walkabouts in place Governance arrangements in Primary Care are strengthened. (Cross reference to Primary Care Services risk) Governance arrangements in Complex and Critical Care have been strengthened	Principal Social Work Officer, Deputy Medical Director and Director of Nursing to co-produce a clinical and care governance framework for the HSCP to be reported to Q&C Committee As part of the development of the C&CG Strategic Framework the issues highlighted in the recent internal audit report will be considered alongside the Blueprint for Good Governance so that assurances are linked to relevant risk, streamlined (no omission and no unnecessary duplication) relevant, reliable and sufficient. This will include documenting the assurance routes for Adult and Child Protection to the relevant committees and groups in the 3 partner bodies. (Audit Rec 1)	Jun-25	On track	MR (12)	Possible (3)	Major (4)	LR (6)	31/03/2026	Director of Health & Social Care	Deputy Medical Director Director of Nursing Principal Social Work Officer	Jul-25	Risk reviewed. Scoring remains the same. A review of the Clinical and Care Governance Framework is currently ongoing.	Apr-25	Active	Quality and Performance Report	IJB - 02/02/24		
24	IJB Strategic Risk Register	Jul-18	Governance - There is a risk that the Governance arrangements, for the IJB and partner bodies, including the issuing and carrying out of Directions, are not clearly defined and collectively understood and may not produce sufficient assurance in terms of operational delivery, meeting key targets, and the aligning of services to strategic intentions, leading to concerns over delivery of the Strategic Plan outcomes, governance breaches, non-compliance issues and impact on the reputation of the IJB. There is an additional risk that governance arrangements may be impacted by Scottish Government decisions	Likely (4)	Major (4)	HR (16)	Integration Scheme in place Public Consultation of review of Integration Scheme complete Programme of Development sessions for IJB members is ongoing Regular audit action monitoring Review of audit plans to ensure appropriate and sufficient assurance for the IJB is in place Governance Manual with all Governance Documentation completed and agreed Continual review of SLT governance arrangements. Extension of compliance team. Regular monitoring of the MSG actions Clarity on legal position with Directions received Annual Governance Statement prepared in line with the Annual Accounts Annual Governance review outstanding actions for 2024 completed	Development of further tools and guidance for members picking up on learning from the Standards Commissioner	Mar-26	On track	MR (12)	Possible (3)	Major (4)	MR (8)	31/03/2026	Director of Health & Social Care	Chief Finance Officer	Jul-25	Risk reviewed and description reworded. Scoring remains at 12 Continue to monitor	Apr-25	Active	Management, Internal and External audits	IJB - 02/02/24		
12	IJB Strategic Risk Register	May-15	Resilience - There is a risk that the IJB is unable to fulfill its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community	Unlikely (2)	Extreme (5)	MR (10)	IJB's are Category 1 responders and are therefore included in Local, and National Resilience arrangements Collaborative working with Fife Council and NHS Fife Resilience Teams Monitoring and regular updating of BC plans for partner bodies. HSCP Resilience Framework Regular training and exercising of plans with partners HSCP Resilience Assurance Group set up and TOR agreed Annual action Plan by Resilience Assurance Group to ensure we are continuing to address all relevant requirements of the Civil Contingencies Act	Create revised action plan for 2025/26 Complete assurance exercise for all Operational Business Continuity Plans	May-25	On track	MR (10)	Unlikely (2)	Extreme (5)	MR (8)	31/03/2026	Director of Health & Social Care	Head of Community Care Services	Jul-25	Risk reviewed. Assurance exercise complete, however, risk score remains at 10. Target date extended to Mar 26	Apr-25	Active	BC Assurance. Annual Report - planning, responses and lessons learned Incident mgt	IJB - 02/02/24		





Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions				Risk Ownership										Relevant Performance Information	Risk Status	Date last reviewed	Trend since Jan 25	Trend since Oct 24
							Internal Controls	Smart Actions	Deadline	Progress	Consequence Residual Likelihood	Residual	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date	Review Results							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
10	IJB Strategic Risk Register	May-15	Adult and Child Protection - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for Adult and Child protection, leading to negative impacts for individuals and for multi-agency working and damage to the reputation of the partner organisations and the IJB. This risk may be compounded by the changes in leadership and focus on financial pressures which may lead to a potential impact on quality of care	Possible (3)	Extreme (5)	HR (15)	<p>Chief Officer attends the Chief Officers Public Safety Group</p> <p>Identified SLT leads for Adult and Child Protection.</p> <p>Participate in multi-agency working.</p> <p>Lines of professional accountability to the Deputy Medical Director (DMD), Director of Nursing (DON) and Principal Social Work Officer (PSWO).</p> <p>Annual Child Protection Report</p> <p>Annual Interagency Child Protection Committee (CPC) Report from CPC Convenor</p> <p>Annual Adult Protection Service Report</p> <p>Bi-ennial Interagency Adult Support and Protection (ASP) report from ASP convenor</p> <p>Established quality improvement processes and learning culture in relation to adverse events and near misses.</p> <p>Established reporting to IJB committees on Adult and Child protection.</p> <p>Enhanced working with Executive Director of Nursing/NHS Fife in relation to the imminent NHS Public Protection Framework, where HSCP services have been asked to contribute to an assessment of readiness which will deliver positive impacts for Multi-agency working.</p> <p>Child Protection team have appointed a learning and development co-ordinator to oversee training needs assessment and delivery of single agency and multi agency training</p> <p>Robust Monitoring of Social Work ASP activity is now in place. A programme of regular audit activity for ASP practices in social work is established and reported through QMAG annually with improvement actions undertaken and reported through governance structures . Audit activity allows us to ensure statutory functions are adhered to and assess the quality in which they are delivered. ASP activity is scrutinised in portfolio QMAGS and embedded in workplans.</p> <p>Annual MAPPA service report on Portfolio and HSCP QMAG workplans</p>	<p>An annual Adult Support and Protection (ASP) service report is provided to QCC and IJB for assurance. July 24</p> <p>Identify ASP improvement actions from ASP service report and ASP Interagency Audit. This will be monitored to completion and fed back through agreed governance structures (embedded in workplans) - Social Work ASP Annual Report submitted via QMAG in Sept 2024 to IJB in Dec 24. Interagency audit took place in Oct 2024 - report received in Jan 25 and will be submitted via governance routes</p> <p>Gap analysis of current process/practice underway as a self evaluation against the NHS Public Protection Framework. Report from Executive Director of Nursing to be brought forward in due course.</p> <p>Reporting of Social Work ASP activity, practice issues and assurance into QMAG is now complete. This will be monitored over the next six months to ensure consistency, quality and depth</p> <p>Fife MAPPA Annual report to be scheduled on the Q&CC and IJB workplans at a time to allow consideration prior to concluding year-end assurances by 31 March 2024 (Audit - Rec 3) - Report has been requested from the Independent Chair. On the workplan for C&CC QMAG and will come to HSCP QMAG in due course</p> <p>Regular reporting on Adult and Child Protection to the Fife Council People and Communities Scrutiny Committee and the IJB's Q&CC and SLT Governance and Assurance will be put in place (Audit - Rec 4)</p>	Jul-24	Complete	Unlikely (2)	Extreme (5)	MR (10)	LR (5)	31/03/2026	Director of Health & Social Care	Principal Social Work Officer Director of Nursing Head of Complex and Critical Care Head of Primary and Preventative Care	Jul-25	Risk reviewed. Scoring remains the same. A review of the Clinical and Care Governance Framework is currently ongoing.	Apr-25	Active	Audits Self assessments	Quality and Communities - 08/11/24 IJB - 02/02/24		
1	IJB Strategic Risk Register	May-15	Information Governance and Digital Transformation - There is a risk the information governance systems and arrangements of the IJB and partner bodies are inadequate which may lead to a negative impact on the pace of the digital transformation change agenda and information governance	Possible (3)	Moderate (3)	MR (9)	<p>The IJB Records Management Plan (RMP) was approved by the Keeper of National Records Scotland (NRS) in September 2019. This sets out the Information Governance structure for the IJB to manage records and information collected, created and held by the IJB, including policies and procedures that are created and maintained by the partner bodies. For example, Information Security policies and record disposal procedures. In 2024, the Keeper has now confirmed that all elements of the IJB Records Management Plan have been assessed as green. This means that the Keepers assessment team agrees each element of the plan.</p> <p>Training on Information Governance (Records Management, Data Protection and Freedom of Information) was provided to IJB members at development sessions</p> <p>Information Sharing Agreements and Data processing agreements are in place with the partner bodies</p> <p>SharePoint Site for IJB now operational</p> <p>Digital Programme Manager appointed</p> <p>Digital Strategy approved</p> <p>Digital Programme established</p> <p>HSCP Digital Oversight Board set up with representation from FC and NHS Fife</p>	<p>Roll out and implementation of the Digital strategy to Mar 27</p> <p>IJB Records Management Plan - 3 year improvement plan actions to be delivered by May 2024 (Report confirming all actions complete received from the Keeper of the National Records of Scotland)</p>	Mar-27	On track	Possible (3)	Moderate (3)	MR (9)	LR (6)	31/03/2027	Director of Health & Social Care	Chief Finance Officer	Jul-25	Risk reviewed. Risk score remains the same. Continue to monitor Digital strategy implementation to 2027. Target score timeline to 2027	Apr-25	Active	Monitoring of the IJB Records Management Plan Monitoring of the Digital Strategy delivery Plan	Finance, Performance and Scrutiny - 12/11/24 Quality and Communities - 08/11/24 IJB - 02/02/24		

Risk Assessment Matrix

Figure 1

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

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

	Very Low Risk (VLR)	(1) - (3)
	Low Risk (LR)	(4) - (6)
	Moderate Risk (MR)	(8) - (12)
	High Risk (HR)	(15) - (25)

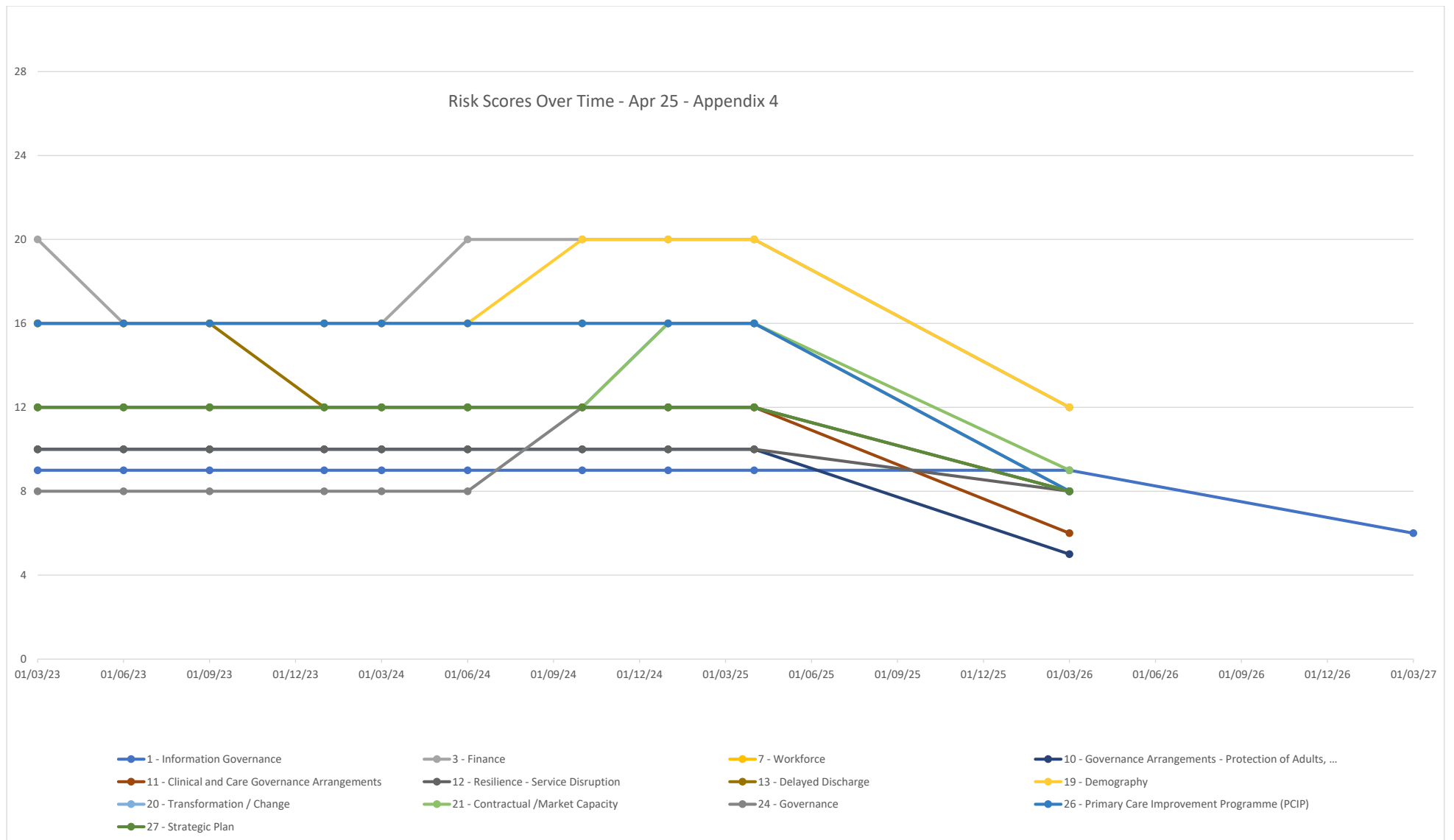
Likelihood of Recurrence Ratings

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

Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim

Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry





Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28 May 2025
Agenda Item No:	10.3
Report Title:	Fife Adult Support and Protection Committee Biennial Report
Responsible Officer:	Jillian Torrens, Head of Complex & Critical Care Services
Report Author:	Ronan Burke, Adult Protection Coordinator, Fife Council

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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.

- Approved by Fife Adult Support and Protection Committee on 6th November

2024.

- Endorsed by Fife Chief Officer Public Safety Group on 3rd December 2024.

3 Report Summary

3.1 Situation

The purpose of this paper is to present the Fife Adult Support and Protection Committee (ASPC) Biennial Report to the Integration Joint Board. The report is for their information and to provide assurance in relation to the Adult Support and Protection Committees work towards supporting 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. Members are asked to note the content of the Biennial Report as presented.

3.2 Background

Section 46 of the Act states that the Convener of an Adult Protection Committee must biennially prepare a report on the exercise of the Committee's functions. 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 presented covers the reporting period of 1st April 2022 to 31st March 2024.

3.3 Assessment

The Biennial report provides a degree of statistical data in respect of the characteristics of adults at risk of harm. The report contains a summary of local activity over 2022-24 and how the functions of the Adult Support and Protection Committee were maintained during this reporting period, the challenges faced, our response to these and sets out priorities for the future. It contains a summary of service achievements including training, learning and development and also our Committee's engagement with partners across Fife.

Fife Adult Support and Protection Committee has a shared vision that all adults at risk feel safe, supported and protected from harm. The Committee is a statutory body established under section 42 of the Act.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. The Committee is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer Public Safety Group.

The key functions of the ASPC as defined in the 2007 Act are:

- To keep under review the procedures and practices of the public bodies and office holders relating to the safeguarding of adults at risk;
- To give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;

- To make, assist in, or encourage the making of, arrangements for improving the skills and knowledge of officers or employees who have responsibilities relating to the safeguarding of adults at risk; and
- Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may specify.

The report details 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 our ASPC. Please follow the link below to view this document. [Fife ASPC Strategic Improvement Plan 2023-25](#)

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 focused.

The objectives within these plans aimed to be specific, measurable, achievable, relevant and time-bound (SMART).

- Priority 1: Stakeholder Engagement
- Priority 2: Outcome Focused Improvements
- Priority 3: Improving Procedures
- Priority 4: Workforce Development

This plan was completed in December 2025, with a new ASPC Strategic Improvement Plan for 2025-27 approved at Committee in February 2025. To ensure continuity of progress from the previous plan, the same four areas were identified as priorities for the ASPC with new work plans created under each of these.

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 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.

The report discusses that our 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.

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.

The report also highlights how the ASPC has continued to develop training and learning opportunities for front line staff throughout this reporting period. The ASP Team launched a post-training evaluation tool to gather data assessing the effectiveness of the current ASP training offerings across the Partnership. These reports are completed quarterly and provided to the ASPC 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 interagency 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 frontline staff. This is a significant achievement, evidencing the strength in Fife's ASP Interagency training programme and continued progress in relation to ASP training in Fife.

The report makes it clear that 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. This has included engagement 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.

In addition, 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.

The Biennial report contains a range of statistics which the ASPC use as part of their evaluation of trends and to validate our improvement journey. Some highlights within the reporting period are:

Over the last 2 years a total of 7,251 referrals with adult protection concerns have been received. This is a 27% increase in comparison to the previous reporting period.

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.

Finally, the report also looks forward to the current reporting period and the ASPC has recently signed off the committee strategic improvement plan for 2025 -2027. The plan looks to build on previous achievements with a particular focus on:

- Engagement with all stakeholders.
- Workforce Development.
- Ongoing review of policy and procedures.
- Audit and improvement monitoring to evidence improved outcomes.

3.3.1 Quality / Customer Care

The report demonstrates how service delivery and quality was maintained for adults at risk of harm over the reporting period.

3.3.2 Workforce

The report demonstrates the work undertaken during the reporting period to support the inter-agency ASP workforce to carry out its duties as underpinned by the Adult Support and Protection (Scotland) Act 2007.

3.3.3 Financial

N/A

3.3.4 Risk / Legal / Management

Fife Adult Support and Protection Committee has an established risk register which was used to highlight risks and mitigations.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

- Approved by Fife Adult Support and Protection Committee on 6th November 2024.
- Endorsed by Fife Chief Officer Public Safety Group on 3rd December 2024.

4.4 Recommendation

- **Assurance** – assure members of current position.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Adult Support and Protection Committee Biennial Report 2022 - 2024

6 Implications for Fife Council

The current data indicates a significant increase in ASP activity over the past reporting period, with no increase in staffing capacity to progress this. This demand and capacity will be monitored and reported on going forward, with risks and mitigations identified as appropriate.

7 Implications for NHS Fife

With the increase in ASP activity, there will be an impact on NHS Fife due to the requirement to participate in IRDs, Investigations and Case Conferences.

8 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	No Direction Required
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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ASPC Biennial Report 2022/24

Adult Protection Committee

Fife Partnership

Report Authors: Ronan Burke, Fife ASPC Lead Officer

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%		2%
Band 16-17		2%	
Band 18-24		9%	
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.

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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

- Strongly Agree / Agree up 5% from 2022 
- Strongly Disagree / Disagree up 1% from 2022 



Delivery of Key Processes-Police Concern Hubs (Police Scotland Staff only)

- Strongly Agree / Agree up 30% from 2022 
- Strongly Disagree / Disagree down 5% from 2022 



Screening and Initial Enquiries

- Strongly Agree / Agree no movement from 2022 
- Strongly Disagree / Disagree up 1% from 2022 



Delivery of Key Processes-ASP Investigations

- Strongly Agree / Agree up 4% from 2022 
- Strongly Disagree / Disagree no movement from 2022 

Delivery of Key Processes-Initial ASP Case Conferences

- Strongly Agree / Agree up 6% from 2022 
- Strongly Disagree / Disagree up 1% from 2022 

Delivery of Key Processes-Review ASP Case Conferences

- Strongly Agree / Agree down 8% from 2022 
- Strongly Disagree / Disagree up 4% from 2022 

Delivery of Key Processes-Large Scale Investigations

- Strongly Agree / Agree no movement from 2022
- Strongly Disagree / Disagree up 1% from 2022



Training and Development

- Strongly Agree / Agree up 6% from 2022
- Strongly Disagree / Disagree down 2% from 2022



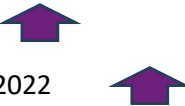
Council Officer Training

- Strongly Agree / Agree up 9% from 2022
- Strongly Disagree / Disagree up 4% from 2022



Strategic Leadership

- Strongly Agree / Agree up 9% from 2022
- 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

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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

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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

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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 them 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

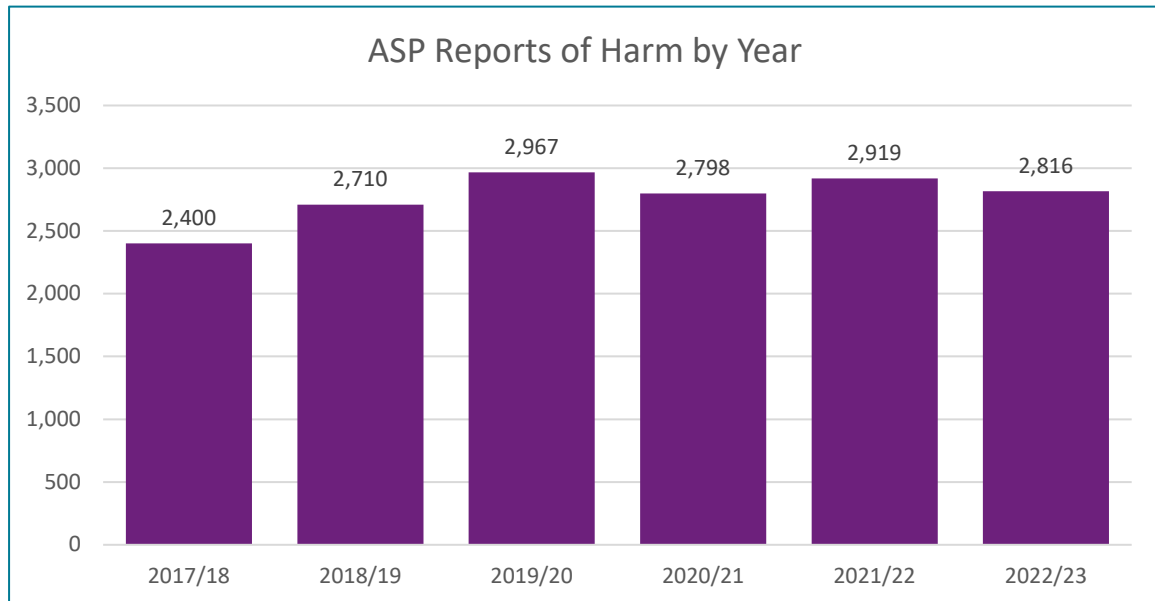
Data for the period 1st April 2022 to 31st March 2023 shows the following:

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.

