

Staff Governance Committee

Wed 06 March 2024, 10:00 - 12:00

via MS Teams

Agenda

10:00 - 10:01 **1. Apologies for Absence**

1 min

Sinead Braiden

10:01 - 10:03 **2. Declaration of Members' Interests**

2 min

Sinead Braiden

10:03 - 10:06 **3. Minutes of Previous Meeting held on Thursday 11 January 2024**

3 min

Enclosed *Sinead Braiden*

 Item 03 Staff Governance Committee Minute (Unconfirmed) 11.01.24.pdf (10 pages)

10:06 - 10:10 **4. Matters Arising / Action List**

4 min

Enclosed *Sinead Braiden*


 Item 04 SGC Table of Actions 06.03.24.pdf (1 pages)

10:10 - 11:20 **5. GOVERNANCE MATTERS**

70 min

5.1. Staff Governance Committee Self-Assessment Report 2023/2024

Enclosed *Gillian MacIntosh*

 Item 5.1 SBAR Committee Self-Assessment SGC 6.3.24.pdf (12 pages)

5.2. Annual Review of Staff Governance Committee Terms of Reference

Enclosed *Gillian MacIntosh*

 Item 5.2 Annual Review of SCG ToR 6.3.24.pdf (7 pages)

5.3. Corporate Risks Aligned to Staff Governance Committee

Enclosed *David Miller*

 Item 5.3 SBAR Update on Corporate Risks Aligned to SGC 6.3.24.pdf (6 pages)

 Item 5.3 Appendix 1 Corporate Risks Aligned to SGC as at 5.2.24.pdf (7 pages)

 Item 5.3 Assurance Principles Appendix 2 6.3.24.pdf (1 pages)

 Item 5.3 Appendix 3 Risk Matrix 3.6.24.pdf (2 pages)

5.4. Attendance Management Update

Enclosed *David Miller*

 Item 5.4 Attendance Management Update 6.3.24.pdf (8 pages)

5.5. Whistleblowing Process Short-term Implementation Plan

Enclosed Gillian MacIntosh / Sandra Raynor

Item 5.5 Whistleblowing Process 6.3.24.pdf (5 pages)

5.6. Whistleblowing Quarter 3 Report

Enclosed Sandra Raynor

Item 5.6 SGC Whistleblowing Quarter 3 Report 2023-2024 - 6.3.24.pdf (16 pages)

5.7. Workforce Planning Update

Enclosed Rhona Waugh / Brian McKenna

Item 5.7 Workforce Planning Update 6.3.24.pdf (20 pages)

5.8. Bank and Agency Programme Update

Enclosed David Miller

Item 5.8 Bank Agency Programme Update 6.3.24.pdf (6 pages)

5.9. Armed Forces / Veteran Update

Presentation Mairi McKinley

5.10. Final Annual Workplan 2024/2025

Enclosed David Miller

Item 5.10 Delivery of Annual Workplan 2023-2024 Report - 6.3.24.pdf (10 pages)

5.11. Delivery of Annual Workplan 2023/2024

Enclosed David Miller

Item 5.11 Final Annual Workplan 2024-2025 Report 6.3.24.pdf (9 pages)

11:20 - 11:30
10 min

6. QUALITY / PERFORMANCE

6.1. Integrated Performance & Quality Report

Enclosed David Miller

Item 6.1 IPQR SBAR 6.3.24.pdf (3 pages)

Item 6.1 IPQR Position at January 2024 SGC 6.3.24.pdf (11 pages)

11:30 - 11:45
15 min

7. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

7.1. Training Compliance Report 2022/2023

Enclosed David Miller

Item 7.1 Core Training Compliance Update 6.3.24.pdf (12 pages)

7.2. Internal Control Evaluation Report: Staff Governance Standard

Enclosed Rhona Waugh

Item 7.2 SGC ICE Staff Governance Standards 6.3.24.pdf (7 pages)

11:45 - 11:50 **8. LINKED COMMITTEE MINUTES**

5 min



8.1. Area Partnership Forum held on 24 January 2024 (unconfirmed)

Enclosed

-  Item 8.1 APF Minutes 24.1.24 SGC Cover Sheet.pdf (1 pages)
-  Item 8.1 APF Minutes (unconfirmed) 24.1.24.pdf (8 pages)



8.2. Acute Services Division and Corporate Directorate Local Partnership Forum held on 21 December 2023 (unconfirmed)

Enclosed

-  Item 8.2 ASD&CD Local Partnership Forum Cover Sheet 21.12.23.pdf (1 pages)
-  Item 8.2 ASD&CD Local Partnership Forum Minute 21.12.23.pdf (16 pages)



8.3. Health and Social Care Partnership Local Partnership Forum held on 21 November 2023 (confirmed)

Enclosed

-  Item 8.3 HSCP LPF Cover Sheet 21.11.23.pdf (1 pages)
-  Item 8.3 HSCP LPF Minute (Confirmed) 21.11.23.pdf (7 pages)