Section 2: Referrals

(Source Swift/AIS)



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:

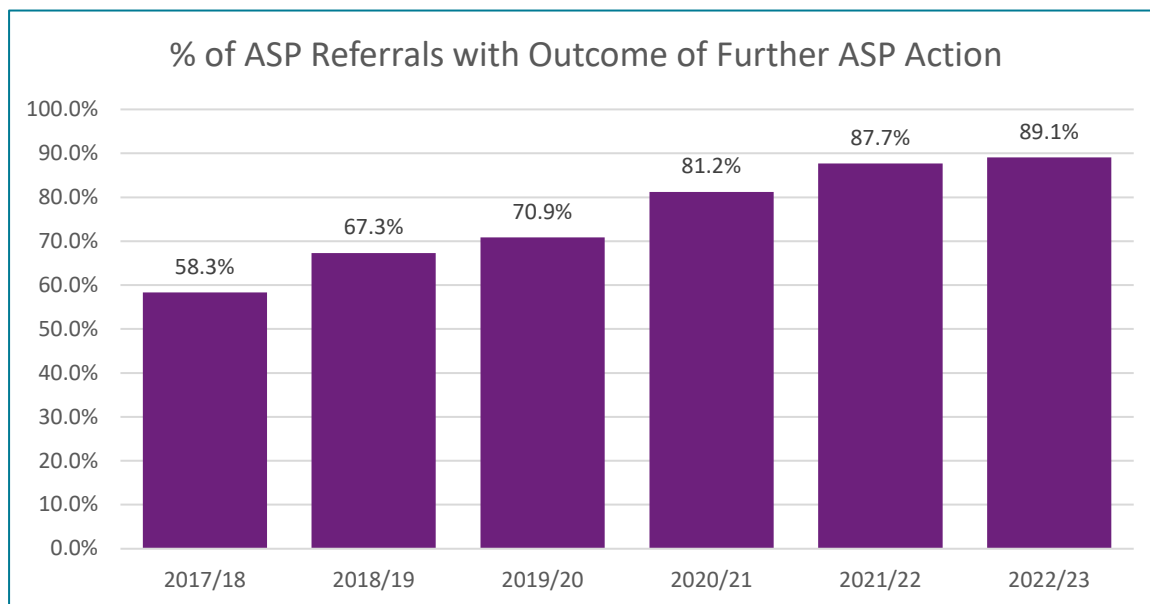
Referral Source	2021/22 Referrals	2022/23 Referrals
Healthcare Improvement Scotland	1	1
Office of Public Guardian	7	6
Scottish Ambulance Service	38	35
Care Inspectorate	42	41
Scottish Fire & Rescue Service	44	49
Self (adult at risk of harm)	48	49
Anonymous	49	27
Friend / Neighbour	50	52
GPs	117	110
Council	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

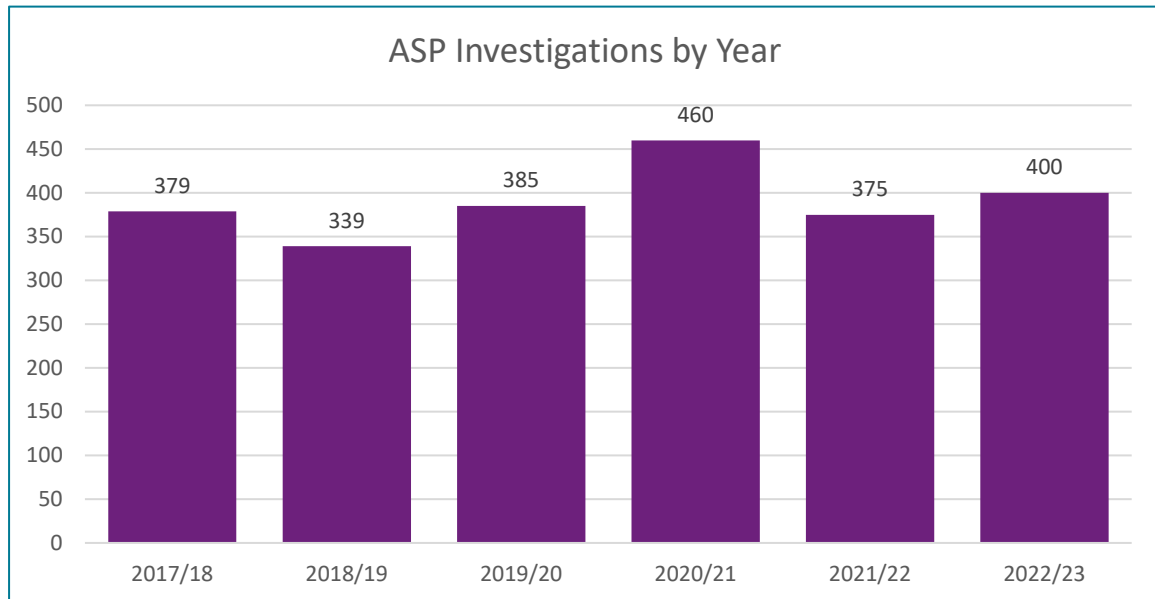


Analysis:

- 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)



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:

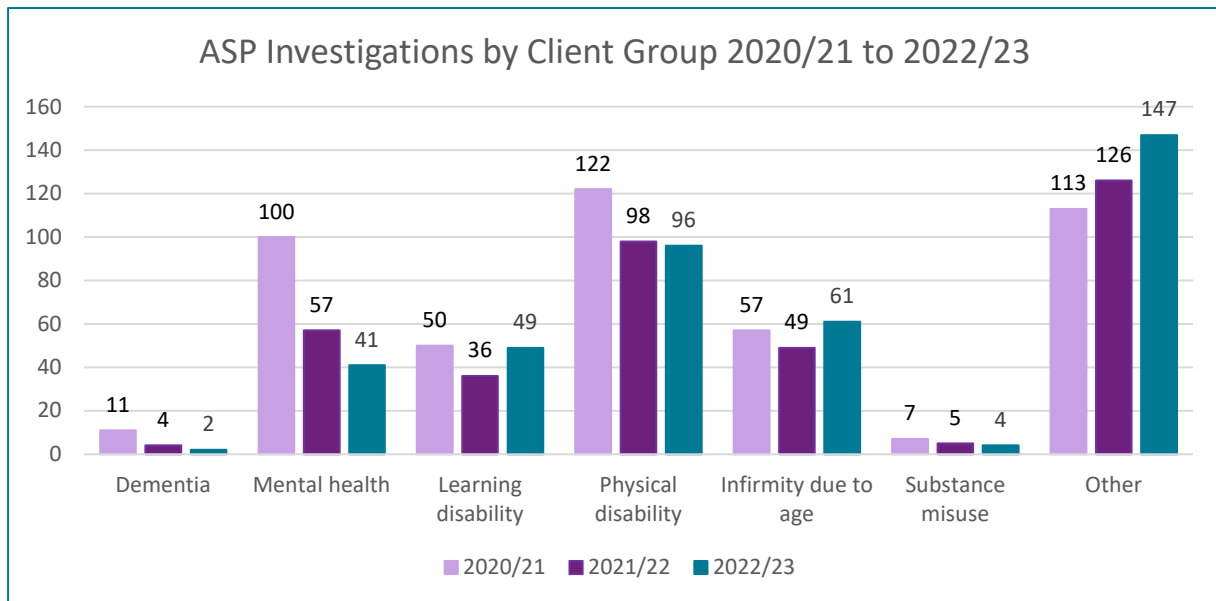
Age Group	2020/21				2021/22				2022/23			
	Male	Female	Not Known	TOTAL	Male	Female	Not Known	TOTAL	Male	Female	Not Known	TOTAL
16 to 24	21	31	2	54	19	24	0	43	23	22	1	46
25 to 39	28	43	0	71	33	47	0	80	22	38	0	60
40 to 64	79	85	0	164	50	71	0	121	65	93	0	158
65 to 69	11	11	0	22	9	11	0	20	13	11	0	24
70 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.

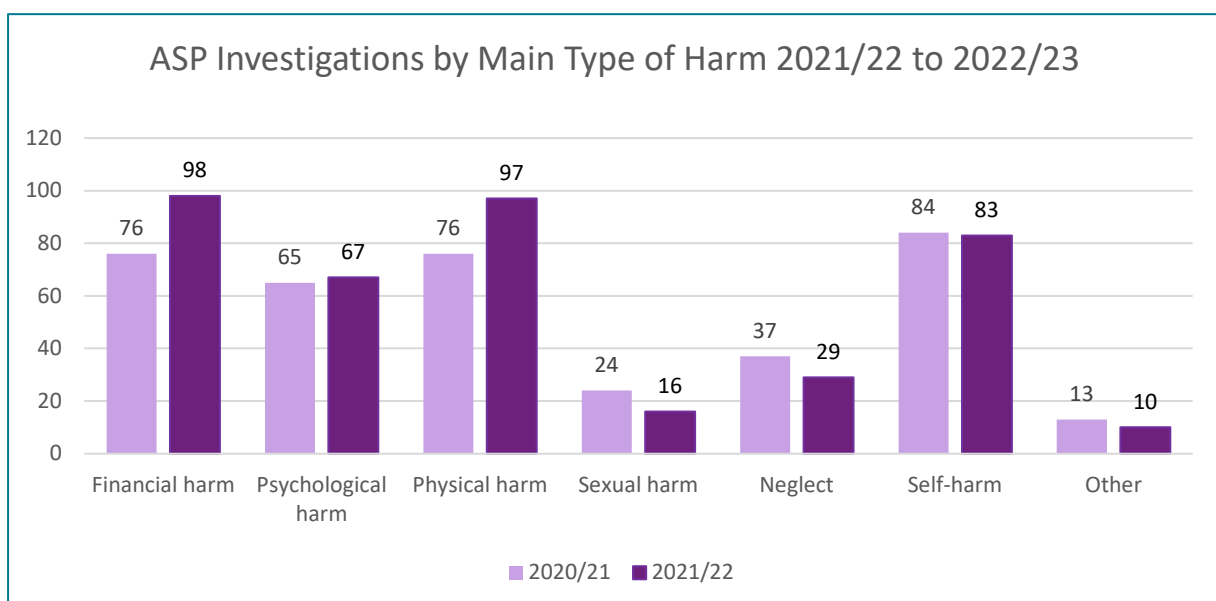
Primary client group breakdown:



Analysis:

- Where recorded, “Physical Disability” (24%) and “Infirmary due to age” (15%) were the top primary client categories for people subject to ASP investigations in Life in 2022/23.
- Nationally, “Mental health” (19%) and “Infirmary due to age” (18%) were the top primary client categories for people subject to ASP investigations in 2021/22.

Primary type of harm breakdown:



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:

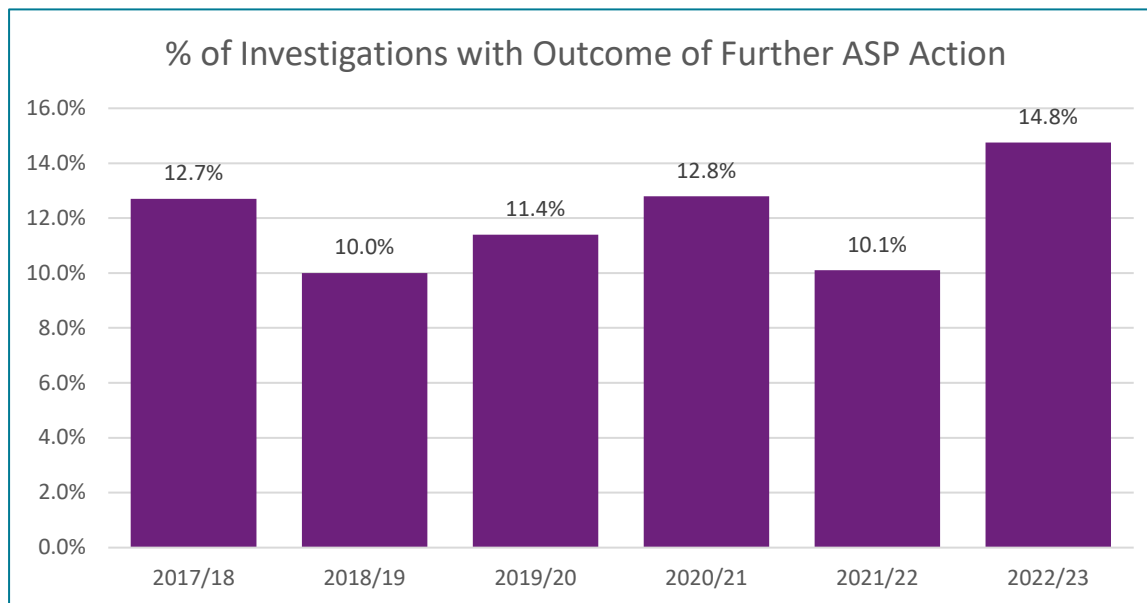
ASP Investigations by Location of Harm	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Own home	246	226	227	285	208	278
Other private address	13	9	14	14	17	6
Care home	66	33	37	25	18	25
Sheltered / supported accommodation	5	9	7	15	4	7
Independent hospital	0	1	3	0	0	1
NHS	19	11	14	10	5	7
Day centre	5	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

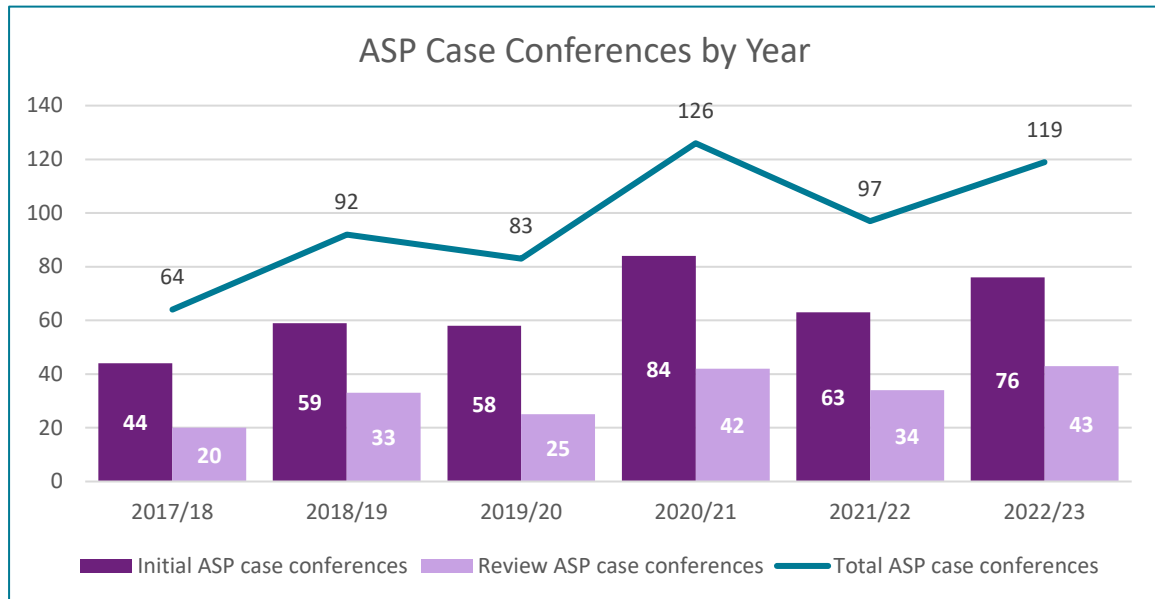


Analysis:

- 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)



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.

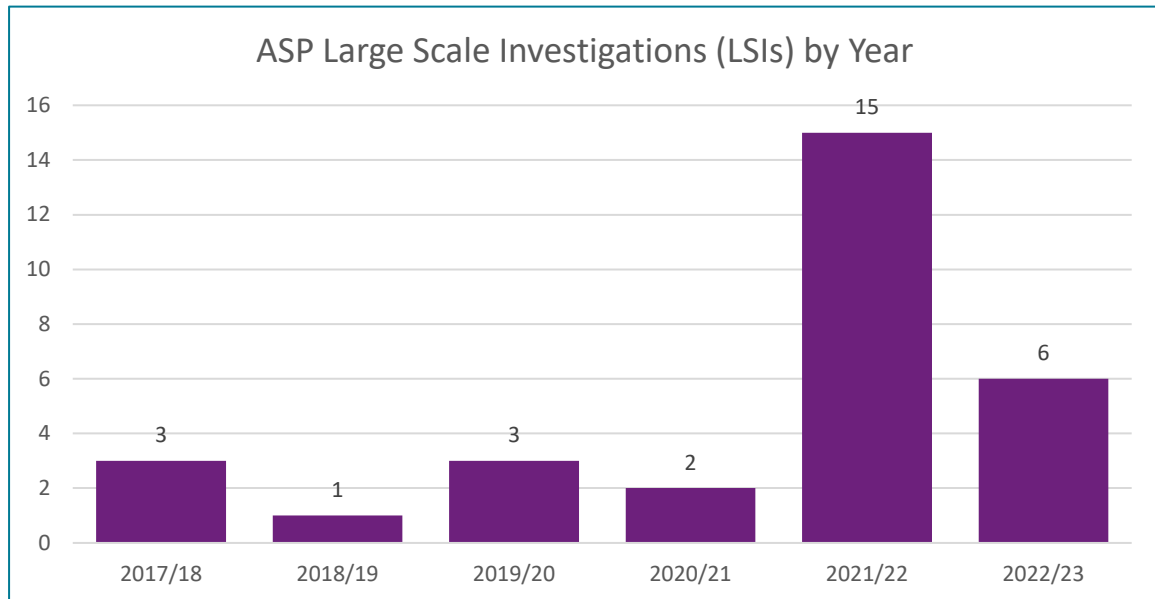
Section 5: Protection Orders

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)



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 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

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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.

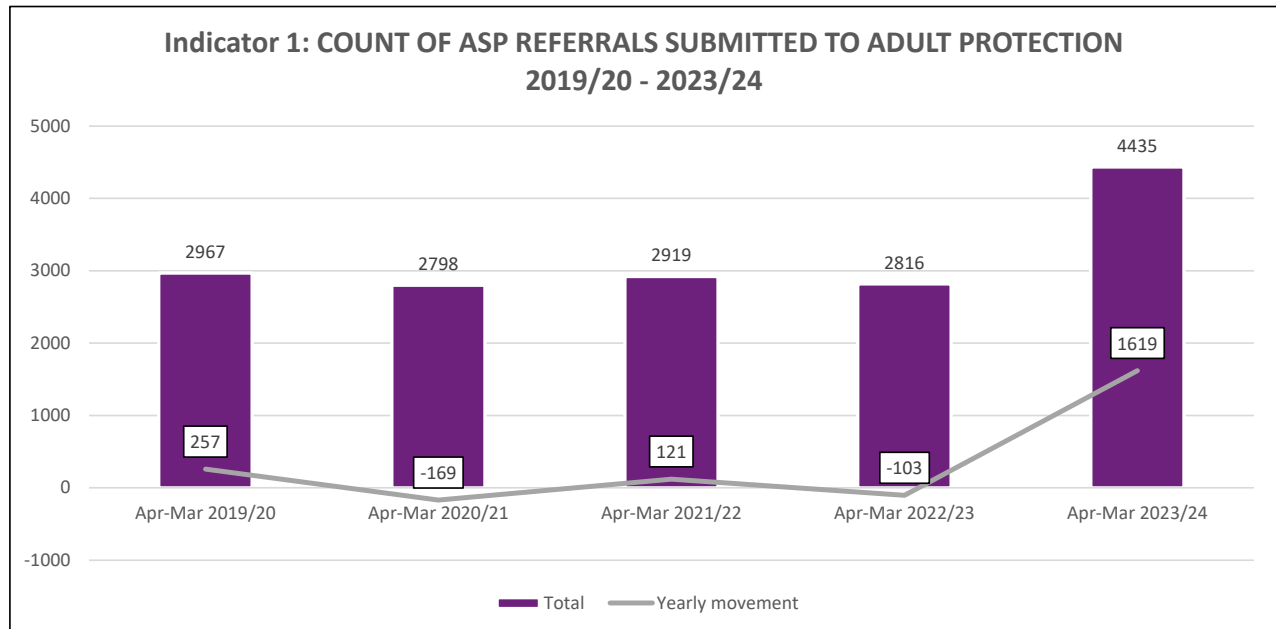
The collection of indicators included in this report have been selected in line with the phased approach of the Minimum Dataset for ASP. Phase 1 (Appendix 1) was rolled out across Adult ASPCs for financial year 2023/24 and is a subset of indicators from the ASP Minimum Dataset prototype. Phase 2 (Appendix 2) will report on the full set of 28 indicators covering 1st April 2024 to 31st March 2025.

Headline Statistics

Data for the period 1st April 2023 to 31st March 2024 shows the following:

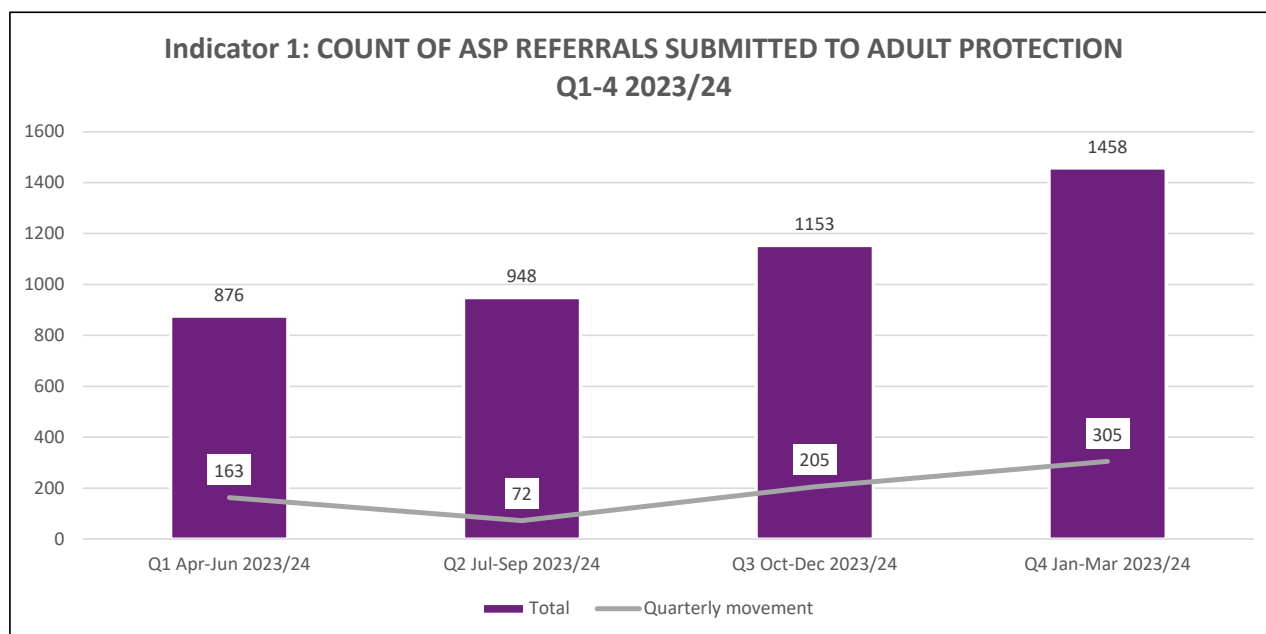
4,435 ASP Referrals		+57% from 2,816 in 2022/23
2,101 Inquiries triggered		<i>(newly captured data)</i>
1,218 (58%) Inquiries without powers		<i>(newly captured data)</i>
<i>(concluded at IRD)</i>		
883 (42%) Inquiries with powers		+121% from 400 in 2022/23
<i>(IRDs with progression to Investigation)</i>		
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.		

ASP Referrals:



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)*



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:

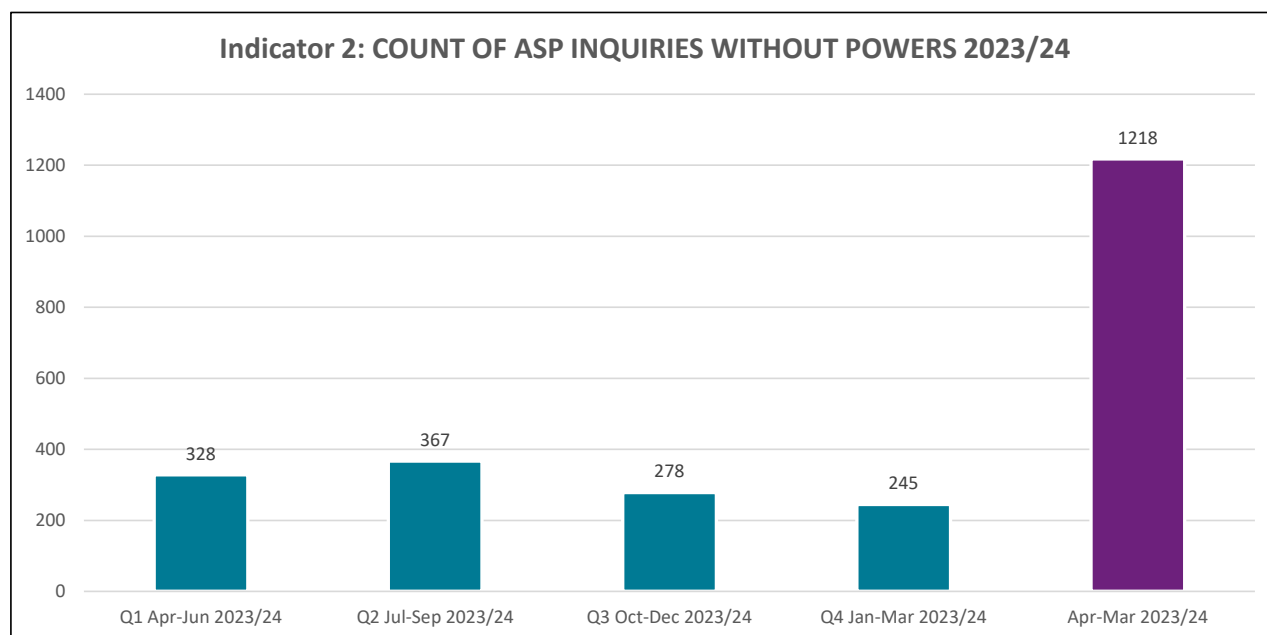
- The table above provides a breakdown by source for the last 2 reporting years.
- Where listed, the highest number of ASP reports of harm during 2023/24 were received from Police Scotland at 627 (14%), followed by NHS Acute Services at 565 (13%) and Friends / Relative / Neighbour at 460 (10%).
- Police 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:

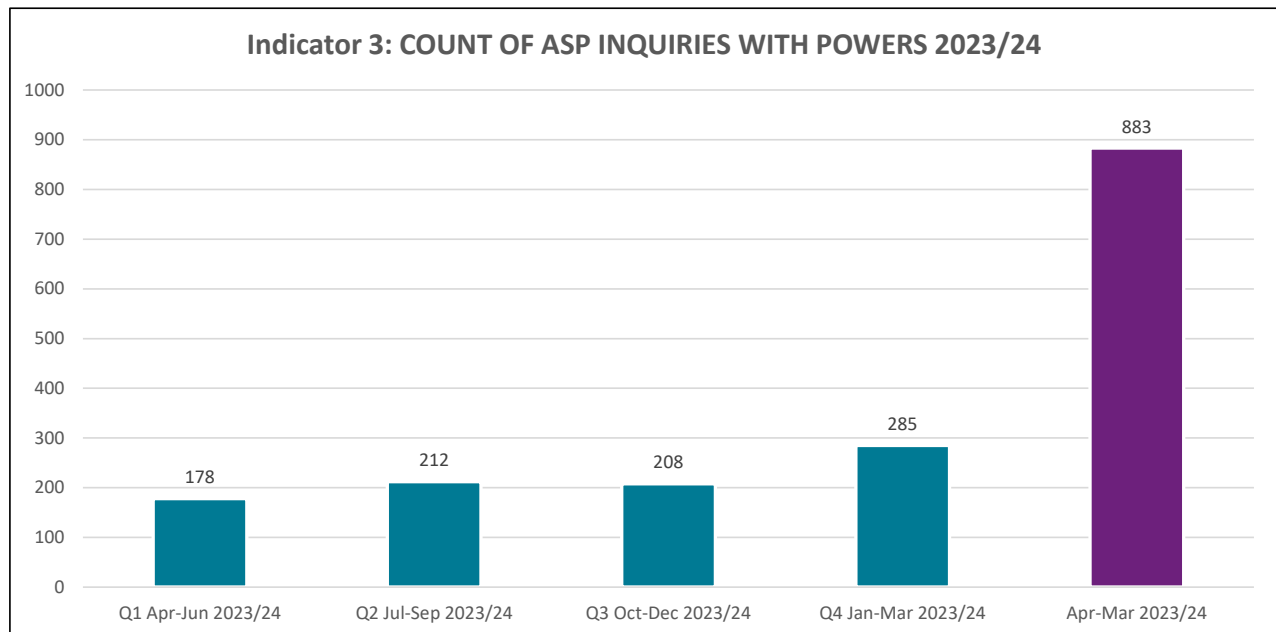
In alignment with the revised Code of Practice (July 2022), inquiries are recorded as a type.

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)

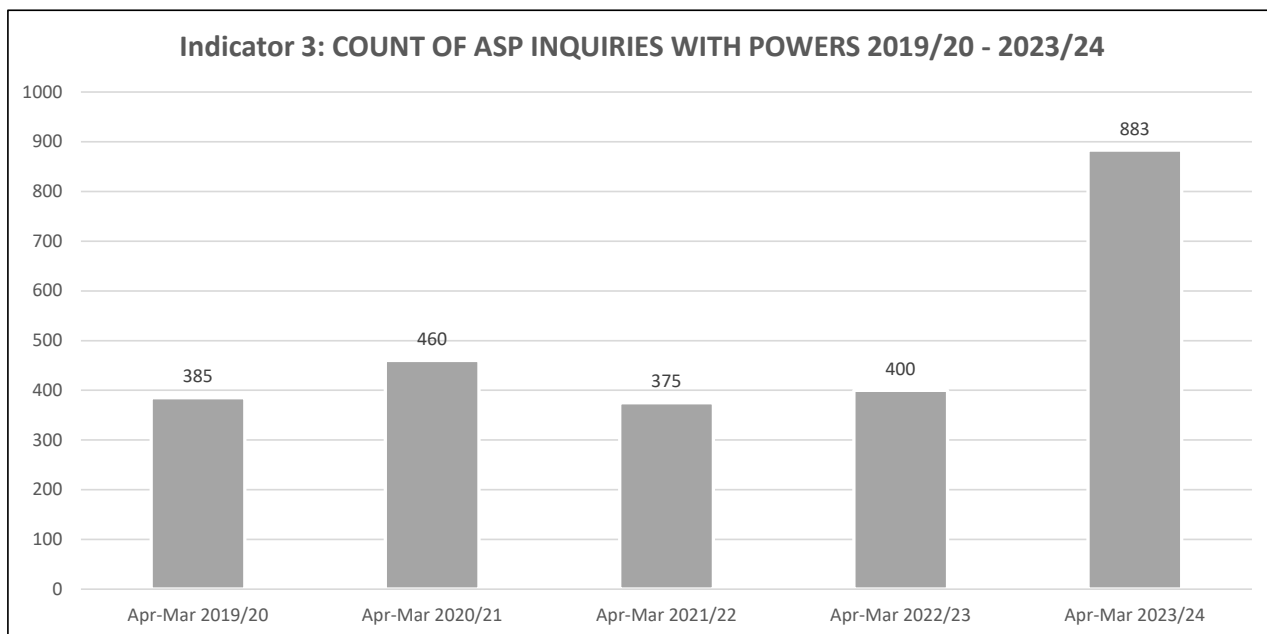


Investigatory powers will be required, and a council officer involved, where there is a need for a visit and direct contact with the adult for interview or medical examination, or for the examination of records (S7-10 Activities). Where an inquiry begins with an IRD and progresses to Investigation, then this inquiry will be counted as 'with powers'.



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.

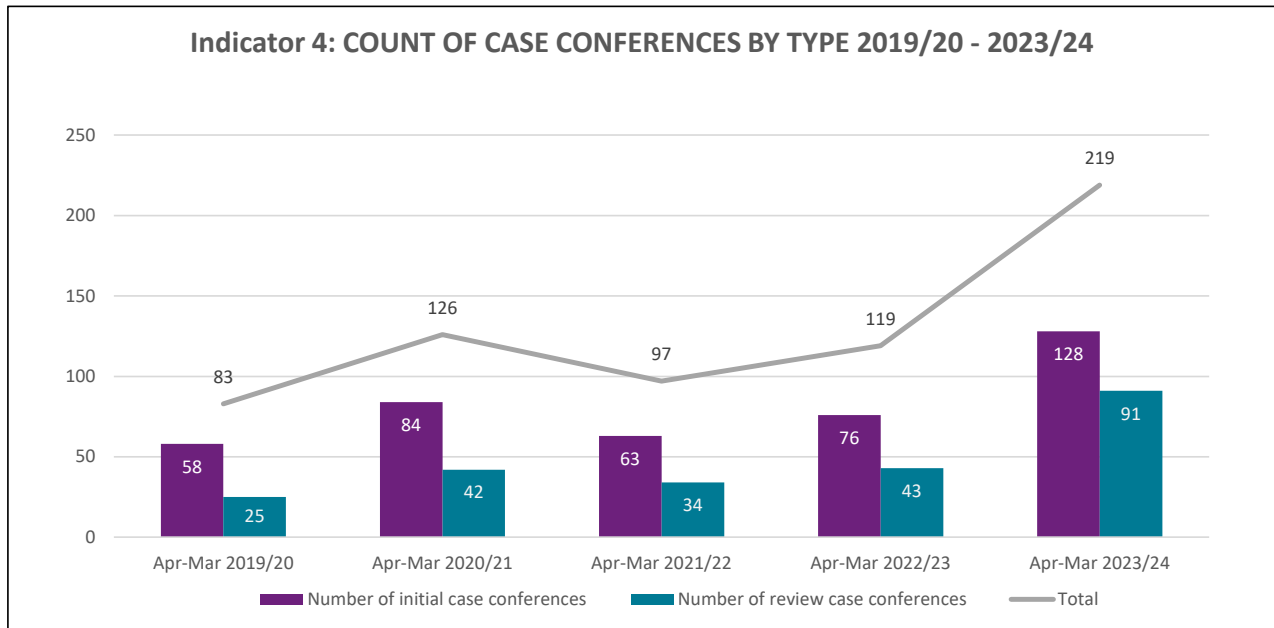


Analysis:

- 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)



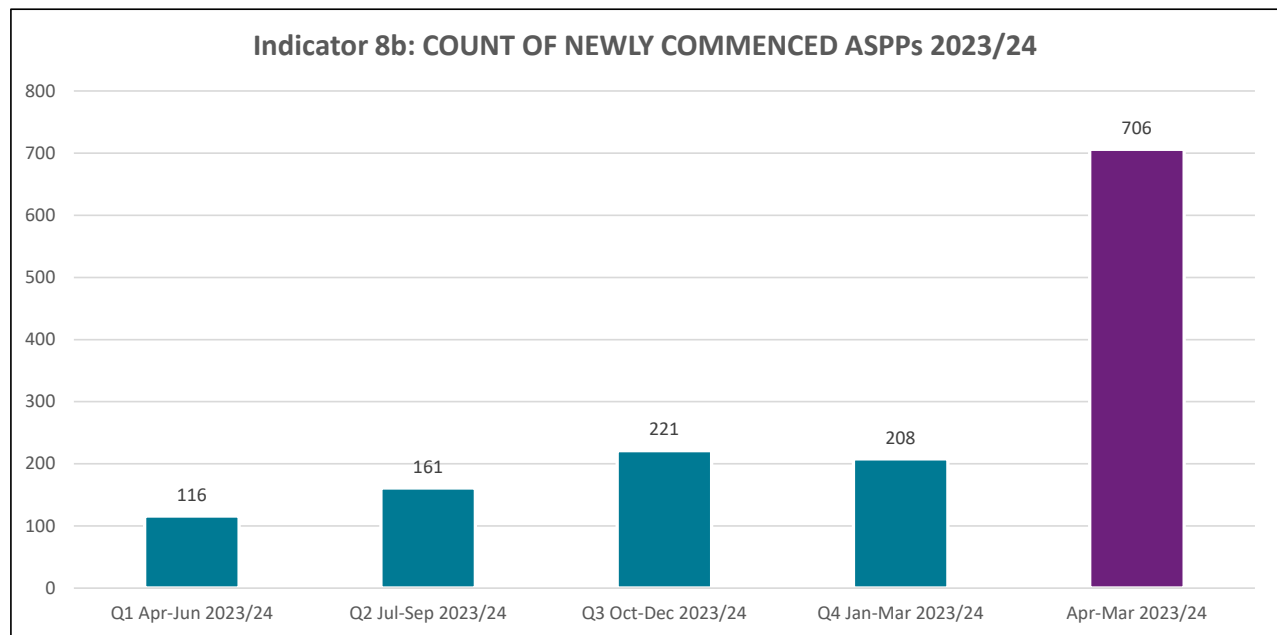
Analysis:

- 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.

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)

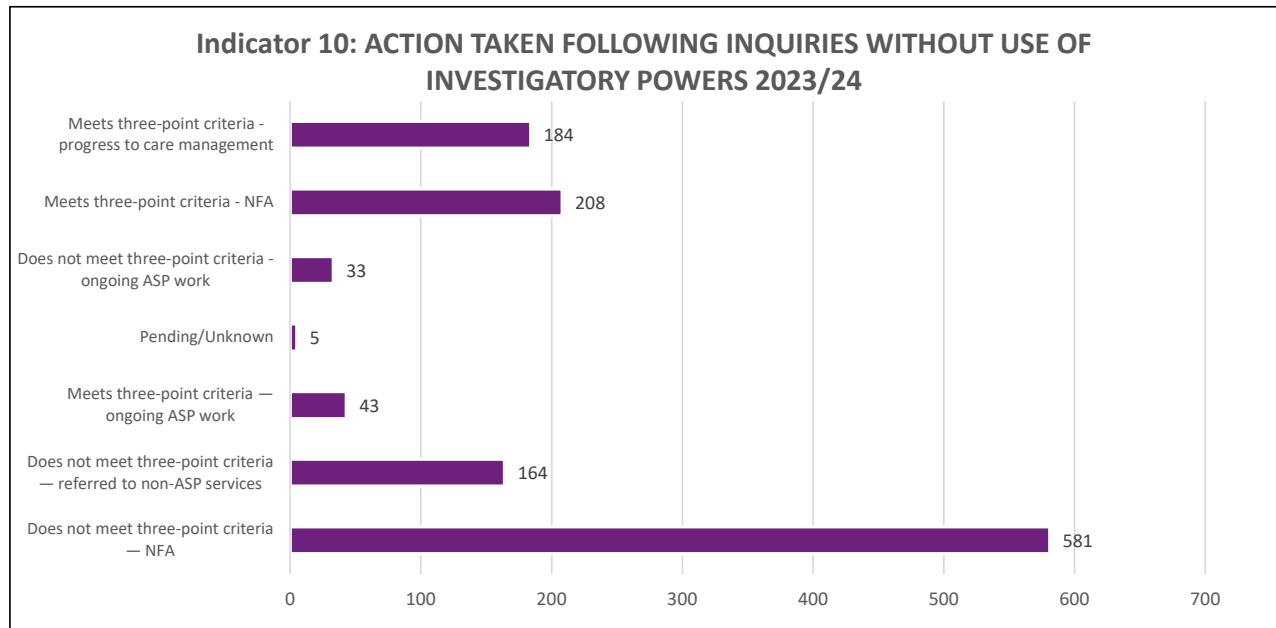
(newly captured data for 2023/24)



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.

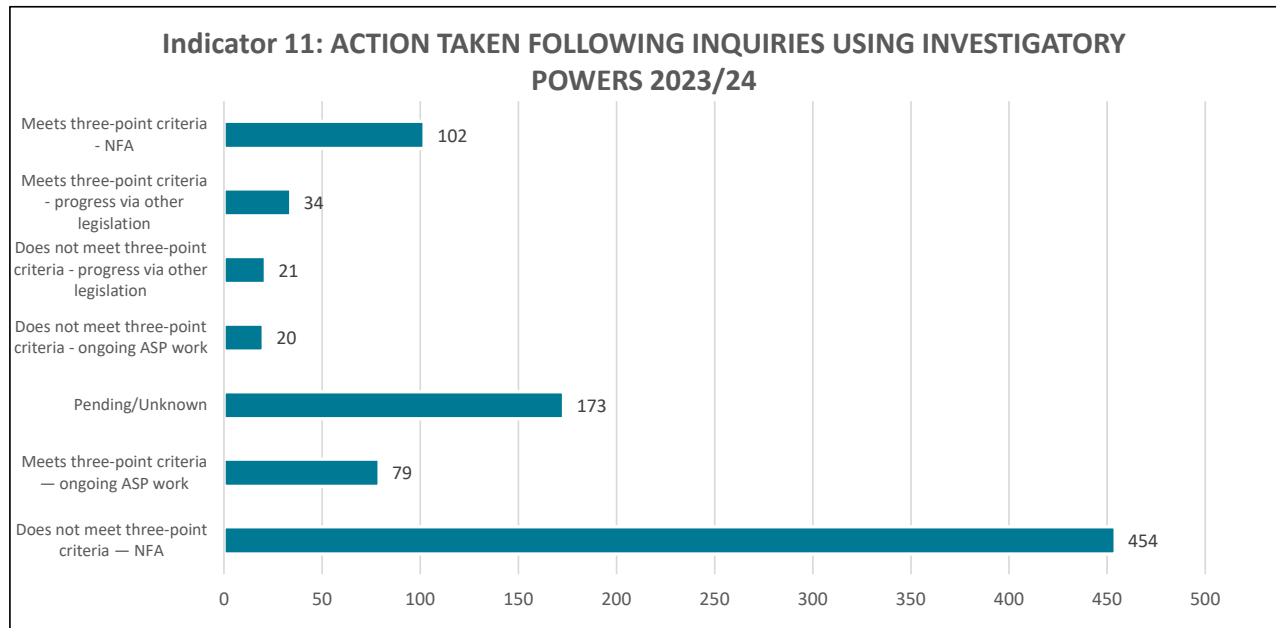
(newly captured data for 2023/24)



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.

(newly captured data for 2023/24)



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).

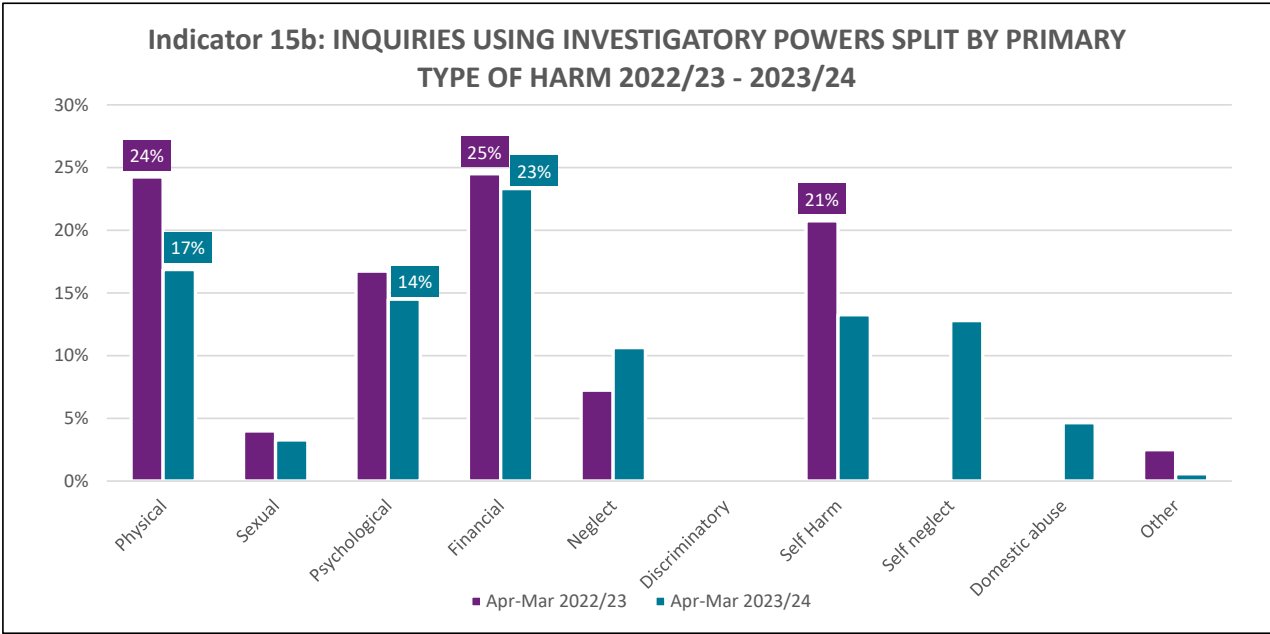
Demographics and Descriptive Data – inquiries with powers (Source LAS)

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

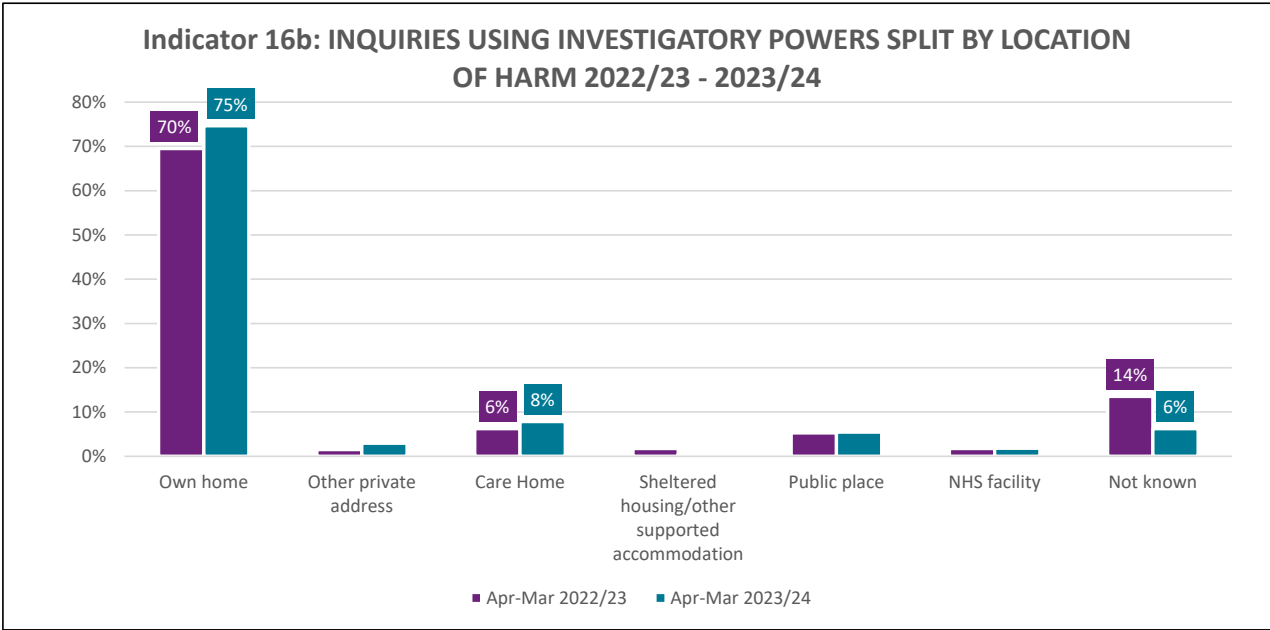
Analysis:

- 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%.



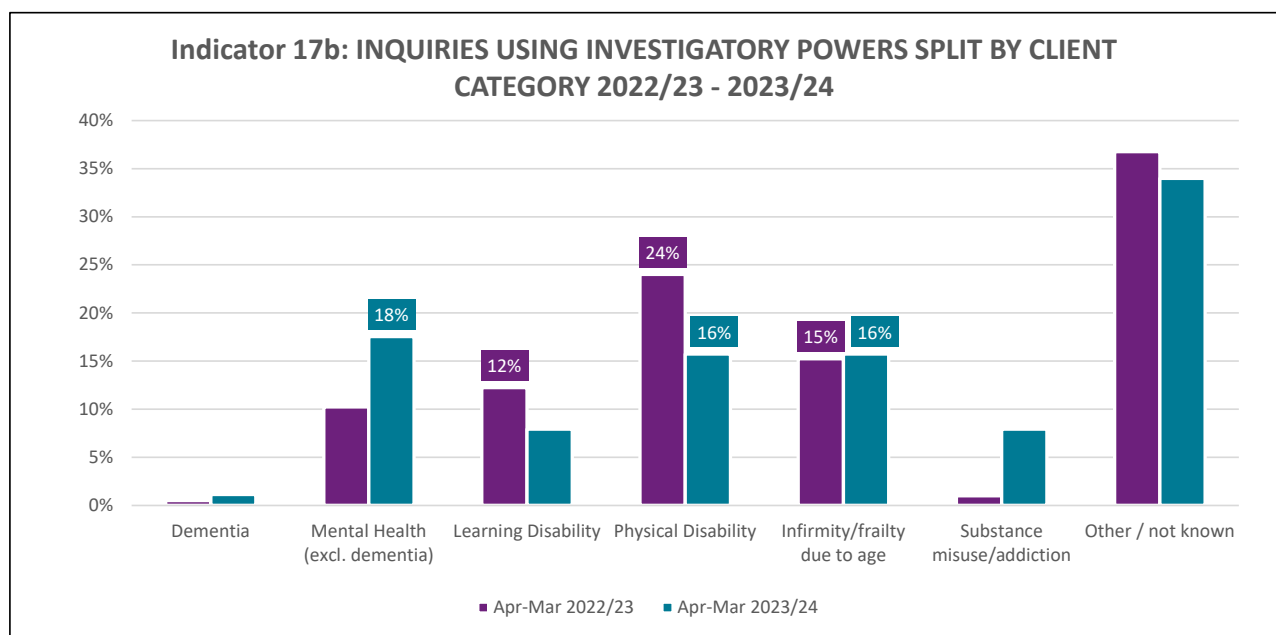
Analysis:

- 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.



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.



Analysis:

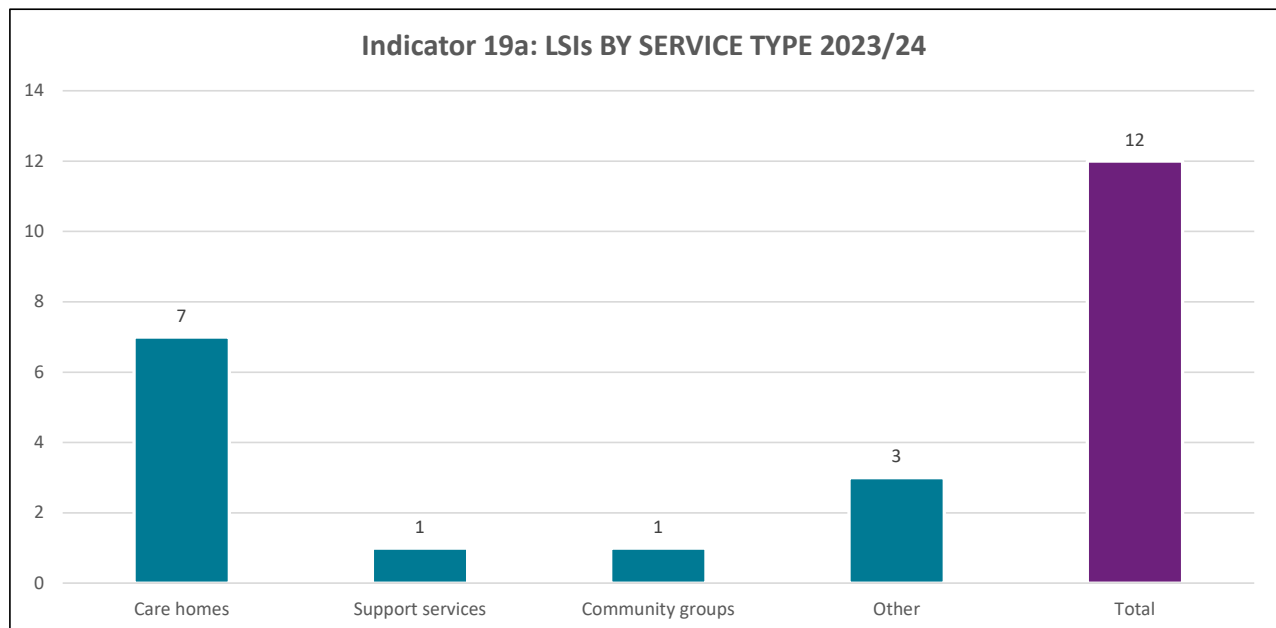
- Where recorded, Mental Health (18%), Physical Disability (16%) and Infirmary due to age (16%) were the notable primary client categories for adults subject to ASP inquiries with powers in Fife in 2023/24.
- Physical Disability, Infirmary due to age and Learning Disability recorded the majority during 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)



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.

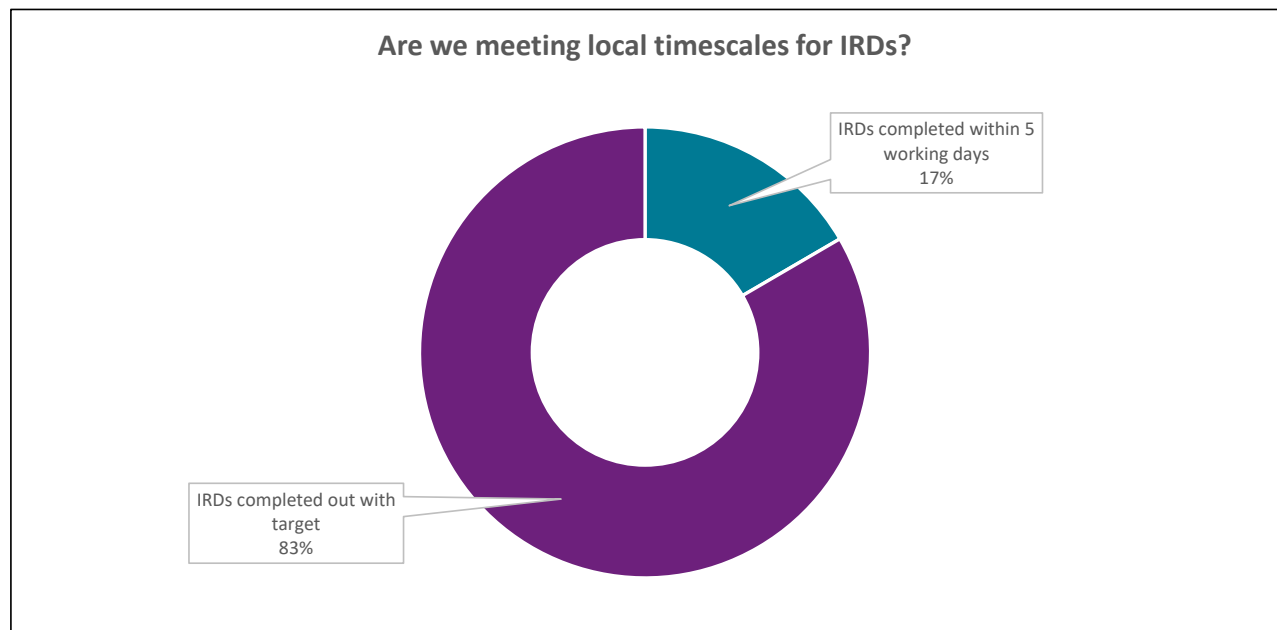
Local Timescales:

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 Investigations?



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)

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)



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 through 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 through 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	
Name:	
Job title:	
Organisation / Service:	
Address:	
Telephone No:	
Email Address – Essential for MS Teams link	
Line Manager email	

We are currently able to offer this course free of charge.

E-Learning

E-Learning courses are available to access via oracle and the partner site <https://fifecouncil.learningnexus.co.uk/> for partner agencies to access.

Professional Curiosity

ASP and problematic alcohol & drug use

Undue Pressure



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 28th May 2025

Agenda Item No: 10.4

Report Title: Spring Vaccination Delivery Plan 2025

Responsible Officer: Lisa Cooper, Head of Service

Report Author: Karen Nolan, Clinical Services Manager
Kalvinder Sandhu, Programme Manager

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.

2 Route to the Meeting

This 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.

- Community Immunisation Service (CIS) Operational Group 13 February 2025
- Community Immunisation Service (CIS) Programme Board 18th February 2025

- Quality & Communities Committee 25 April 2025

3 Report Summary

3.1 Situation

The purpose of this report is to provide an update of the local delivery plan for Spring Booster Covid 19 vaccinations within Fife HSCP.

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that some at-risk cohorts, including older age groups and those with weakened immune systems, will benefit from supplementary booster vaccinations.

[JCVI statement on COVID-19 vaccination in 2025 and spring 2026 - GOV.UK](#)

3.2 Background

National programme board updates, JCVI and Chief Medical Officer (CMO) guidance continue to direct the effective planning and delivery of the Spring Dose Vaccination Programme.

3.3 Assessment

The programme leads continue to work closely with national colleagues and the Chief Medical Officer instruction issued to direct Spring Vaccination campaign delivery both nationally and locally.

Spring Dose Vaccination Planning

Fife's eligible cohort is circa 53k planned to be delivered over a 10-week programme.

Programme scheduling is as follows:

1. Care homes commenced on the 31st March 2025 for a concentrated 2-week programme.
2. Housebound citizens will span over the whole programme.
3. Clinics commenced for the over 75s on the 14th April 2025 other eligible cohorts thereafter.
4. There was no delivery over the Public Holidays

Data

The Spring Delivery Programme is progressing as planned, with real-time data in Appendix 3 indicating that it is approximately 60% complete, leaving over 13,000 appointments remaining for both COVID and flu vaccinations. As the programme continues, uptake is expected to improve. Similarly, care home uptake is anticipated to increase as all eligible residents are offered their vaccinations.

Scheduling

The national scheduling system continues to operate with local teams responsible for preparation of cohort files and resolving any operational issues. Patients are being lettered via NVSS with appointment to mass vaccination centres. Citizens in at-risk cohorts who have a history of not attending for appointments, have been issued letters inviting them to self-appoint via the portal. This will improve clinic efficiency and offer more flexible rescheduling opportunities for appointed citizens.

Venues and Logistics

Additional vaccination centres as per the Winter programme were opened to ensure the over 75-year-old population are vaccinated as locally as possible.

Appointments are being made available at the following locations:

- Pitteuchar Health Centre, Glenrothes
- Whytemans Brae Hospital, Kirkcaldy
- Lynebank Hospital, Dunfermline
- Primrose Lane, Rosyth
- St Andrews Community Hospital, St Andrews
- RWMH, Buckhaven
- Larick Centre, Tayport
- Tayside Institute, Newburgh
- East Neuk CC, Anstruther
- Lochgelly Health Centre, Lochgelly
- Oakley Health Centre, Oakley
- Cupar Corn Exchange, Cupar

Arrangements have also been made with the Scottish Ambulance Service to offer mobile vaccinations around end of May 2025. The CIS will monitor uptake and make decisions on the most appropriate outreach sites closer to the time.

There have been no risks identified, with capacity in clinics at the time due to increased capacity planning. This will enable the programme to respond quickly and safely.

Pharmacy

Pharmacy leads have been involved in key scheduling and planning. There are currently no issues anticipated.

3.3.1 Quality / Customer Care

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife.

A Quality and Clinical Care Assurance Group meets regularly to provide assurance to the boards regarding safe delivery of the Immunisation programme.

3.3.2 Workforce

Currently, there are no immediate concerns or pressures regarding workforce within the programme. Band 3 staff are not required to return for the Spring Programme Band 6 staff will support with the clinical delivery. There will be some need for additional hours/ Bank hours for weekend working This is all resourced with existing budget and monitored on a weekly basis.

3.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the spring booster programme are being reported accordingly. For all routine vaccination programmes, JCVI is required to assess the cost-effectiveness of a programme to ensure that money spent on the programme would not be better spent on other interventions in the NHS. As the UK moves towards routine procurement and delivery of COVID-19 vaccination, cost-effectiveness will become a major determining factor in future advice pertaining to the COVID-19 vaccination programme.

3.3.4 Risk / Legal / Management

Nil to escalate.

3.3.5 Equality and Diversity, including Health Inequalities

The established inclusivity group will continue to lead delivery of EQIA actions and direct specific outreach activities to ensure access for all eligible.

3.3.6 Environmental / Climate Change

[Climate Fife 2024 Strategy and Action Plan](#)

3.3.7 Other Impact

No other impact.

3.3.8

Communication, Involvement, Engagement and Consultation

Communications are directly linked with the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications. The Public should be signposted to NHS Inform for up-to-date information on the vaccination programme.

4.4 Recommendation

That IJB are asked to take a significant level of **assurance** regarding the planning and Implementation of the Spring Vaccination campaign by Fife HSCPs Community Immunisation Service

5 List of Appendices

1. Chief Medical Officer - final version - SGHD CMO (2025) 03 - Spring 2025
COVID-19 Vaccination Programme - March 2025 (attached)
2. CIS Delivery Update Data

6 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

Author Name: Karen Nolan, Kalvinder Sandhu

Author Job Title: Clinical Services Manager, Immunisation Programme Manager

E-Mail Address: Karen.nolan@nhs.scot, Kalvinder.Sandhu@nhs.scot



Dear Colleague,

SPRING COVID-19 VACCINATION PROGRAMME 2025

We are writing to provide you with further information on the 2025 spring COVID-19 vaccination programme which will run from 31 March to 30 June 2025.

Key Objectives

1. The aim of the COVID-19 immunisation programme is to prevent serious disease (hospitalisation and/or mortality) arising from COVID-19, with age being strongly associated with the risk of hospitalisation and mortality from COVID-19, with the oldest in the population being the most vulnerable.

Eligibility

2. For spring 2025, the Joint Committee on Vaccination and Immunisation (JCVI) [statement](#) advises that a COVID-19 vaccine should be offered to:
 - Residents in care homes for older adults
 - All adults aged 75 years and over
 - Individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 and 4 in the [COVID-19 chapter of the Green Book](#))

To note, these cohorts are identical to those vaccinated in spring 2024.

Programme Age Limits

3. To be eligible this spring, an individual must turn 75 years of age on or before 30 June 2025, so will have been born on or before 30 June 1950.
4. An infant must be 6 months old by the programme start date of 31 March, so will have been born on or before 30 September 2024.
5. Further details on date of birth ranges that have been used to derive the cohorts can be found in **Annex A**.

**From Chief Medical Officer
Interim Chief Nursing Officer
Chief Pharmaceutical Officer**
Professor Sir Gregor Smith
Anne Armstrong
Professor Alison Strath

DATE: 19/03/2025

SGHD/CMO(2025)3

Addresses

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
School Nurses
Immunisation Co-ordinators
CPHMs
Scottish Ambulance Service

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
Chief Executive, Public Health Scotland,
NHS 24
Community Pharmacy Scotland

Further Enquiries

COVID-19 Policy Issues
Scottish Government
ImmunisationPolicy@gov.scot

Medical Issues
Dr Lorna Willocks
Senior Medical Officer
St Andrew's House
ImmunisationPolicy@gov.scot

PGD/Pharmaceutical
Barry Melia
Public Health Scotland
Barry.Melia@phs.scot

Vaccine Supply Issues
nss.vaccineenquiries@nhs.scot



Vaccines for the programme

6. Details of the COVID-19 vaccines to be used in Spring 2025 are contained in **Annex B**. Further details can also be found in the [COVID-19: the green book, chapter 14a - GOV.UK](#). National protocols and patient group directions will be provided by Public Health Scotland (PHS).

Clinical referral route

7. The clinical referral route has been well established over the last three years of the COVID-19 programme and remains the same for spring 2025.
8. If an individual knows that they are eligible for vaccination this spring as part of the immunosuppressed group, or by virtue of being aged 75 years and older (up to and including 30 June 2025), but they have not been sent an appointment or prompt invitation, they can book via the [portal](#) or by calling the national vaccination helpline on 0800 030 8013.
9. If an individual thinks they may be eligible as part of the immunosuppressed group, but is unsure, they can call the helpline and they will be referred to their local Health Board to ascertain eligibility and bring them forward for vaccination, if required.
10. An individual could also consult their GP practice or secondary care clinician, who can then assess the individual and complete a referral form to refer their case through local referral pathways for vaccination. If GP practices or other clinicians are unsure of their local referral pathway, they should contact their local Immunisation team or co-ordinator for more information.
11. Guidance on the clinical definition of immunosuppression can be found in the [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](#).

Vaccination of stem cell transplant recipients and those anticipating immunosuppressive therapy

10. Year-round vaccination will be made available to those who aged 6 months and over who have received a haematopoietic stem cell transplant or CAR-T therapy and who require revaccination, in accordance with the [Scottish Haematology Society Revaccination Schedule](#).
11. Individuals aged 6 months and over anticipating immunosuppressive therapy may also be eligible and should be assessed for vaccine eligibility before starting treatment. This is year round offer and referrals must be made urgently.

Post-vaccination observation period

11. In late 2023 the Scottish Vaccination and Immunisation Programme's (SVIP) Clinical Governance Group met to review the post-vaccination observation period and it was agreed that this is no longer required as standard. Vaccinators must still advise patients not to drive for 15 minutes after receiving vaccination and post-vaccination observation advice must also be given to those who get vaccinated in their home.
12. Please refer to the [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](#) for more information on observation periods for those with allergies.

Resources

13. NES/PHS workforce education materials for vaccinators can be found at [COVID-19 vaccination programme | Turas | Learn \(nhs.scot\)](#).
14. Public information, including information to support informed consent, booking and rescheduling of appointments can be found via www.nhsinform.scot/covid19vaccine

The National Vaccination Helpline

15. At this time, the National Vaccination Helpline (0800 030 8013) only provides support to the COVID-19 and flu vaccination programmes. The helpline is unable to assist with, or make bookings for any other vaccination programme.
16. For assistance with routine programmes, such as RSV, shingles or pneumococcal, patients should be directed to their [local Health Board Immunisation Team](#), or should check the contact details in their appointment letters.

Finally we would like to recognise and express our sincere gratitude for your professionalism and continuing support in planning and delivering this important vaccination programme. Thank you for all your hard work over the winter period and we wish you all the best for the spring 2025 programme.

Yours sincerely,

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer

Anne Armstrong

Anne Armstrong
Interim Chief Nursing Officer

Alison Strath

Professor Alison Strath
Chief Pharmaceutical Officer

Annex A: Date of birth ranges used to derive cohorts for spring 2025

An individual must turn 75 years of age on or before 30 June 2025.

An infant must be 6 months old by the programme start date of 31 March, therefore must have been born on or before 30 September 2024.

For specific age groups we have used the following data of birth ranges:

6 months – 4 years:	01/04/2020 – 30/09/2024
5 – 11 years:	01/04/2013 – 31/03/2020
12 – 17 years	01/04/2007 – 31/03/2013
18 – 74 years:	01/07/1950 – 31/03/2007
75 and above:	Born on or before 30 June 1950

Annex B: Vaccines in use in Scotland for the spring 2025 COVID-19 programme

Individuals aged 18 years and over:

- Pfizer-BioNTech mRNA (Comirnaty) Omicron JN.1 vaccine. Dose: 30 micrograms
- Moderna mRNA (Spikevax) JN.1 vaccine. Dose: 50 micrograms

Individuals aged 12 to 17 years:

- Pfizer-BioNTech mRNA (Comirnaty) Omicron JN.1 vaccine. Dose: 30 micrograms

Individuals aged 5 to 11 years:

- Pfizer-BioNTech mRNA (Comirnaty) Omicron JN.1 vaccine. Dose: 10 micrograms


Individuals aged 6 months to 4 years:

- Pfizer-BioNTech mRNA (Comirnaty) Omicron JN.1 vaccine. Dose: 3 micrograms

No current availability of non-mRNA COVID-19 vaccines for Spring 2025

Whilst it remains the Scottish Government policy position that Health Boards must make non-mRNA COVID-19 vaccines available to those individuals who are contraindicated to, or allergic to, mRNA vaccines, at the point of publication of this letter there are no non-mRNA products authorised for use in the UK by the Medicines and Healthcare products Regulatory Agency (MHRA) available for purchase. Health Boards should contact individuals affected to explain the situation.

Spring Booster 25
Overall



Discovery Level 1 SVIP COVID-19 & Flu Programme

Uptake: Spring 2025

Latest Data: 18-May-2025

Season

Spring 2025

Programme

COVID-19

View

Health Board

JCVI Priority Group

Total

Methodology

Performance

CSV

?

🔍

Programme: COVID-19

Selected Location: NHS Fife


Priority Group: Total

Methodology: Performance

View: Health Board



Spring Booster 25
Ages 75+



Discovery Level 1 SVIP COVID-19 & Flu Programme

Uptake: Spring 2025

Latest Data: 18-May-2025

Programme: COVID-19

Selected Location: NHS Fife

Priority Group: Aged 75+

Methodology: Surveillance

View: Health Board

Season: Spring 2025

Programme: COVID-19

View: Health Board

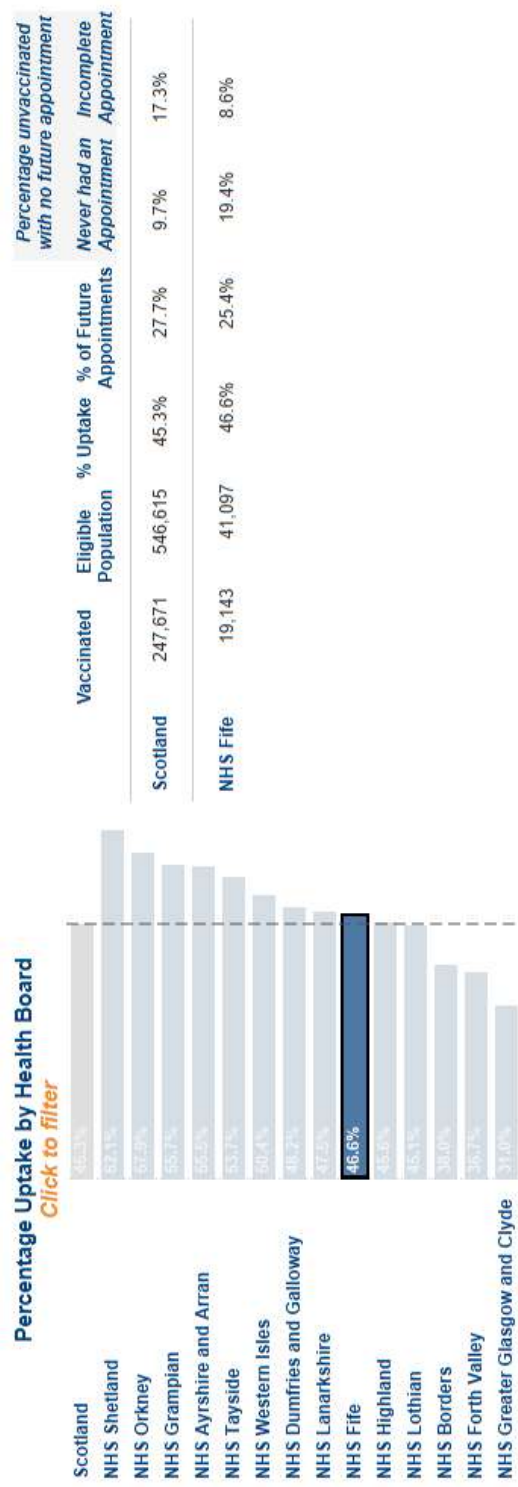
JCVI Priority Group: Aged 75+

Methodology: Surveillance


CSV icon

Line graph icon

Head with question mark icon




Spring Booster 25 Care Homes




Discovery Level 1 SVIP COVID-19 & Flu Programme


Uptake: Spring 2025
 Latest Data: 18-May-2025




Programme




Methodology




View




Health Board




JCVI Priority Group




Older people care home ...



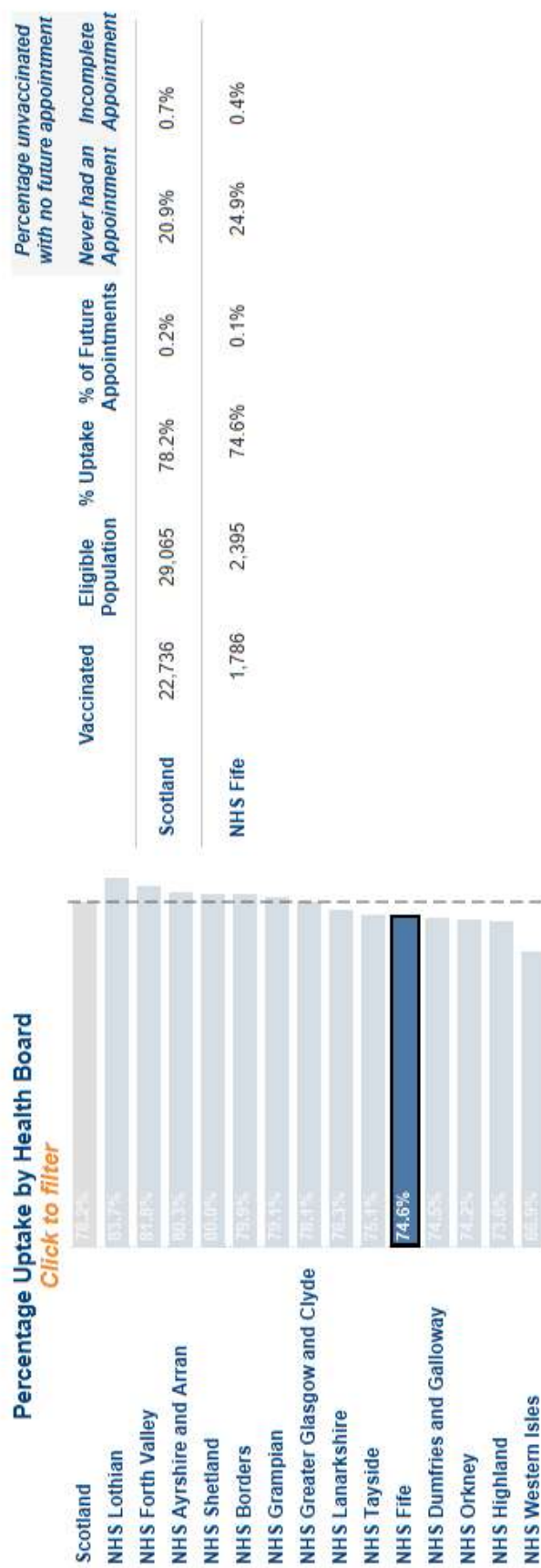
Surveillance



Older people care home residents



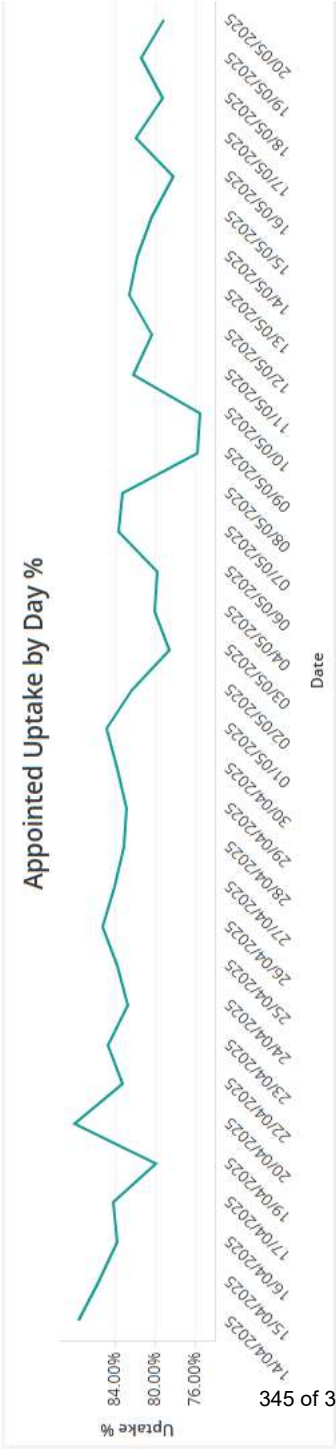
Health Board



Spring Booster 25 Clinic Data

Appointments		Appointments Booked		Clinic Appointed Uptake
Past	Future	Potential DNA	Should Attend	
21416	13024	7689	26751	21740
				82.42%

Vaccination Locations		Prompts Sent		Appointments from Prompts	
Location Type	Vaccinations	18 to 74 WIS	75+	18 to 74 WIS	75+
Total	21740	4288	6814	2.52%	4.34%
Care Home	1970				
Housebound	1391				
Public Clinic	18336				



Spring 25 Booster Appointed Uptake %			
Location	Vaccinations	Uptake %	
Total	17652	82.42%	
St Andrews	991	87.70%	
The Larick Centre	789	85.02%	
Cupar Corn Exchange	1523	83.91%	
Whytemans Brae	2709	82.77%	
East Neuk Centre	989	82.76%	
Oakley HC	782	82.66%	
Lynebank	2910	82.27%	
Primrose Lane	1644	82.24%	
Tayside Institute	507	81.12%	
Pitteuchar HC	2536	80.79%	
RWMH	1506	80.36%	
Lochgelly HC	766	80.21%	



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28 May 2025
Agenda Item No:	10.5
Report Title:	Local Partnership Forum Annual Report 2024-25
Responsible Officer:	Roy Lawrence: Principal Lead OD and Culture
Report Author:	Roy Lawrence: Principal Lead OD and Culture - on behalf of the Co-Chairs and Forum

1 Purpose

This report introduces the Health and Social Care Partnership Local Partnership Forum Annual Report for 2024-25 for **discussion and feedback** from the Integration Joint Board before being published on the Health and Social Care Partnership website.

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 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.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Wellbeing - A Fife where we will support early intervention and prevention.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

This report has previously been presented to the Local Partnership Forum, all content and feedback received has been included in the report.

3 Report Summary

3.1 Situation

The Local Partnership Forum has met on a regular basis over 2024-25 and this Annual Report captures the work the forum has led, influenced and supported between this period. It is also intended as a celebration of our staff and the incredible work they do every day to support the Integration Joint Board in its aims by telling the story of their year.

3.2 Background

The Local Partnership Forum is constituted by a core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources and other advisors who meet together on a regular basis to discuss and support the issues that matter to staff working within Fife Health and Social Care Partnership. The group signs an Annual Partnership Agreement, and this defines for the Forum the work it will undertake in the coming year. The Forum produces a report each year which is endorsed at the Local Partnership Forum before being presented at the Integration Joint Board Forum and published on the Health and Social Care Partnership website.

3.3 This is the fifth annual Local Partnership Forum report. This report provides the opportunity to share the role of the Local Partnership Forum (LPF) and update on what has been achieved over the past year by working together to support and champion the Fife Health and Social Care workforce, and what we hope to achieve in the year ahead.

The Local Partnership Forum met as a minimum every 2 months throughout 2024-25 and covered a substantive agenda at every meeting, in addition to a work programmed series of reports.

This report has a focus on staff governance advice and delivery and employee relations, spotlight on workforce including staff wellbeing planning and development, equality, diversity and inclusion and staff contributions to strategic plans and wider strategic organisational objectives.

3.3.1 Quality / Customer Care

The LPF is the main advocate for our workforce within our governance structure and by supporting the LPF to tell their story, we aim to ensure that our workforce feel valued in all that they do to deliver the health and social care needed by the people of Fife.

3.3.2 Workforce

This entire report celebrates the workforce within Fife Health and Social Care Partnership and the vital role of our trade union and staff side representatives. The core purpose of the Local Partnership Forum is to support our workforce, and the attached reports describe how the LPF fulfilled this remit in 2024-25.

3.3.3 Financial

There are no financial impacts associated with this report. The Local Partnership Forum does receive finance updates at every meeting and is involved in discussions regarding budgets and transformation.

3.3.4 Risk / Legal / Management

Workforce is a strategic risk for the Integration Joint Board and good staff governance as described in this report supports staff and demonstrates a collaborative approach to reducing risk. Within the main reports that are presented to the LPF there are examples of how attendance and employee relations cases are monitored. The

Forum contributed to our Workforce Deep Dive in 2024 and receives Workforce Strategy flash reports at each meeting.

3.3.5 Equality and Diversity, including Health Inequalities

There are no implications or impacts on any protected characteristics resulting from this paper.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

The work contained within the report is the result of connecting with our workforce, LPF, and trade union and staff side colleagues throughout the year and captures the importance of collaborative, systems wide working that demonstrates real value for our staff across the Partnership.

4 Recommendation

The Integration Joint Board are asked to:

- **Review and discuss** the Annual Report 2024-25 for the LPF
- **Approve** the report for publication on the Health and Social Care Partnership Website.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Local Partnership Forum Annual Report 2024-25

6 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

Author Name: Roy Lawrence

Author Job Title: Principal Lead OD & Culture

E-Mail Address: Roy.Lawrence@fife.gov.uk



Local Partnership Forum Annual Report 2024-25

Contents

- Local Partnership Forum (LPF) – who we are and what we do
- Welcome from the new co-chairs
- What did we achieve in 2024?
- Outlook for the year ahead
- Thank you to our amazing workforce

This year's annual report ...

Is an opportunity to share with you the role of the Local Partnership Forum (LPF) and update you, on what has been achieved over the past year by working together to support and champion the Fife Health and Social Care workforce, and what we hope to achieve in the year ahead.

The Forum has a focus on:

- staff governance advice and delivery and employee relations
- informing thinking around health and social care priorities and issues
- advising on workforce including staff wellbeing planning and development
- equality, diversity and inclusion
- contributing to strategic plans and wider strategic organisational objectives.

LPF - who are we and what do we do?

Who are we?

The Local Partnership Forum (LPF) is made up of around 40 core members from trade unions and staff side, the Fife HSCP Senior Leadership Team, Human Resource colleagues along with people who regularly attend to provide advice, guidance and support the work of the LPF.

What do we do?

The Forum meets every eight weeks and works together on a range of issues impacting on the Fife HSCP workforce, maintaining a clear focus on staff voices and ensuring these are at the heart of discussions and considered in key decisions affecting their working conditions, policies and service delivery.

Actions and outcomes from these Forums are shared with Fife's Integration Joint Board (IJB) to help inform their decision making.

There are key areas that the Forum regularly discuss, these include:

- Staff engagement & representation – providing a platform for employees and trade unions to raise concerns, share ideas, and influence policies.
- Change Management & Transformation – supporting service changes, ensuring that staff are involved in decision-making and implementation.
- Wellbeing & Workplace Culture – promoting initiatives related to employee health, wellbeing, equality, diversity and inclusion.
- Governance & Assurance – Ensures that workforce strategies align with national and organisational policies, including employment laws and healthcare regulations.
- Service pressures – what the impacts are on staff and what support may be needed.
- Attendance – looking at what more we can do to support people who are absent back into work.
- Finance – keeping up to date on the current financial pressures and the impact on the workforce.

Keeping staff at the forefront is essential when implementing strategic priorities. The Forum ensures that staff views are integral to shaping these priorities. Throughout the past year, the Forum has had input into:

- Financial Recovery Plan
- Sustainable workforce and supplementary staffing
- Prevention and early intervention strategy
- Professional Assurance Framework
- iMatter
- Stress survey
- Winter planning
- Immunisation

Welcome from the new co-chairs

Following the untimely passing of Eleanor Haggett (FC Trade Union Rep), the retirement of Simon Fevre (NHS Fife Staff-side) and the departure of Nicky Connor, our former Director who moved into a new role out with Fife HSCP. We have welcomed three new chairs.

The three new co-chairs for the Local Partnership Forum are Lynne Garvey, Director of Fife HSCP, Vicki Bennett, NHS Fife Staff-side Rep and Kenny McCallum, FC Trade Union Rep.

Let's hear from the co-chairs:

"We're delighted to take on the role of co-chairs and feel privileged to work together with colleagues across the Fife HSCP, partners and trade union and staff-side representatives to support the amazing people that work across health and social care.

The focus for the Local Partnership Forum is our workforce and, to ensure we are listening to the voice of staff. Staff are our most valuable asset, and we want them to feel valued, supported and have opportunities to share their views, ideas and concerns to inform transformation, service delivery and operational changes. Staff input is essential into these discussions, as they are the experts.

This has been yet another challenging year – demand for services increasing and the financial challenges this brings. The introduction of the Financial Recovery Plan had impacts on our staff and a huge thank you to everyone for supporting the implementation, from the workforce mobilisation work to the 'call to action' and reducing non-critical spend, everyone has had a part to play. It is humbling to see the care and compassion staff continue to demonstrate in the most challenging of times.

You will see from this year's report that the LPF has achieved a lot, from the continued oversight of staff governance including wellbeing, attendance, health and safety, service pressures and finance to having input into strategic priorities including championing iMatter, supporting equality, diversity and inclusion, recruitment and our workforce plan.

We will look to progress these in the year ahead and continue to listen to staff, champion integration, celebrate our staff achievements and work together through the Local Partnership Forum to support Fife HSCP staff."

Best wishes.

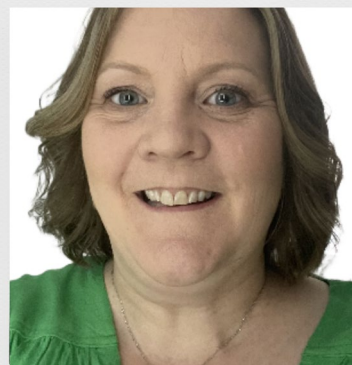
Lynne, Kenny and Vicki



Lynne Garvey



Kenny McCallum



Vicki Bennett

What did we achieve in in 2024?

Our priorities for 2024 included:

- Championing our staff voice through iMatter Action Plan promotion and celebrating our staff throughout the year.
- Supporting partnership work to promote equality, diversity and inclusivity including membership in a working group to progress this.
- Ensuring strong engagement with the significant transformation work underway to make sure the Partnership is sustainable for the future.
- Promoting the importance of and supporting our staff health and wellbeing
- Ensuring effective engagement with the development of the Yearly Workforce Action Plan.
- Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership.

How did we do?

Championing our staff voice through iMatter Action Plan promotion and celebrating our staff throughout the year.

The LPF has been actively championing the iMatter Action Plan and celebrating our dedicated staff throughout the year.

iMatter is a continuous improvement tool developed by NHS Scotland to help understand and improve staff experience. It involves a staff engagement questionnaire, generating a Team Report, and creating an action plan to address areas for improvement and to celebrate success.

Building on our success with iMatter in 2023, the Fife Health and Social Care Partnership (FHSCP) has continued to collaborate closely with NHS iMatter colleagues to ensure a unified approach. This has included consistent messaging and communication across all Fife HSCP staff, providing online support for managers at various stages of the iMatter process, and attending team meetings to promote iMatter among staff teams.

This year, our scores have been some of the highest since pre-Covid, with an overall Employee Engagement Index of 78, which is 1 point higher than the previous year. The Employee Engagement Index is our overall score across all 28 statements in the iMatter Survey. Due to the size of the Partnership, any change of 1 point or more is classed as significant.

In relation to the individual survey statements, in 26 out of 28 statements, we scored higher than the national average and, for the first time, achieved a score of 90 for the statement "My direct line manager is sufficiently approachable", which means 90% of those who responded feel their manager is approachable. These positive results are reflected in the team scores, where 84% of teams achieved the 'green' category, with an overall score of 67-100. This is the highest category and is classed as 'strive and celebrate'.

Teams with fewer than five members only received a Team Report if 100% of staff completed iMatter, resulting in 9% of our teams not receiving an individual team report, however the department/service report is used as the basis for developing action plans.

Key highlights:

- 4,353 employees completed the 2024 iMatter survey.
- Overall Employee Engagement Index of 78, 1 point higher than the previous year.
- Scored higher than the national average in 26 out of 28 statements.
- Achieved a score of 90 for "My direct line manager is sufficiently approachable." it means 90% of staff feel their line manager is sufficiently approachable and it is the first time we have had any statement score of 90.
- 84% of teams achieved the 'green' category, with an overall score of 67-100.
- 416 team actions plans were completed.

Supporting partnership work to promote equality, diversity and inclusivity including membership in a working group to progress this.

LPF Support for EDI Initiatives (April 2024 – March 2025)

From April 2024 to March 2025, the LPF played a role in supporting Equality, Diversity, and Inclusion (EDI) within the Fife HSCP. Working closely with senior leadership, the LPF contributed to the implementation of the EDI Action Plan 2024–2027 – an evolving roadmap designed to create a more inclusive workplace where diversity is valued, learning is continuous, and initiatives adapt to workforce needs.

- **EDI Action Plan and Interim Workplan**

The LPF collaborated with FHSCP leadership to support the EDI Action Plan, which focuses on fostering a positive workplace culture, ongoing education, and adaptability to emerging challenges. To aid the transition to full implementation, an interim workplan was introduced until June 2024, prioritising improved communication, staff engagement, and feedback collection through consultations. The LPF also supported training sessions – organised by the Fife Centre for Equalities and supported by mental health first aiders and British Sign Language interpreters—which equipped 30 facilitators to lead interactive EDI activities.

- **Staff engagement and inclusive practices**

The LPF supported a series of EDI sessions across key locations across Fife. These sessions, along with anonymous survey feedback, ensured that staff perspectives informed ongoing EDI objectives, a total of 476 people participated.

- **Ongoing monitoring and future planning**

Regular reviews with the workforce ensures that EDI initiatives continue to develop, with the LPF providing ongoing support for progress and adaptation. The Forum has contributed to Fife HSCP's achievements in the Equality Pathfinders Recognition Scheme, which has reached Bronze Level status, with plans in place to work towards Silver and Gold.

- **Development of the FHSCP Equality Network (PEN)**

The FHSCP Equality Network (PEN) was established as a staff-led group to embed EDI more deeply across health and social care. The LPF supported its launch and ongoing activities, providing a platform for staff, students, and volunteers to share information, offer support, and contribute to policy reviews.

- **Meet our PEN co-chairs**



Monica Logan-McFadden (MON-i-ka LOH-guhn muhk-FAD-uhn)



Ewa Golebikowska (EH-vah goh-leh-bee-KOHF-skah)

- **Neurodiversity Natter Event**

A Neurodiversity Natter event was held at Fife Voluntary Action in Kirkcaldy, hosted jointly by the Fife Centre for Equalities and the PEN. The LPF supported this initiative, which brought together 56 participants to discuss how workplaces can better accommodate neurodiverse employees. Recommendations included creating sensory-friendly workspaces with quiet zones and adjustable lighting, improving communication through clear and patient dialogue, and offering targeted training and mentorship. Feedback from this event has been shared with the EDI Steering Group to refine workplace policies and support future initiatives.

Key highlights:

- EDI Action Plan 2024–2027 developed, with an interim workplan ensuring early engagement.
- Supported EDI sessions across teams and services across Fife encouraging staff feedback through surveys and consultations.
- Monitoring & Recognition: Regular updates on EDI progress, with FHSCP achieving Bronze Level in the Equality Pathfinders Recognition Scheme.
- FHSCP Equality Network (PEN): Staff-led group established, providing opportunities to share experiences and help shape policy.
- Neurodiversity Natter Event: Championed discussions on neuroinclusive workplaces, leading to recommendations for sensory-friendly environments and improved communication.
- Through its collaborative efforts, the LPF has contributed to strengthening the EDI culture within FHSCP, supporting a more inclusive, responsive, and forward-thinking workplace.

Promoting the importance of and supporting our staff health and wellbeing.

Supporting managers in handling absences effectively is crucial. To address this, Mentally Healthy Workplace Training has been delivered to over 150 managers and supervisors across the Fife HSCP. This initiative, developed by NHS in collaboration with Healthy Working Lives, equipped leaders with the skills to foster a supportive and mentally healthy work environment. By raising awareness of mental health in the workplace, managers have been better positioned to support their teams and improve overall workforce wellbeing.

The Fife HSCP Wellbeing Oversight Group brought together leaders from NHS Fife, Fife Council, and the third and independent Sectors. This group is dedicated to enhancing employee wellbeing by launching initiatives and projects designed to prevent poor wellbeing and promote a positive working culture. The coordination and facilitation of the Wellbeing Oversight Group have enabled the group to consider and explore key factors

affecting employee wellbeing. This has been highly beneficial to both the group itself, comprising members of the Fife HSCP and employing organisations, and to the wider workforce. One of its major milestones has been the introduction of the 2024-25 Workforce Wellbeing Action Plan, which aligns with Scotland's 'Improving Wellbeing and Working Cultures' strategy.

The plan had been structured around three key principles, known as the '3 Ps':

- Promoted positive wellbeing through proactive workplace initiatives.
- Prevented poor well-being by identifying and mitigating risk factors.
- Provided workforce support through evidence-based programmes and resources.

Efforts have been made within social work and social care services to enhance exit survey processes to better understand why people choose to leave the organisation. High turnover rates in key roles such as home care and care assistants have impacted on staff wellbeing and service delivery. By revising the exit questionnaire and analysing the data from these findings will help inform ways to improve staff retention, enhance induction and supervision processes, and address leadership concerns.

Additionally, a Workplace Stress Survey was conducted with 1,544 respondents. The survey assessed stress factors using the HSE Stress Indicator Tool, evaluating workload, role clarity, relationships, and change management. Insights from the survey will be analysed further to help shape the actions needed to reduce stress, improve wellbeing, and ensure compliance with health and safety regulations.

Key highlights:

- Over 150 managers have been trained in the workplace mental health awareness.
- The 2024-25 Workforce Wellbeing Action Plan launched.
- A pilot exit survey launched to support staff retention.
- A stress survey had been conducted to inform workplace wellbeing priorities.

Ensuring effective engagement with the development of the Yearly Workforce Action Plan.

Strengthening Our Workforce: Year 3 Action Plan and Key Developments

The Year 3 Workforce Action Plan has been developed with input from over 50 contributors across the partnership, ensuring a well-rounded and strategic direction plan. This was shared with the LPF for input and comment before receiving formal assurance from the Integration Joint Board (IJB) on 5 December 2024.

Key reports and initiatives:

The LPF reviewed the Workforce Strategy Year 2 Report and the Workforce Medium-Term Actions Report, highlighting a range of workforce initiatives, including:

- **Implementing the Health and Care (Staffing) (Scotland) Act 2019**
Enacted on 1 April 2024, the Health and Care (Staffing) (Scotland) Act 2019 applies to all health and care staff in Scotland. Several high-priority Year 2 actions have been successfully completed including a self-assessment exercise and robust business continuity plans. The Care Inspectorate inspections confirmed confidence in the services' approaches to implementation.
The Fife HSCP Implementation Group also completed the Care Inspectorate's 'Improve Well'

programme. This initiative focused on workforce risk and commissioning in line with Act duties, informing the structure of a newly launched national post-implementation programme hosted by the Care Inspectorate.

- **Addressing Workforce Recruitment and Retention**

One of the most pressing challenges for Fife Health & Social Care Partnership is attracting and retaining a skilled workforce. Innovative approaches were implemented to ensure we reach the right people through targeted engagement and recruitment efforts.

Key Initiatives:

- **Recruitment events:** Two Care Academy events in Glenrothes and Kirkcaldy drew over 500 attendees, featuring 30 employers across FC, independent, and third-sector care services.
 - **Innovative campaigns:** Local radio ads, care home site events, and community engagement initiatives in partnership with Fife Care Academy.
 - **Workforce Development Programmes:** The third cohort of the King's Trust 'Getting into Health and Social Care' programme was delivered in 2024, supporting young people aged 16-30. Out of 10 participants, 2 secured employments by the first day, while others gained experience in homecare, adult support, and community services achieving a 90% success securing employment at the programme end.
- **Supporting Workforce Registration and Professional Development**

In June 2024, the Scottish Social Services Council (SSSC) introduced the 'Register for the Future' initiative, streamlining registration and enhancing workforce mobility across the social care sector. Key changes include:

 - **Flexible qualification requirements** to facilitate movement between social care roles.
 - **Enhanced continuous professional learning (CPL)** based on role-specific needs.
 - **Re-entry pathways** for social workers returning after more than two years away.

To support these regulatory changes, a Regulatory and Professional Bodies Group was established, led by the Principal Social Work Officer. This group has:

- Refreshed role profiles to align with benchmark qualifications.
 - Improved data tracking of registrants' registration status and qualification progress.
 - Enhanced communication via digital platforms.
 - Provided guidance on international recruitment and sponsorship.
 - Developed training resources on the Health Care Staffing Act 2019.
 - Clarified qualification benchmarks for hiring managers.
 - Prepared for the incoming changes with the Disclosure (Scotland) Act 2020
- **Enhancing Digital Recruitment Resources**

The Health & Social Care Partnership website has been updated with a 'Work for Us' section, providing easy access to job opportunities, professional standards, staff stories, and sector news. This ensures both internal and external candidates have up-to-date information on career opportunities within the Fife HSCP.

Key highlights:

- The HSCP Year 3 Workforce Action Plan has been developed with extensive partnership input and is a SMART Plan, formally assured by the IJB.
- The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024, with all high-priority Year 2 actions completed on time.
- Recruitment and retention efforts include innovative campaigns, large-scale events, and workforce development programmes like the Prince's Trust initiative.
- The SSSC's 'Register for the Future' introduced revised regulatory requirements for the social care sector, delivered in collaboration by the Regulatory and Professional Bodies Group.
- The HSCP website has been updated designed and includes an integrated recruitment portal to provide a range of recruitment information across the Partnership.
- The Fife HSCP Wellbeing Oversight Group – close focus on improving employee wellbeing.

Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership.

The Fife HSCP leadership is headed up by the Director.

Reporting to the Director is the Senior Leadership Team (SLT) – heads of service, Chief Finance Officer, Principal Lead for Organisational Development & Culture, Principal Social Work Officer, Strategic Planning & Commissioning Lead, Director of Nursing and Deputy Medical Director.

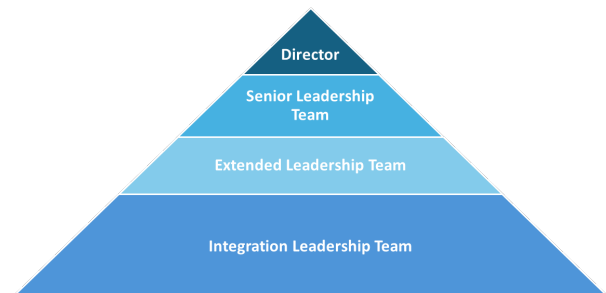
Extended Leadership Team (ELT) are managers who report directly to the Senior Leadership Team along with key stakeholders such as trade union and staff-side reps, human resource colleagues and the leads for third and independent sectors.

The Integration Leadership Team (ILT) expands to the next level of managers as well as representatives from across the third and independent sectors with a focus on improving integration.

Following on from the success of the Integration Leadership Team sessions in 2023/24, two further sessions were held in 2024/25. These sessions brought together approximately 125 managers to discuss how to improve better working together to improve the outcomes for the people of Fife and share ideas and learnings. The LPF played a role in shaping these sessions by supporting the development of key initiatives, ensuring alignment with strategic priorities, and fostering cross-sector collaboration.

These meetings also provided an opportunity to hear from guest speakers and from the SLT on areas of transformation, along with learning more about the services and organisations supporting health and social care in Fife.

An ILT Programme was established, and two groups have now completed the programme with plans already underway for the next cohort of managers. The programme uses Insights Discovery to underpin the sessions. **Insights Discovery** is a psychometric tool based on the psychology of Carl Jung. It helps individuals understand themselves and others better, enhancing communication and teamwork. The tool uses a four-color model to identify different personality styles and preferences:



- **Fiery Red**
- **Sunshine Yellow**
- **Earth Green**
- **Cool Blue**

Each colour representing different traits and strengths. All participants received personal profiles, and workshops to improve workplace relationships and productivity.

In our ILT Leadership programme, Insights Discovery was used in several ways:

- **Self-Awareness:** Leaders gained insights into their own personality styles, strengths, and areas for development. This self-awareness helped them understand how their behaviour impacted others.
- **Team Dynamics:** By understanding the different personality styles within their team, leaders fostered better communication, collaboration, and conflict resolution. This led to more cohesive and effective teams.
- **Tailored Leadership:** Leaders learned to adapt their approach based on the personality styles of their team members. This personalised approach improved motivation and engagement.
- **Common Language:** Insights Discovery provided a common language for discussing personality and behaviour, making it easier to address challenges and provide feedback constructively.
- **Continuous Improvement:** The tool encouraged continuous learning and development, helping Leaders to evolve and adapt their leadership style over time.

The LPF played a crucial role in supporting the development of key initiatives arising from the ILT session and has helped shape strategic priorities and foster collaboration across sectors in support of staff wellbeing. These initiatives include:

- The expansion of trauma-informed training for managers, equipping leaders to support staff wellbeing.
- The development of a structured mentorship programme within the ILT Leadership Programme to enhance peer learning and support.
- Strengthening digital learning resources to align with the Digital Strategy, ensuring accessibility for all staff.
- A focused approach on improving staff engagement, particularly in relation to inclusivity and wellbeing, through cross-sector working groups.

The learnings over the last year will inform how we progress these ILT session in 2025.

Key highlights:

- ILT sessions – Focus on Transformation improving awareness on strategic priorities.
- ILT Leadership Programme: two groups have successfully completed the programme.
- Staff Wellbeing: focus on staff wellbeing and support.
- Supported key initiatives including trauma-informed training, mentorship programmes, digital learning resources, and staff engagement strategies.
- Learning and improvement: Insights gained from ILT sessions will inform future sessions.

Outlook for the year ahead ...

The year ahead presents us with both challenges and opportunities. While financial pressures and the increasing demand for our services remain constant, we are committed to rising to the occasion. Our ageing population in Fife and across Scotland deserves our unwavering dedication. Despite a finite budget and the necessity to balance our resources, we will prioritise sustainability in our finances, workforce, and services.

As we navigate this journey, the LPF will steadfastly place staff at the core of our discussions. We will maintain vigilant oversight of staff governance, attendance, and employer relations, ensuring that our workforce is supported and valued.

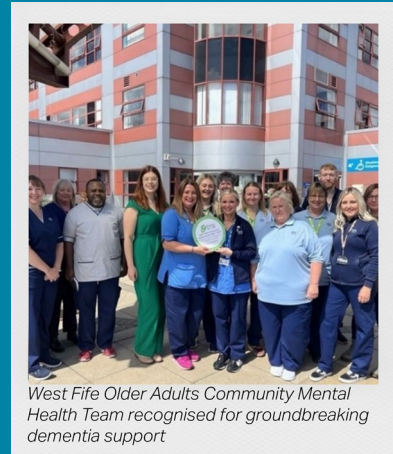
Our commitment to continuous improvement will drive us to enhance the LPF's impact. We will create development spaces for the Forum, fostering innovation and collaboration. By ensuring that the voices of our LPF members are heard and integral to co-designing our future, we will build a resilient and thriving partnership.

Together, we will embrace the transformational work ahead, confident in our ability to overcome obstacles and achieve our goals. Let us move forward with determination and optimism, knowing that our collective efforts will make a lasting difference.

Let's celebrate our staff

There's been a number of staff achievements and team successes over the past year. We're very proud of the workforce here in Fife and want to celebrate and acknowledge Team Fife.

Here's a selection of [photos](#) - great work Team Fife.



Thank you

A heartfelt thank you to all the incredible teams working across the health and social care sector. Your unwavering dedication and the collaborative spirit of Team Fife have been instrumental in delivering exceptional care and support to our most vulnerable community members. Your commitment and hard work are truly inspiring, and we are immensely proud of every one of you.

Every day, you make a profound difference in the lives of those you serve. Your efforts do not go unnoticed, and your impact is immeasurable. Below, we celebrate some of the remarkable achievements and highlights from the past year, showcasing the innovation, skill, and compassion that define our workforce here in Fife.

Together, we are stronger, and together, we will continue to make a lasting difference. Thank you for your extraordinary contributions and for being the heart and soul of our community.



**MINUTE OF THE STRATEGIC PLANNING GROUP
HELD VIRTUALLY ON THURSDAY 5TH MARCH 2025 AT 2.00 PM**

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<p>3.</p> <p>a.</p>	<p>STRATEGIES</p> <p><u>Mental Health & Wellbeing Strategy</u></p> <p>Jillian Torrens presented the Mental Health & Wellbeing Strategy for discussion on content and feedback, noting there has been a working group set up to look at the aim for the next three years and where we are now.</p> <p>Jillian Torrens highlighted that £90m locally had been invested into Mental Health and this was very complex.</p> <p>Jillian Torrens also asked if there was anything members felt needed added i.e long term mental health.</p> <p>The discussion was opened to members who provided their comments and feedback on the report.</p> <p>Members welcomed the paper and highlighted the need to get it right going forward i.e. where direction would be, how do we know we have achieved this. Members also felt it was quite large in scale, how do we make this accessible for everyone, a quick read document.</p> <p>Jillian Torrens and Cllr Dave Dempsey to discuss offline.</p> <p>Jillian Torrens advised that the paper will also be discussed at the Quality and Communities Committee the next day and back to IJB.</p>	<p>JT/DD</p>
<p>4.</p> <p>a</p> <p>b</p>	<p>ANNUAL REPORTS</p> <p><u>Strategic Plan: Year Two Annual Report and Year Three Delivery Plan</u></p> <p>William Penrice presented the ‘Strategic Plan: Year Two Annual Report’ and highlighted the process for assurance. Lesley Gauld also noted that 5% of the actions planned hadn’t started or had been cancelled, and 35% have been completed. There are 61 planned actions.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included: had any thought been given to incorporate unpaid carers in Fife, the Home First Strategy; demographics of workforce; the levels of pupils completing foundation apprenticeship course in social work and social care, and whether there is scope to look at ‘return to practice’ in relation to attracting back former employees that may wish to return.</p> <p>Actions that had not got passed plans was also discussed i.e. actions stating they are ‘complete’ and also ‘work continues’. LG confirmed that this may be because the action is complete, but another action has possibly been added.</p> <p>Lesley Gauld advised that these were all really helpful suggestions and will take these back to Roy Lawrence offline.</p> <p><u>Local Housing Strategy: Annual Update (2024)</u></p> <p>To be added to the next agenda. Members were asked to review the paper and have questions for Paul Short at the next meeting.</p>	<p>LG</p>

<p>5.</p> <p>a</p> <p>b</p>	<p>STRATEGY FLASH REPORTS</p> <p><u>Strategic Planning Group Review 2025</u> Report is for information and to consider how we would use this.</p> <p>The discussion was opened to members and concerns were raised on the number of people who responded 'unsure'. The length of the paper and time given before hand was aslo discussed. Vanessa Salmond advised that work is ongoing in the background on the SBAR to make it more direct.</p> <p>Lisa Cooper added that a development session around this could be helpful</p> <p>Members noted the considerable work being undertaken in relation to this</p> <p><u>For Noting: Mainstreaming the Equality Duty and Equality Outcomes Progress Report (January 2025)</u> Avril Sweeney presented the final version of the report that was included within the pack for noting.</p> <p>Morna Fleming made observations regarding page 275, locality planning and advised that members of the public are not welcome at locality planning meetings, and Pg 279 that carer providers do not all attend the forum and are not yet linking with the carer's forum. Jacquie Stringer advised that forums were set up and it was found that the public didn't find this helpful. Tracy Harley added that there was an attempt to involve carers/public. This is a work in progress as we are asking people to volunteer their time. Jacquie Stringer and Tracy Harley to take this off-line and to look at wording and different ways to get people involved.</p>	<p>JS/TH</p>
<p>6.</p>	<p>PROGRAMME MANANGEMENT OFFICE (PMO) OVERSIGHT GROUP</p> <p><u>Minute of last Meeting 29th August 2024</u></p> <p>Vanessa Salmond presented the minute of the last meeting held on the 17th December was submitted to the Strategic Planning Group for information only and for members to note its contents. It was also noted that there has been another meeting held since then and the group has moved on since then.</p> <p>Members discussed the consistency of the group, how this would be brought forward to the Strategic Planning Group for assurance, and it was agreed that it was too lengthy.</p> <p>Morna Fleming asked for clarity on what a GANT chart was. Rachel Heagney advised that this was a project term for an action plan.</p> <p>Vanessa Salmond and Rachel Heagney to meet to discuss.</p>	<p>VS/RH</p>
<p>7.</p>	<p>ANY OTHER BUSINESS</p> <p>No other business was offered.</p>	
<p>8.</p>	<p>DATE AND TIME OF NEXT MEETING</p> <p>Friday 9th May 2025 at 2.00 pm via MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE THURSDAY 6TH MARCH 2025, 1000hrs - MS TEAMS

Present:

Councillor Rosemary Liewald (Chair)
Councillor Sam Steele
Councillor Lynn Mowatt
Councillor Margaret Kennedy
Alistair Grant, Non-Executive Board Member (AG)
Paul Dundas, Independent Sector Lead (PD)
Morna Fleming, Carer's Representative (MF)
Colin Grieve, Non-Executive Board Member (CG)
Amanda Wong, Director of Allied Health Professionals (AW)
Kenny Murphy, Third Sector Representative (KM)

Attending:

Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Avril Sweeney, Risk Compliance Manager (AS)
Audrey Valente, Chief Finance Officer (AV)
Jillian Torrens, Head of Complex and Critical Care (JT)
Vanessa Salmond, Head of Corporate Services (VS)
William Penrice, Service Manager, Performance Management & Quality Assurance (WP)
Eileen Duncan, Programme Manager (ED)
Chris Conroy, Clinical Services Manager (CC)
Katie Provan, Senior Health Promotion Officer (KP)

In

Attendance: Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies

for Absence:

Sinead Braiden, NHS Board Member (SB)
Lynne Garvey, Head of Community Care Services (LG)
Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Ian Dall, Service User Rep, Chair of the PEN (ID)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Fiona Forrest, Acting Director of Pharmacy (FF)
James Ross, Chief Social Work Officer (JR)

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS Cllr Liewald welcomed everyone to the 06 March 2025 HSCP Quality & Communities Committee meeting.	
2	ACTIVE OR EMERGING ISSUES No emerging issues were Reported.	
3	DECLARATION OF MEMBERS' INTEREST No declarations of interest were received.	
4	APOLOGIES FOR ABSENCE Apologies were noted as above.	
5	MINUTES OF PREVIOUS MEETINGS HELD ON 10 JANUARY 2025 The previous minutes from the Q&CC meeting on 10 January 2025 were reviewed and no alterations or corrections were requested. The minutes were taken as an accurate record of the meeting.	
6	ACTION LOG The Action Log from the meeting held on 10 January 2025 was approved as accurate and no updates were provided.	
7	GOVERNANCE & OUTCOMES	
7.1	Quality Matters Assurance (Verbal Update) A verbal update was brought to Committee by Cathy Gilvear, in Lynn Barker's absence. CG advised the QMAG meeting was cancelled as it was scheduled the same day as Storm Eowyn occurred. She advised the next meeting is to take place on 20 th March and all reports and papers have been deferred until this time. Regularly scheduled items will be updated accordingly.	
7.2	Deep Dive Review Report for Information Governance and Digital Transformation This report is brought to Committee by	

	<p>Audrey Valente and was presented by Avril Sweeney. It comes for Assurance and Discussion.</p> <p>AV introduced the Deep Dive Review Report for Information Governance and Digital Transformation. She stated the Risk is assigned to both the Quality & Communities Committee and the Finance, Performance and Scrutiny Committee.</p> <p>The purpose of the Deep Dive is to ensure Committee members are assured risks are being effectively managed within the agreed risk appetite and at appropriate tolerance levels.</p> <p>AV outlined the risk description and explained scoring, the factors impacting on the risk and the assurances provided. She stated a Gant chart Appendix 2, relates to the Digital Programme.</p> <p>Appendix 3 gives a question set to help Members with their scrutiny of the Risks.</p> <p>The Risk seeks to respond to the questions as far as possible. The Risk Matrix is also provided as part of the Deep Dive review. The relevant descriptors can be seen at Appendix 4.</p> <p>The key mitigations for this risk includes the Records Management Plan and the Digital Strategy Programme which is aligned to the Strategic Plan Medium Term Financial Strategy and Workforce Strategy. The Records Management Plan for the IJB has been agreed by the keeper of the National Records of Scotland and at the last progress update review by the Keeper, have been agreed and are now showing as green.</p> <p>AS advised, the regular monitoring and review of the Digital Strategy takes place through the Programme Management Office Oversight Board, taking a P3M Portfolio and Project Management approach, Appendix 5. This also goes to SLT (Strategic) meeting. There is also regular scrutiny at the Digital Oversight Board which has clinical representation. Any queries can be raised and addressed at any of these groups and referred for additional scrutiny if required. AS acknowledged, there are external factors out with HSCP sphere of control, however, these are also being monitored.</p> <p>The risk will require review as part of the process of refresh of the Strategic Plan next year.</p> <p>CG queried the Gant chart on page 27. It was confirmed the greyed-out area is 'under discussion' currently. ED advised the Systems integration, the new digital front door form which SG are rolling out, may negate the need for us to develop our own system as more information is available relating to digital front door. This is to be placed on hold for now.</p> <p>PD understood the decision taken around system integration, however, he felt this does prevent us from looking at integrated records / agreements between Partners. He told of work with Lesley Gauld, NHS Fife Ambulance Service and colleagues within Fife Council to see how some gaps can be bridged, where there is a benefit for system integration. He told of work being carried out</p>	
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	<p>relating to hospital admissions and discharges for people from care homes.</p> <p>AV commented she felt HSCP are in the best place ever in terms of Digital. She spoke of the Digital Oversight Board where key stakeholders come together to discuss where there is scope to look at integrating the systems. A Strategy is in place, regular meetings take place, of which PD is a member. Also bringing Third Sector and Independent Sectors together with FC and NHS.</p> <p>Cllr Liewald confirmed the Committee took Assurance from the Paper.</p>	
8	STRATEGIC PLANNING & DELIVERY	
8.1	<p>AHP Professional Assurance Annual Update</p> <p>This report is brought to Committee by Amanda Wong. It comes for Assurance.</p> <p>AW introduced the paper which shows the large amount of AHPs working across the HSCP System are fully engaged within their re-registration and re-validation process. They are appropriately supervised with appropriate training, objectives and they are able to practice to the highest level, as expected by HSCP.</p> <p>AW advised the HCPC registration process is a 2-year process, however, continuous monitoring across the profession takes place, particularly when their registration cycle is approaching. All are on slightly differing cycles within the 2 years.</p> <p>AW explained supervision - as AHP's a supervision contract is to be completed to ensure complete understanding. 88% are compliant and 91% of staff have had the appropriate level of supervision for the profession. PDPs and Objectives – 91% are in place and 79% of AHPs have objectives approved. AW advised through regular supervision, appraisals, PDP process and ensuring all are registered and revalidated, she was confident to give a reasonable level of assurance AHPs are meeting the levels expected.</p> <p>CG queried page 70 re percentages of staff, AW advised, this represents 88% of the establishment. She felt this may be reviewed moving forward to give greater clarity. CG commended, he felt the levels were excellent, in comparison to other areas. AW advised there are very formalised structures in place around AHPs and will feed back his comments to the Team.</p> <p>KM asked if there are targets set Nationally, are Fife doing well or should they be at 100%? AW advised Fife do not benchmark with other Boards or Partnerships. She advised the figures were based on the establishment, this takes out those who are long-term sick, on maternity leave and all vacancies.</p>	

	<p>PD asked if there was monitoring of AHPs who practice privately, out-with managed services in Fife, and is there a community or network who bring practicing AHPs in scope of our interest? AW advised they should all be registered under ACPC which should tie in with PDP and objective planning, however, will not be as extensive. Discussion took place around this subject.</p> <p>Cllr Kennedy was impressed, as others were, with the figures. Linking to CG and PD's comments, she was concerned if commissioning services, we may be presented with private AHPs, also members of the public receiving care funding direct and looking for services. AW advised the ACPC is the most consistent, however, it would be the larger services who would be commissioned or accessed on a private basis.</p> <p>The Committee took Assurance from the Paper.</p>	
8.2	<p>Strategic Plan 2023 - 2026</p> <p>This report is brought to Committee Audrey Valente and was presented by William Penrice. It comes for Assurance and Decision.</p> <p>WP introduced the report which represents the 2nd year of the Strategic Plan, 2024. He advised an update is shown against all the key actions - 77 in total. 35% are fully complete and 60% partially. Similar to the profile at the end of Year 1, caught up in Year 2. WP stated, this is being considered at the Strategic Planning Group. Next year's delivery plan has 61 planned actions. WP outlined how some of the feedback received and how it will be incorporated moving forward.</p> <p>CG queried the use of 'strategies' and 'plans', he asked for clarity around plan and strategy, adding the plan will come out of the strategy.</p> <p>KM raised the point – the use of the word 'direction' 'Directions' and 'Fife direction'. He asked if this can be checked as the word 'Direction' has a very specific meaning from a Board perspective.</p> <p>JT advised the Dementia Strategy Group has been re-established and the want is to adopt the National Dementia Strategy, focussing the work locally and developing an action plan for Fife.</p> <p>CG felt the mix of language was a little confusing.</p> <p>The Committee were content for the reviewed report to commence to IJB.</p>	WP
8.3	<p>Developing a Systems Based Approach to Physical Activity in Fife</p>	

	<p>This report was brought to Committee Lisa cooper. The report comes for Assurance, Discussion and Decision.</p> <p>LC introduced Katie Provan, Senior Health Promotion Officer who joined her to support in answering any questions. She felt it was an apt time to bring the paper forward as HSCP are going through Year 1 of the Prevention and Intervention Strategy. She advised the report represents the position around the whole system approach and the need for physical activity. She spoke of a framework published in 2022 by PHS which is articulated within the Paper - there are 8 strategic priorities, one of which is linked directly to H&SC. It was felt important to bring this report through the governance to Q&CC for information, awareness and decision.</p> <p>LC advised the work sits under the Prevention and Early Intervention Strategy and suggested a group is convened around this with the governance already established. Reports will be brought forward of how the work is progressing.</p> <p>KP spoke in support of LC's introduction and the benefits of tackling physical inactivity to support people to move more, which is key to improving health and wellbeing and managing long-term conditions. She spoke of the PHS's Systems Framework and of discussion with the Communities and Wellbeing Partnership, who are supportive of Fife coming on board as the 12th area to work with them on the System's Framework, which she explained.</p> <p>Cllr Liewald was delighted to see the paper come forward and felt the work is excellent in terms of connectivity and taking in every demographic in terms of ability and age.</p> <p>PD was supportive of the Paper outlining the whole system approach which augments and underpins several HSCP strategies. He spoke of the very strong Fife Meaningful Activity Network which linked to National Work. He advised Scottish Care are also part of the work locally and nationally and spoke of the benefits being experienced.</p> <p>Cllr Kennedy was supportive of the paper, she mentioned the link into MH and wellbeing, which she felt is very important and gave examples of where this has been seen.</p> <p>MF welcomed the report, she queried if there is evidence GPs are on-board with social prescribing, ie. a number of people have been prescribed 'Park Run'. She asked if this is generalised amongst GPs or are there still 'traditionalists'. Cllr Liewald spoke of social prescribing being utilised in the Lochgelly area.</p> <p>LC commented, some Practices are 'Park Run Ambassadors'. From a locality perspective, GPs clusters are represented through all of localities, the work is embedded in localities which GPs are part of.</p>	
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	<p>PD spoke of joined up work with Links Worker Services and Community Led Support.</p> <p>MF referred to 'No Direction Required' on SBARs. Ultimately there will be direction as currently the service is not at the stage to be directed, however, it will eventually be required. She felt there should be another form of describing this, ie. 'pending direction'. LC will take off-line to discuss with VS.</p> <p>MS welcomed the paper, he queried the 8 strategic delivery outcomes, as the paper picks up only one of them. KP explained she had highlighted Active Health & Social Care, as she felt it was the one of interest to Q&CC. She advised all 8 are included and explained the linkages taking place.</p> <p>The Committee were content to take Assurance from the report and support moving to IJB Committee.</p>	LC / VS
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	
9.1	<p>Mental Health and Wellbeing Strategy</p> <p>The report was brought to Committee by Jillian Torrens and comes for Discussion.</p> <p>JT introduced the Strategy which has a covering SBAR and a suite of 6 other papers:</p> <ul style="list-style-type: none"> • Draft Mental Health Strategy • Draft 1st Year Delivery Plan • Risk Register • EqlA • 2 Participation and Engagement Reports <p>JT stated the Strategy had been presented at other forums and apologised to those who had viewed it previously. She wished to open discussion on members thoughts around the Strategy, she thanked those who have already fed back. She advised there is still opportunity for changes, the document sets out strategic aims for the next 3 years to support Mental Health. JT wished to emphasise it is a population-based strategy, covering the whole spectrum of Mental Health, which she explained.</p> <p>Cllr Liewald was impressed with the Paper and spoke of the points raised at SPG the day before.</p>	

	<p>CG queried in-house services or residential services, which do not appear to be featured in the report. JT advised this is one of the points which will be strengthened before the report is finalised.</p> <p>PD agreed with CG and would like to see other services, sector interests and the broader estate, which he elaborated on.</p> <p>Cllr Liewald commented on the glossary which was extremely helpful. JT stated she was happy to receive emails or messages from anyone who may wish to comment.</p> <p>Assurance was taken from the report.</p>	JT
9.2	<p>Carer's Eligibility Criteria Review</p> <p>This report was brought to Committee by Roy Lawrence. It comes for Discussion and Decision. Vanessa Salmond presented the report in RL's absence.</p> <p>VS apologised on behalf of Roy Lawrence who was unable to attend the meeting and James Ross, Senior Social Work Officer.</p> <p>VS mentioned the vacancy for Principal Social Work Officer has just recently been recruited to, since the departure of Jennifer Rezendes, who had carried out a great deal of work designing the framework.</p> <p>VS introduced the report and appended documents. She advised the report outlines supports maximisation, to use available resources. This was split into 2 halves; the Supporting People Framework was approved by the Fife Councillor Cabinet in Jan 2025. Today VS was bringing the Supporting Carer's Framework which is a fully delegated service, for which approval is sought from committee to proceed to IJB for formal approval. She advised, James Ross has fully endorsed the report and was involved in compiling of the guidance. The development of the Supporting Carer's Framework has been aligned to the statutory guidance within the Carer's Act. Thus, professional framework is provided to allow all staff to use consistently.</p> <p>VS offered to take any queries forward to the appropriate professionals and will seek responses to any queries raised.</p> <p>MF asked who the report is addressed to and referred to the language used as it seems inconsistent. She felt the report is not suitable for the run-of-the-mill Carer. She would like to see an easier-read which every member of the public can read and understand. She was glad to see the eligibility criteria written in language which can be understood with a progression from low risk to the most serious situations. However, she was unhappy the eligibility level for statutory services is set at critical, although understood the reasons around this. MF strongly felt, 'critical' is not acceptable and not in keeping with HSCP's attitude of 'prevention and early intervention'.</p> <p>MF drew attention to:</p>	

	<p>Page 335 Risk Register worrying, ie not being able to provide what people need, far less want.</p> <p>Page 337 spelling error</p> <p>P&E detail 355, worryingly low number of people who are aware of the services available – greater comms required in print format.</p> <p>She added she is liaising with RL and Scott Fissenden.</p> <p>PD referred to the narrative used pages 301-302 under ‘implications for independent sector’ section 9 when giving assurance to the Board, it should be having a <i>knowledge</i> or <i>being certain</i> of the level of referrals coming through the lines, rather than having an <i>understanding</i>. When relating to critical care, coming through SW or through commissioning colleagues, into Contracts it would be better to be clearer around what is said about referrals. Need to be <i>certain</i>, not just having an understanding.</p> <p>Cllr Kennedy agreed with points MF made and conveyed concern regarding the intervention levels. Although aware of financial constrictions, she strongly felt early intervention can save huge costs in the long run. Regarding comms to the public, important to have paper comms as well as digital. Cllr Liewald agreed, leaflets and posters are vital.</p> <p>KM spoke of the importance of resource and funding for the Third Sector, also the importance of early intervention as opposed to not helping people of Fife until they reach critical stages.</p> <p>Cllr Steel agreed with Cllr Kennedy and added the assumption everyone has access to the internet needs to stop.</p> <p>VS will take all points back to Roy Lawrence.</p> <p>The Committee were content for the report to be escalated to IJB.</p>	VS
9.3	<p>Sexual Health and Blood Borne Viruses in Fife 2024 Update</p> <p>This report was brought to Committee by Lisa Cooper. It comes for Assurance.</p> <p>LC advised the report details all the work over the past year in line with the National Framework around Sexual Health and Blood Borne Viruses. She stated there was a 5 year framework published in 2011, updated in 2015 and then in 2020. This report is anchored against delivery of the model. She added, obvious disruption occurred during the Pandemic, however, have since recovered and continue to deliver services in line with Directions nationally and agreed local targets.</p> <p>LC wished to draw attention to the fact there has been an increase in Pre-Exposure Prophylaxis, take by those who think they may have been exposed to HIV. As a result, there has been a lower rate of new</p>	

	<p>infections. In line with the national programme of work around HepC elimination, there continues to be delivery against this with local targets, whilst national targets are awaited. She advised, although there has been a reduction of new infections, there has been an increase in demand for HIV treatment and care, which suggests is due to people coming to live in Fife from overseas. LC wished to draw attention to Innovations and Services for Young People – Care Experience Improvement Model.</p> <p>LC was aware of some version control errors within the paper which are to be updated.</p> <p>Cllr Kennedy commented on page 388 table 10, asking for further detail around the approach used for the Innovations and Services for Young People. LC referenced the Care Experience Model used and spoke of work of the Sexual Health Consultant who has been researching why young people are not engaging with Sexual Health Services. She added, the location and scheduling of clinics has also been reviewed and improvements made re accessibility. There was some discussion around this subject.</p> <p>SB confirmed the Committee took Assurance from the report.</p>	
9.4	<p>Fife Violence Against Women Partnership Annual Report 2023-2024</p> <p>This report is brought to Committee by Lisa Cooper. It comes for Information and Assurance.</p> <p>LC introduced the report which is a whole system report where HSCP work in partnership with partner agencies and the third independent sector to help eradicate violence against women. She stated the report has gone through the Chief Officer's Public Protection Group, and will go to IJB and NHS Fife Board. The work detailed within the report is anchored against the Scottish Government's Equally Safe Strategy, and it's 4 priorities are detailed within the report. How Fife are delivering against the priorities is evidenced within the paper. LC advised the Gender Based Violence Nursing Service, a delegated service within HSCP, and is aligned with the Sexual Health Services is a critical service in delivery against the strategic ambition of the Violence Against Women Partnership approach.</p> <p>Cllr Liewald and Cllr Kennedy were supportive of the report and Cllr Kennedy commented on the involvement of the Procurator Fiscal which she felt was good to see. LC welcomed the comments, and some discussion ensued. MF commended the report and felt it was well written with very good work being taken forward.</p>	
9.5	<p>Winter COVID-19 & Flu Vaccine Delivery Campaign 2024-25</p>	

	<p>This report was brought to Committee by Lisa Cooper. It comes for Assurance.</p> <p>LC introduced the report. She advised there continues to be frequent planning in line with the Chief Medical Officer's direction and JCVI guidance which dictates what the cohorts are and of who is eligible for vaccination. She wished to draw attention to uptake from care home residents being above national average, which has improved from lessons learned last year. No targets are set nationally, however, targets are set locally, which have been met with the exception of HSCP staff for 'flu. LC stated, although staff were offered, it was not heavily promoted for reasons she explained. Decline in uptake is a national situation and LC told of plans to increase uptake this coming winter, taking on board feedback from staff.</p> <p>Over 75 for 'flu was above average at 81.2%.</p> <p>Cllr Liewald told of an article she had read where there was a correlation between lower or higher uptake dependent upon the harshness of the winter. LC will take away to investigate and will come back to Cllr Liewald.</p> <p>LC spoke of intelligence expected around the impact of the flu vaccination on the workforce and also circulating virus within communities. This research and evidence will come forward through reports and will help shape the programme for next year.</p> <p>Cllr Kennedy was disappointed by the uptake of Health Care staff, she felt the general public do not have a grasp of public health matters. Anything which can be done locally, particularly in relation to lessons learned, will be beneficial. She acknowledged access for staff is made as convenient as possible. She asked if an update can come back to Committee.</p> <p>LC was happy to bring back a report once a programme has been confirmed.</p> <p>PD commended the work of the Immunisation Programme Team and Community Pharmacy. He spoke of Care Homes where staff have given reasons why they have not taken the vaccination – these were vaccination fatigue and vaccination scepticism. LC advised there will be local and national work to improve staff uptake.</p> <p>MF queried Peer Vaccination – LC explained it was attempted to re-establish a roving clinic, however, there has been lessons learned to take forward for next year. There was discussion around the various reasons the vaccine uptake has been poor amongst staff.</p>	LC
10	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	

	<p>10.1 Quality Matters Assurance Group Unconfirmed Minute from 01.11.24</p> <p>10.2 Clinical Governance Oversight Group Unconfirmed Minute from 17.01.25</p> <p>10.3 Strategic Planning Group Unconfirmed Minute from 07.11.24</p> <p>10.4 Fife Alcohol, Drugs and Therapeutics Committee Unconfirmed Minutes 18.12.24</p> <p>10.5 Equality and Human Rights Strategy Group Unconfirmed Minutes 04.02.25</p>	
11	<p>ITEMS FOR ESCALATION</p> <p>No items for escalation.</p>	
12	AOCB	
13	<p>DATE OF NEXT MEETING</p> <p>Friday 25th April 2025, 1000hrs, MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 11 MARCH 2024 AT 9.00 AM VIA TEAMS

PRESENT: Vicki Bennett, British Dietetic Association Representative (**Chair**)
Kenny McCallum, UNISON (**Co-Chair**)
Lynne Garvey, Director of Health & Social Care (**Co-Chair**)
Audrey Valente, Chief Finance Officer, H&SC
Ben Morrison, Specialist Podiatrist, NHS Fife
Chris Conroy, Head of Community Care Services
Colin Nicholson, H&S Adviser, Fife Council
Dafydd McIntosh, Organisational Development & Culture Specialist
Gemma Reid, H&SC Coordinator (**Minutes**)
Hazel Williamson, Communications Officer, H&SC
Helen Caithness, RCN representative
Jillian Torrens, Head of Complex & Critical Care Services
Lee-Anne French, HR Business Partner, Fife Council
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing, H&SC
Melanie Jorgensen, HR Team Leader, NHS Fife
Roy Lawrence, Principal Lead Organisation Development & Culture
Sharon Adamson, RCN
Vanessa Salmond, Head of Corporate Governance & IJB Secretary
William Nixon, H&S, NHS Fife

APOLOGIES Elizabeth Crighton, Organisational Development & Culture Specialist
Debbie Fyfe, Joint Trade Union Secretary
Helen Hellewell, Deputy Medical Director, H&SC
Lynne Parsons, Employee Director, NHS Fife
Morag Stenhouse, H&S Adviser
Steven Portsmouth, Charge Nurse, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Kirsty Cairns, UNISON, NHS Fife
Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	APOLOGIES	
	Chair welcomed everyone to the meeting, confirming that a recording pen would be in use throughout to assist with the minute. Apologies were noted as above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 14 JANUARY 2025	

	<p>Roy Lawrence confirmed his outstanding actions would be covered under the wellbeing update.</p> <p>Billy Nixon confirmed a meeting with Lynn Barker had taken place to discuss the Sharps SBAR with a plan implemented going forward, and therefore this action could be closed.</p> <p>Following these updates, the minute and action log of the meeting held on 14th January 2025 were approved as an accurate record.</p>	
3	JOINT CHAIRS UPDATE	
	<p>Vicki advised there was no Joint Chair's Update for this meeting however this would be brought to the next meeting once the Co-Chair's had a chance to meet.</p> <p>Lynne Garvey highlighted that SLT have started a programme of visibility meetings. Lynne provided an update on the structure of SLT which is progressing via HR, noting that Fiona McKay's post will be advertised in the near future and will have a focus on Strategic Planning. Lynne highlighted a successful Extraordinary LPF meeting, in collaboration with all Trade Unions and Staffside, which focused on Finance and the Budget for 2025/26. Lynne noted that this had been well received with emails received from colleagues giving thanks for this approach.</p> <p>Lynne recognised Roy Lawrence's recent achievement in being made a Chartered Fellow, the highest designation you can achieve via the CIPD, which she noted is a fantastic achievement. Vicki extended her congratulations to Roy on behalf of the LPF.</p>	
4	HEALTH AND WELLBEING	
	<p>4.1 Attendance</p> <p><u>Fife Council Update</u></p> <p>Lee-Anne French outlined the salient points from the report noting that a full breakdown is provided within the report.</p> <p>Lee-Anne highlighted that throughout the Partnership the monthly working days lost for December was the lowest over 2024 at 27.42 working days lost. Long term absence decreased in December to 21.92 working days lost with short-term absence reported as 5.50 working days lost.</p> <p>Lee-Anne advised that the top 10 reasons for absence are noted within the report by working days lost per FTE, with the top reason being Mental Health (other Mental Health) followed by Stress (non-work related).</p> <p>The top reason for absence by occasion was colds, coughs and flu followed by diarrhea and vomiting and chest and respiratory problems.</p> <p>Community Care reported the highest level of sickness absence for December 2024 with Lee-Anne noting that this is sitting above the directorate</p>	

<p>average with 32.47 working days lost. The lowest level of absence was reported within Resources at 6.45 working days lost.</p> <p>Lee-Anne reported the number of attendance management cases being supported as at 6 February, noting 98 long term absence cases, 3 frequent absences and 3 cases involving individuals who are currently not absent from work.</p> <p>Lee-Anne highlighted that the Attendance Support Unit are working closely with Care at Home, noting that a managers' briefing and communication to staff will follow.</p> <p>Chair opened to questions from members.</p> <p>Chris Conroy, Head of Community Care Services noted that he welcomes the support of the Attendance Support Unit to improve the absence position.</p> <p><u>NHS Update</u></p> <p>Chair introduced Melanie Jorgensen who presented the salient points from the NHS sickness absence report.</p> <p>Melanie reported that the NHS sickness absence rate had increased in December 2024 to 7.96% however noted that this was lower than the sickness absence percentage in December 2023.</p> <p>Community Care Services had the highest sickness absence percentage within the Fife Health and Social Care Partnership at 10.33%, followed by Complex and Critical Care Services at 8.17%, and Professional / Business Enabling at 6.9%. The lowest absence level was within Primary Care and Prevention Services at 5.74%</p> <p>The highest number of hours lost was due to anxiety/stress/depression/other psychiatric illness, followed by cold/cough/flu, whilst the highest number of episodes of absence was due to cold/cough/flu, followed by anxiety/stress/depression/other psychiatric</p> <p>The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 5+ job family.</p> <p>Both short-term and long-term sickness absence increased in December 2024.</p> <p>The highest overall absence rate was in the 60 - 64 age category. The next highest overall absence rate was within the 55 - 59 age group.</p> <p>There were 29 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in December 2024.</p> <p>Chair opened to questions from members.</p> <p>Chris Conroy acknowledged the high absence percentages within Community Care Services however noted that he is comfortable with how sickness absence is managed in support with HR. Chris advised that he is committed to a focused piece of work to improve this position.</p>	<p>CC</p>
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Melanie highlighted the Attendance Management Oversight Group and work being done to ensure practices are aligned with the “Once for Scotland” policy. Melanie confirmed that training was being revised around this with bitesize learning to support managers in attendance management.

Lynne Garvey welcomed Melanie’s update. Lynne highlighted that Community Care Services has the highest level of staff which impacts how absence percentages are reflected in comparison to other services.

Lisa referenced the multi-factorial review with recommendations within this report being used to support attendance management, highlighting the oversight group which was well received and will be built into the full implementation plan. Anxiety and stress to be broken down further to target and look at support measures. Lisa advised that this will be brought back to the LPF as work progresses.

LPF were assured by the current position.

4.2 Recruitment Update

Fife Council Update

Lee-Anne French provided a verbal update for Fife Council and an overview of this is provided below.

Looking at recruitment activity over 2024, from 1 January to 31 December 2024, 286 job requisitions were raised to advertise vacancies and 498 applicants were hired.

The top 5 posts advertised were:

- Care Assistant with 35 adverts;
- Home Carer with 22 adverts;
- Social Work Assistant with 15 adverts;
- Social Worker with 13 adverts;
- Social Care Worker with 12 adverts.

5814 applications were received over 2024, with 81.96% of applicants being external and 18.04% of applicants, being existing employees. Of the 498 candidates hired, 66.06% (329) were external applicants and 33.94% (169) were internal applicants. 88.95% (443) of all appointments took up roles in Community Care Services and Complex and Critical Care, with 265 and 178 appointments respectively.

NHS Update

Melanie Jorgensen provided a summary of the NHS recruitment activity from October - December 2024, noting that December reported the highest level of vacancies with 83 vacancies. The nursing & midwifery job family reported the

<p>highest level of activity with 47% of vacancies, whilst administrative services had 16% vacancies followed by Allied Health Professionals at 9%.</p> <p>Average time to hire was reported as approximately 206 days from October – December 2024. This was an increase of 62 days in comparison to Quarter 2. The main delay was reported as the time taken from conditional offer to pre-employment which increased by 38 days. Melanie highlighted the main reason for this was due to service disruption in Occupational Health whilst they transitioned to a new system. In order to minimise delays, a process of risk assessing low risk appointees was introduced to reduce time to hire (specifically posts with low levels of manual handling and no patient contact.)</p> <p>Melanie reported on vacancies within the Partnership from October – December 2024, highlighting that Community Care Services had 20 vacant posts, Complex Care had 15 and Primary & Preventative Care had 11 vacancies. 27 of these vacant posts were within the nursing and midwifery job family, with 10 AHP vacancies and 8 vacancies within Medical and Dental.</p> <p>Chair opened to questions from members.</p> <p>Chris Conroy acknowledged the issues around recruitment and the pressure on existing teams when managing services with vacant posts. Chris highlighted new starts who had taken up posts elsewhere due to processing delays within recruitment, noting this is affecting our ability to recruit.</p> <p>Melanie advised that she is happy to pick up additional conversations with managers around particular areas of concern, noting her disappointment as in the previous quarter we had improved. Melanie highlighted that the issues within Occupational Health were not isolated to Fife with Lothian experiencing same issue with technology. Melanie acknowledged the impact on staff and advised that HR are happy to provide support and take any comments on board to improve the current situation.</p> <p>LPF were assured by the current position.</p> <p>4.3 Staff Health & Wellbeing</p> <p>Roy Lawrence presented a verbal update in Elizabeth Crighton's absence.</p> <p>Roy highlighted the stress survey data which he is working on alongside Rona Waugh, Casey Fitzpatrick and Avril Sweeney. The team are looking at the best way to capture this data and avoid duplication. Roy noted that he is keen to give thanks to the staff for taking part, highlighting some initial actions so staff can see that their input is shaping the response. Roy confirmed that he will return to LPF in May with further information and the results of the survey. Roy welcomed thoughts from LPF around the plan and how to avoid duplication, noting that he will connect with Co-Chairs prior to May LPF to discuss how best to present the information to LPF.</p> <p>Roy noted that the Wellbeing Oversight Group are meeting on Thursday 13 March.</p>	<p>RL</p>
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	<p>LPF were assured by the current position.</p> <p>4.4 iMatter Improvement Plan</p> <p>This report was presented to LPF by Roy Lawrence for assurance and discussion. Roy noted that the paper outlines the iMatter highlights from 2024 along with improvement actions for 2025.</p> <p>Roy highlighted pages 55-56 which demonstrate positive results compared to the national average in almost every area. Roy noted the need to ensure that staff voices are heard and engage staff in developing action plans.</p> <p>Roy advised that a separate report was created specifically for Council employees within the Partnership, aligning iMatter to the Heartbeat survey, to avoid staff having to complete 2 surveys.</p> <p>Roy noted that the main focus in terms of improvement actions is to target low response areas to ensure managers have the required support to encourage responses from their teams and are supported with work around action plans.</p> <p>Chair opened to questions from members.</p> <p>Lynne Garvey acknowledged an encouraging response rate, noting that collaborative work around improvement plans is vital with feedback provided to LPF in relation to the difference made.</p> <p>There was some ambiguity noted around the future of iMatter. Melanie connected with Jackie during the meeting who confirmed that the iMatter survey will be going ahead as normal.</p> <p>LPF noted confidence in the plans in place to support our continuous improvement in connecting with our workforce for iMatter in 2025.</p>	
5	HEALTH AND SAFETY	
	<p>5.1 HS&W Assurance Group Update (inc. Mandatory Training)</p> <p>Jillian Torrens presented the salient points from this report, confirming that the group continues to meet on a quarterly basis and brought LPF attention to the appendices. Jillian noted great attendance at the February meeting with minutes of this meeting included within the LPF papers.</p> <p>Jillian advised that there is a continued focus on lone working, ligature management, improving statistics for the completion of mandatory training and compliance with both Partners' Health and Safety assurance systems. Jillian noted that the Group feeds into Fife Council's Corporate Health and Safety Committee and NHS Fife Health and Safety Sub-Group.</p> <p>Jillian highlighted that they are looking to create a separate sub-group to address staff wellbeing, noting that a survey had been circulated to staff with the group looking to repeat this. A cohort of volunteers have been coordinated to take the survey forward and Jillian welcomed support from LPF in relation to this sub-group.</p>	

Jillian highlighted the Ligature Management Programme Board who meet monthly, noting ongoing issues around collapsible fixtures and fittings, specifically awaiting a date for replacement soap dispensers and bed curtain rails. Jillian advised that this has been escalated at the Board Health and Safety group, with the risks currently being mitigated with additional staffing.

Sharon Adamson queried membership of the Health, Safety and Wellbeing Assurance Group, specifically if there was NHS Staffside representation. Jillian confirmed Vicki Bennett is joining this group as the Representative.

Jillian noted that the Mandatory Training figures are noted within the report and requested support to ensure that mandatory training is prioritised, with staff given ring fenced time and highlighting that a month-on-month focus is required.

LPF took assurance from the paper and noted the progress to date.

5.2 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)

NHS Update

Billy Nixon presented the key points from the NHS Health and Safety report, highlighting 6 sharps incidents, 3 slips, trips and falls, 207 violence and aggression, 2 musculoskeletal, 8 self-harm, and 2 RIDDOR. Billy noted that a total of 330 incidents had been reported from January – February 2025, with 1900 incidents reported since April 2024.

Billy noted that he had met with Lynn Barker to discuss sharps, confirming that the Sharps Policy advises that a specific SBAR is required for all sharps and near misses, which may have previously been miscommunicated.

Billy noted the 2 RIDDOR incidents, advising that one had a major outcome resulting in an over 7-day absence.

Chair opened to questions from members.

Sharon Adamson noted the increase in violence and aggression against staff, querying if this was perhaps a new patient or group and questioned how this was being managed. Billy confirmed that he doesn't drill down to this level of detail, however advised that there may be variances in reporting amongst different cohorts of staff.

Lynn Barker assured members that we monitor data around violence and aggression on a weekly basis, with a live reflection on the day when the Datix is submitted. Lynn noted significant acuity within mental health wards, specifically Lomond Ward, which has an impact on the prevalence of violence and aggression incidents.

Jillian Torrens confirmed particular acuity within mental health wards, advising that some of these incidents may be related to individual patients with significant and repeated aggressive behaviours. Jillian assured members that we are looking at how to manage this within wards, noting that we continue to operate surge beds which may contribute to the escalation of incidents due to

	<p>environmental factors. Jillian highlighted that we are looking to remove surge beds at the earliest opportunity and reassured members that there is an immediate review following any incidents.</p> <p><u>Fife Council Update</u></p> <p>Colin Nicholson presented the salient points from the Fife Council Health and Safety report, noting a total of 318 incidents, broken down into 114 injury and harm, 180 violence and aggression and 24 near miss.</p> <p>Colin addressed the increase in violence and aggression incidents, highlighting that there has been a recent focus on encouraging accurate reporting due to the awareness of chronic under reporting in this area.</p> <p>Colin reported 4 RIDDOR cases, highlighting that one was injured using a calm restraint on a service user which resulted in over 7 days absence.</p> <p>Chair opened to questions from members.</p> <p>Lynne Garvey queried the calm restraint, with Jillian Torrens confirming that staff were appropriately trained and using a recognised technique.</p> <p>LPF were assured by the current position.</p>	
6	FINANCE	
	<p>6.1 Finance Update</p> <p>Audrey Valente, Chief Finance Officer confirmed that the budget and medium-term financial strategy papers were distributed late on Monday evening (10 March 2025), advising that they will be shared with LPF following the meeting on a confidential basis. Audrey confirmed that she would be happy to address any questions directly following receipt and review of these papers.</p> <p>Audrey Valente then provided an update on the financial position based on information to January 2025, confirming a current projected overspend of £36.990m, which is a worsening position of just over £2.0m since the last reported position. Audrey noted the main reasons for this adverse movement as being a more accurate indication of delivery of savings and the cost of additional packages and surge beds.</p> <p>Audrey referenced the escalation tool, which is included within the papers for information, noting a plan to use this more frequently for the remainder of this year and into the next financial year. Audrey highlighted that the focus will be on the volatile areas of spend and the impact any changes in the volatile areas is likely to have on the projected outturn. Audrey advised that regular dialogue and early discussion with partners is essential for any increased spend throughout year due to risk share.</p> <p>Audrey reported that 56% delivery of savings is projected (£22m of £39m) which is important to acknowledge and celebrate, noting that the £17m under delivery will be carried forward into next year.</p> <p>Audrey confirmed a challenging financial year with continual scrutiny of spend to minimise the overspend.</p>	AV

	<p>LPF</p> <ul style="list-style-type: none"> • Were assured by the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31st January 2025 as outlined in Appendices 1-4 of the report; and • Noted that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1. • Approved the onward submission to the IJB of the financial monitoring position as at January 2025. 	
7	SERVICE PRESSURES & WORKFORCE UPDATE	
	<p>7.1 Workforce Mobilisation Update</p> <p>Lynn Barker presented this report to assure members of the current position around mobilisation, supplementary staffing and the Workforce Hub.</p> <p>Following direction from Scottish Government in October 2024 instructing agency usage only in exceptional circumstances, agency use has reduced from approximately 70 WTE on a weekly basis, with a downward trend observed in May/June continuing until it ceased in November 2024. Lynn noted a requirement to utilise agency staff throughout December 2024, January 2025 and February 2025, amounting to approximately 5 WTE each week. Bank usage has decreased from approximately 250 WTE each week, to around 180 WTE each week, with a significant reduction in November 2024.</p> <p>Lynn highlighted that in November 2024, the Workforce Hub was established to support clinical teams in reducing the reliance on supplementary staffing. A key focus of the hub was to support the voluntary mobilisation of staff, with 6.5WTE volunteering to mobilise to support critical services such as mental health, children services and community care in-patient services. Staff were mobilised from the care home assurance team, Podiatry and other children's services. Lynn expressed her thanks to those who volunteered, highlighting positive feedback and noting that this is celebrated in some of our stories.</p> <p>Lynn confirmed that weekly monitoring of supplementary staffing remains a high priority, with oversight provided by the mobilisation meeting, NHS Fife Nurse Bank, the Reform, Transform and Perform Group, SLT and the FHSCP Sustainable Workforce Group. Actions to reduce nursing supplementary staffing continue to be monitored via workforce groups.</p> <p>Lynn highlighted successful interviews that had taken place with Newly Qualified Practitioners last week, with posts being taken up later this year.</p> <p>Chair opened to questions from members.</p> <p>Sharon Adamson questioned the future of the workforce hub. Lynn confirmed that the workforce hub in its current format will no longer be functioning after</p>	

	<p>31 March but will be continuing in a virtual hub format going forward in order to support requests for supplementary staffing. Lynn will report back to the next LPF on what this looks like.</p> <p>Sharon Adamson queried the Glenmar Review, highlighting that they have reduced to only one trained member of staff and expressing her concerns around resilience. Lynn will pick up detail from the meeting and will provide feedback.</p> <p>Lisa Cooper offered to discuss the concerns with Sharon offline, however highlighted robust business continuity plans and risk assessments in place around the staffing models at Glenmar which was discussed at the meeting, noting that we are currently moving forward with recommendations from this review to ensure the correct skill mix within Glenmar.</p>	<p>LB</p> <p>LC/LB/SA</p>
8	REPORTS	
	<p>8.1 LPF Annual Report 2024-25: Progress Update</p> <p>Roy Lawrence provided a verbal update on the progress of the LPF annual report 2024-25.</p> <p>Roy advised that Vicki and Kenny are working with Louise and Hazel to progress the annual report, with a meeting and proposed design in place. Roy gave his thanks to the LPF Co-Chairs for leading on this piece of work and noted a plan to bring a draft report to the May LPF. Roy welcomed thoughts from members on what should be highlighted within the annual report.</p> <p>Hazel Williamson confirmed she had met with Chairs, has drafted the content and is hopeful that an early draft for feedback will be ready this week.</p> <p><u>Annex A</u></p> <p>Roy provided a verbal update on the above which was circulated via email yesterday, advising that he was keen for feedback on the report. Roy confirmed that this doesn't supersede the year 3 workforce plan, and he will bring a 6-month update on this to the next LPF. Roy thanked all involved for their support with this to ensure that accurate information is provided to Scottish Government, confirming that feedback will come from Scottish Government by May 2025. Roy requested any feedback from members by the end of Thursday due to the imminent submission deadline. Roy expressed his thanks to Dafydd for the vast amount of work involved in pulling this together.</p> <p>Vicki Bennett confirmed that the report looks robust and in depth. Lynn Barker noted the great work by Dafydd and advised that she was supportive of the work.</p>	
9	<p>ITEMS FOR BRIEFING STAFF</p> <p>No items identified.</p>	

10	AOCB	
	No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.	
11	DATE OF NEXT MEETING - Tuesday 14 May 2025 – 14:00-16:00 hours	



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 12TH MARCH 2025 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member (Chair)
John Kemp, NHS Non-Executive Board Member
Colin Grieve NHS Non-Executive Board Member
Cllr David Alexander

Attending: Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lisa Cooper, Head of Primary & Preventative Care
Jillian Torrens, Head of Complex & Critical Care
Chris Conroy, Head of Community Care
Vanessa Salmond, Head of Corporate Services

In attendance:

Tracy Hogg, Finance Manager HSCP
Avril Sweeney, Manager Risk Compliance
Alan Adamson, Service Manager, Quality Assurance
William Penrice, Service Manager, Performance Management & Quality Assurance
Rachel Heagney, Head of Improvement, Transformation & PMO
Clare Gibb
Gillian Muir, Management Support Officer (Minutes)

Apologies for Cllr Dave Dempsey
Absence: Lynn Barker, Director of Nursing
Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above, and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	DECLARATIONS OF INTEREST No declarations of interest were noted.	
3.	MINUTE OF PREVIOUS MEETING – 15TH JANUARY 2025 The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	MATTERS ARISING / ACTION LOG The action log was reviewed. All actions noted have been actioned and are either complete or in progress. An additional action was noted with regards to Item 6.1 - Performance Report - Officers to make contact with Dave Dempsey to follow up on his queries regarding the Performance Report. An update was provided - Officers have been in contact to arrange a mutually convenient date and time to meet. Action is now noted as complete.	
5.	FINANCE	
5.1	Finance Update The Committee considered a report presented by Tracy Hogg, Finance Manager detailing the current financial position (actuals to January 2025) highlighting a projected year end outturn of £36.9m and noting an adverse movement of £2.1m from the reported November position. Tracy Hogg provided Committee with further detail on the main areas of overspend contributing to the adverse movement noting these to be GP Prescribing, Mental Health & Psychology, Adult Social Care, Homecare Services and Older People Nursing and Residential. Committee noted in relation to the savings position the Partnership was now reporting at January to deliver 56% of savings, a value of £21.7m against the £39m approved in March 2024. Tracy Hogg stated the financial position remained challenging and drew Committee's attention to the escalation tool provided at appendix 4 which will continue to be used by the Senior Leadership Team to closely monitor the financial position going forward. The discussion was opened to Committee members and considerable discussion was had around the projected position and the areas contributing to the adverse movement. Members provided their thoughts and comments. Questions raised included are we now looking at a slowing down of the negativity, costs aren't going to go down but are things going to get worse, in relation to GP Prescribing do we know if there are any underlying causes of the increase, is there anything we can do about GP prescribing or is that in the hands of the GP's?	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31st January 2025 as outlined in Appendices 1-4 of the report. 2. Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1. 3. Noted the onward submission to the IJB of the financial monitoring position as at January 2025. 	
5.2	<p>Financial Plan / Revenue Budget & Medium-Term Financial Tracker</p> <p>Audrey Valente advised Committee that an Extraordinary Finance, Performance & Scrutiny Committee had been arranged for 17th March at 10.30 am to discuss and scrutinise the 2025-26 budget as per request from the IJB Development Session on 26th February.</p> <p>Committee noted the invitation had also been extended to all IJB members.</p>	
5.3	<p>FP&S Risk Register – Deep Dive – Information Governance & Digital Transformation</p> <p>The Committee considered a report from Avril Sweeney, Compliance Manager for discussion and assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels as well as noting as part of the IJB’s risk reporting framework the risk was assigned to both Governance Committees.</p> <p>Avril Sweeney drew Committee’s attention to appendix 1 highlighting this sets out the risk description, risk scoring and highlights internal and external factors that may impact on the risk as well as providing relevant assurances, performance measures, benefits, and linked risks as appropriate.</p> <p>Committee noted key mitigations for the risk included the Records Management Plan for the IJB and also the Digital Strategy and Programme which are aligned to the Strategic Plan, Medium-Term Financial Strategy and Workforce Strategy.</p> <p>Avril Sweeney provided an up-date with regards to the Records Management Plan noting all elements had been agreed by the Keeper of the National Records for Scotland and with regards to the Digital Strategy, Committee noted regular monitoring and review of this takes place through the Programme Management Office Oversight Board, Senior Leadership Strategic Meeting as well as the Digital Oversight Board.</p>	

	<p>Committee noted there was confidence that there was a reasonable level of assurance that work was ongoing to support management on the risk and close scrutiny was being applied to delivery actions and monitoring of performance.</p> <p>Committee also noted that it is acknowledged that there are a number of external factors out with the Partnership's sphere of influence and control, but that it was trying to keep these closely monitored.</p> <p>Avril Sweeney advised that the Digital Strategy extends to 2027 therefore the risk would require to be reviewed as part of the Strategic Plan refresh for 2026-2029 in the coming year.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Questions raised included are we being ambitious / transformational enough on digital?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the deep dive review and provided comments and suggestions for improvement. 2. Noted the level of assurance provided on this risk. 	
5.4	<p>Grants to Voluntary Organisations</p> <p>The Committee considered a report presented by Alan Adamson, Service Manager Quality Assurance detailing recommendations for the level of support by the Health & Social Care Partnership to Voluntary Organisations within Fife for the period of 2025-26.</p> <p>Committee noted the grant schedules appended to the report provided details of the recommendations for a total grant contribution to the Voluntary Sector of £13,973,950, a 2% uplift to the grant award received in 2024/25.</p> <p>Committee also noted that all organisations are subject to the Monitoring and Evaluation Framework, and the services being provided were linked to the Partnerships strategic priorities and themes.</p> <p>Alan Adamson confirmed that all organisations had been subject to the annual monitoring within the framework, and this had been completed over the last few months. No issues or concerns had been raised, though one organisation had still to complete their annual monitoring, which was being actively progressed.</p> <p>Committee also noted that all organisations are required to have a reserves policy and work has commenced throughout 2024/25 to review reserves policies and reserves held by organisations. This exercise will continue to carry forward into the next financial year.</p>	

	<p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included eNIC, progress of the reimagining the voluntary sector project, how dependant are these organisations on our funding, do organisations have the opportunity to indicate what kind of increase they would require?</p> <p>Audrey Valente provided reassurance to members that the proposed 2% budget uplift had been reflected in setting the 2025/26 budget and would be included in the upcoming budget papers.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Considered and reviewed the recommended funding awards equivalent to those made during financial year 2024/25 with an uplift of 2%. 	
6.	PERFORMANCE	
6.1	<p>Strategic Plan 2023-2026 – Year Two Delivery Plan – Annual Report (2024) and Year Three Delivery Plan (2026)</p> <p>The Committee considered a report presented by William Penrice, Service Manager, Performance Management & Quality Assurance for assurance and discussion.</p> <p>Committee noted this was the second Annual Report of the Strategic Plan 2023-2026 which provides an update on progress and performance on key strategic actions completed during 2024.</p> <p>Committee noted 35% of planned actions had been completed, 60% partially completed and the remaining 5% either not started/delayed or cancelled.</p> <p>William Penrice outlined the report also included the Year Three Delivery Plan with 61 planned actions noted for 2025.</p> <p>William Penrice also highlighted the report indicated good progress with the Partnership on track to deliver the actions that had been planned during the three-year strategic planning cycle.</p> <p>The discussion was opened to Committee members who thanked officers for their comprehensive report. No further questions were raised, with some members noting good discussion had been had at Quality & Communities Committee on 6th March 2025.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024). 	

	<p>2. Reviewed the report and advised on changes required.</p> <p>3. Agreed that the report should progress to the Integration Joint Board for final review and approval.</p>	
7.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 26th March 2025.</p>	
8.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
9.	<p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> • Extraordinary Finance, Performance & Scrutiny Committee Monday 17th March 2025 at 10.00 am via MS Teams – budget discussion. • Tuesday 13th May 2025 at 10.00 am via MS Teams 	



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 14 MARCH 2025 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
David Alexander, Fife Council (DA)
Sinead Braiden, NHS Non-Executive Board Member (SB)

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Vanessa Salmond, Head of Corporate Services (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Amy Hughes, External Auditor (AH)
Chris Brown, External Auditor (CB)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: None

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were approved.	
3.	ACTION LOG Action note discussed and approved.	
4.	INTERNAL AUDIT PROGRESS REPORT Jocelyn Lyall presented the Internal Audit Progress report to provide assurance and set out progress within the Annual Internal Audit Plan for 24/25 at Appendix 1. The relevant partner organisation audits are summarised at Appendix 2. The Internal Control Evaluation is progressing and is at the fieldwork stage. Update on the Internal Audit F05/25 Performance Reporting, delivery of this audit was subject to resource availability within the Fife Council and NHS Fife Internal Audit teams. Following discussion between the Service Manager, Audit and Risk Management, Fife Council and Chief Internal Auditor, NHS Fife on 28 February 2025, it has been agreed this audit will be delivered jointly during April 2025. The report also provided an update on the NHS Fife team External	

	<p>Quality Assessment and on the new Global Internal Audit Standards which will be applicable for the public sector from 1st April this year.</p> <p>The External Quality Assessment is an independent review of the service that is required every 5 years and was undertaken by assessors from the Chartered Institute of Internal Auditors. The EQA overall conclusion was that NHS Fife Internal Audit Services generally conforms with the external public service audit standards, however, the EQA does make a number of recommendations for improvement. Jocelyn Lyall stated that she will be developing an Internal Audit Improvement Plan to make sure they address the External Qualities Assessment recommendations and comply with the new global standards and NHS Fife Audit and Risk Committee agreed that they will monitor progress with the Improvement Plan throughout 25/26.</p> <p>Discussion took place around the new audit standards and what changes this will bring. Jocelyn stated that there will not be much difference to what is presented at the moment but if there is these will be covered in future papers issued and will keep this Committee informed of progress.</p> <p>Recommendation: For awareness and discussion. Members of the IJB Audit & Assurance Committee were asked to consider and note the attached progress report at Appendix 1 and note the summary of relevant reports at Appendix 2. Members considered and noted these reports.</p>	
<p>5.</p>	<p>INTERNAL AUDIT – FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</p> <p>Jocelyn Lyall presented this paper to the Committee to give an update on the progress with an action to address the internal audit recommendations.</p> <p>Report F05/23 Fife IJB Workforce Plan has been removed from the follow up system as all the actions associated with that report are now complete.</p> <p>Audits completed more than 1 year ago - 3 actions have been extended or pending authorisation. 1 superseded action was the development of the draft Clinical and Care Governance Strategic Framework. A draft of that report is available to members. Final approval of the framework was taking a little longer than anticipated and after discussions with management it was removed from the follow up report but will continue to monitor the progress in the ICE Annual Report work until they see that framework approved.</p> <p>Audits completed less than a year ago - 1 action completed and is pending validation. 2 extended and pending authorisation. Contract/Market Capacity Audit - actions are progressing. There is one more outstanding item from the Contract /Market and Capacity which is a really a complex action and it is all linked into the performance framework so they are liaising with management to gauge progress. There are 4 actions that are not yet due but are included for information. These are all from the Internal Control Evaluation Annual Report 23/24. All of those are progressing well and are due for completion quite soon.</p> <p>Discussion around the IJB procedures and audits more than a year ago was discussed and raised some concerns with some members of</p>	

	<p>this Committee regarding how long some of these actions have been outstanding. It was agreed by this Committee that they invite partners to provide an update on those outstanding actions.</p> <p>Recommendation: Members of the IJB Audit & Assurance Committee are asked to note this report for assurance. Members noted this report for assurance.</p>	JL/AV
6.	<p>AGENDA ITEM 6 – FIFE IJB EXTERNAL ANNUAL AUDIT PLAN 2024/25</p> <p>Chris Brown briefly introduced the plan indicating that there haven't been any changes in the external auditing standards or any changes in the code of audit practice since last year, the plan in terms of its format is the same as it was for last year. The main change in the plan was that the financial position environment has got tighter this year than it was last year which raises additional risks which are reflected in the plan.</p> <p>Amy Hughes presented the main areas of the plan to the board for discussion. She identified that there were 2 significant risks from the risk assessment and planning in relation to the wider scope of public audit – 1 in relation to financial sustainability in line with prior years and 1 in line with financial management.</p> <p>The planning assessment incorporates materiality set consistently with the previous year at 2% costs of the IJB delegated services which will be reviewed and revisited as part of the 24/25 unaudited account in July.</p> <p>Discussion took place around the report and there were no issues raised.</p> <p>Recommendations: Members of the IJB Audit & Assurance Committee were asked to examine and consider the implications of the Annual Audit Plan and approve the fee for the audit. Approved.</p>	
7.	<p>IJB STRATEGIC RISK REGISTER</p> <p>Avril Sweeney presented this report for assurance and discussion.</p> <p>The Risk Register was last presented to this Committee in November 2024 and the risks most recently reviewed in January of this year. 2 risks have increased their current score from 12 to 16 moving them into the high-risk category since the last review, these were the Transformation Change Risk where the likelihood has increased to reflect the current resource challenges that we are facing and also the Contractual Market/Capacity Risk where the likelihood score was increased to reflect concerns around the increased employers National Insurance Contributions and also uncertainties around international recruitment. All other risk scores remain the same however, 5 risks have moved their target date out to March 2026.</p> <p>Appendix 1 gives the risks in the condensed format in order of the residual risk score. Full version of the Risk Register is at Appendix 2 for information.</p> <p>Discussion took place around Risk 24 where there may be an additional risk that governance arrangements may be impacted by the Scottish Government decisions. This was added for awareness</p> <p>Recommendations: This report was presented for assurance that risks continue to be managed by the relevant risk owners and that</p>	

	<p>lessons learned from the deep dive review process are helping to support the management of risks. Members were also asked to discuss the IJB Risk Register and whether any further information is required. Members of the IJB Audit and Assurance Committee were also asked to consider whether current target risk scores are achievable. Members were assured.</p>	
8	<p>DEEP DIVE REVIEW UPDATE</p> <p>Avril Sweeney presented this report for discussion and for assurance.</p> <p>The Deep Dive Risk Review Programme has been in place since 2023 and it seeks to support the Governance Committees in understanding the risks and being able to apply additional scrutiny and challenge to them.</p> <p>Discussion took place around this exercise and all found this was a useful and reassuring exercise and the system is working well. The members agreed it would be good to bring a summary of the impact of each of the deep dive reviews and a prioritisation of looking forward in 6 months' time back to this Committee.</p> <p>Recommendations: Members of the IJB Audit & Assurance Committee are asked to discuss the update report on deep dive risk reviews and consider whether any further information is required and to take assurance from the work ongoing to improve the deep dive risk review process. Members discussed and agreed to bring back to this Committee for an update in 6 months.</p>	AS
9	<p>AUDIT & ASSURANCE WORKPLAN</p> <p>The purpose of the workplan is for discussion and noting.</p> <p>Vanessa Salmond had developed a new workplan with the approach being implemented consistently across all committees reporting to the IJB. This will be completed within the next few weeks.</p>	VS
10.	<p>ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB</p> <p>None.</p>	
11.	<p>AOCB</p> <p>None</p>	
12.	<p>DATE OF NEXT MEETING</p> <p>Friday 16 May 2025 – 10.00 am – 12.00 noon.</p>	