8.4. Equality & Human Rights Steering Group held on 1 February 2024 (confirmed)

Enclosed

-  Item 8.4 E&HR Steering Group Minute Cover Sheet 1.2.24.pdf (1 pages)
-  Item 8.4 E&HR Steering Group (confirmed) Minute 1.2.24.pdf (3 pages)

11:50 - 11:55 **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

5 min

9.1. To the Board in the IPQR Summary

Verbal Sinead Braiden

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

Verbal Sinead Braiden

11:55 - 12:00 **10. ANY OTHER BUSINESS**

5 min

12:00 - 12:00 **11. Date of Next Meeting: Tuesday 14 May 2024 at 10.00 am to 12.00 noon via MS Teams**

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 11 JANUARY 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (*Deputising as Chair for Sinead Braiden*)
Kirstie MacDonald, Non-Executive Member and Whistleblowing Champion
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Wilma Brown, Interim Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF)
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Isla Bumba, Equality & Human Rights Lead (*for agenda Item 5.4 only*)
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (*for agenda Item 6.1 only*)
Janette Keenan, Director of Nursing
Jocelyn Lyall, Chief Internal Auditor (*for agenda Item 9.2 only*)
Neil McCormick, Director of Property & Asset Management (*for agenda Item 7.1 only*)
Dr Chris McKenna, Medical Director
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Jackie Millen, Workforce Development & Engagement Officer (*for agenda Item 10.2 only*)
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Lakshmi Anderson, Executive Assistant to the Director of Workforce (*Minutes*)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff, including the Committee, for their hard work over the Festive period, during a very busy time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the minutes.

1. Apologies for Absence

Apologies for absence were received from members Sinead Braiden (Chair) and routine attendee Margo McGurk, Director of Finance & Strategy. It was noted that

Mansoor Mahmood, Non-Executive Member, had recently resigned from the Board. The Chair wished Mansoor Mahmood well in his future endeavours and thanked him for his contribution during his term as a member of the Committee.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Thursday 9 November 2023

The minutes of the meeting held on Thursday 9 November 2023 were **agreed** as an accurate record, subject to one minor change in respect of Item 5.2 on Page 3.

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce highlighted the three risks aligned to the Committee as at 21 December 2023, referenced in Appendix 1 of the paper, whilst also noting the associated mitigations in place. The new risk related to the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 had been approved at the last Board meeting. It was advised that whilst 'Pharmacy Workforce' had been earmarked as the subject matter for the next Deep Dive, this may change based on further discussions to be had around sickness absence to be discussed during the IPQR item.

In response to a question from the Chair on how Deep Dives are determined, the Chief Executive advised that operational governance mechanisms such as the Executive Directors Group and the Risks & Opportunities Group, are used as routes to determine the most appropriate Deep Dive, further informed by the knowledge and intelligence within operational teams.

In response to a query from the Chair, the Director of Workforce agreed that it would be beneficial for the Committee to have sight of the online Risk Summary Dashboard reporting tool previously demonstrated at EDG and the Audit & Risk Committee. The Head of Workforce Planning & Staff Wellbeing commented that this could potentially be included in a future Committee Development Session.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took a reasonable level of **assurance** from the report, that all actions within the control of the organisation are being taken to mitigate the risks highlighted in the report as far as it is possible to do so. The Committee also **noted** the intended developments on the content and process associated with Deep Dive Reviews and Risk Summary Dashboard.

5.2 Delivery of Annual Workplan 2023/2024

The Director of Workforce spoke to the paper, which provided a progress update on the Committee's delivery of its programme of work for 2023/2024.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2023/2024 since its last presentation to the Committee on 9 November 2023.

5.3 Proposed Annual Workplan 2024/2025

The Director of Workforce presented the Proposed Annual Workplan for the new financial year 2024/2025, clarifying that this would need to be further reviewed and updated on an ongoing basis, as the progression of a number of workstreams would be dependent on the resources available and emerging issues.

The Committee took **assurance** from the report and **considered** and **endorsed** the content of the proposed Staff Governance Committee Annual Workplan for 2024/2025.

5.4 Diverse Ethnicity Staff Survey Report

The Equality & Diversity Lead joined the meeting for consideration of this agenda item.

The Director of Nursing spoke to the report, advising that the survey that had been conducted last year had been presented to EDG, prompting discussions and focus on the actions that needed to be taken in response to the feedback obtained.

The Equality & Diversity Lead then shared a detailed presentation on the results of the survey, which highlighted key themes, trends and suggestions for progressing actions. The Committee acknowledged the interesting and informative content of the presentation.

Responding to a query from W Brown, Interim Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), the Equality & Diversity Lead confirmed that the Survey had received 75 responses, which, although a small number compared to the NHS Fife workforce, was illustrative of a good starting point.

L Parsons, Employee Director, queried whether Confidential Contacts and Chaplaincy services could be utilised to support staff in reporting incidents of discrimination and also if there were opportunities that could be explored to explicitly communicate with patients and family members about expected behaviours when interacting with staff.

W Brown, Interim Co-Chair, H&SCP LPF, commented favourably on the report and suggestions offered to address alleged discriminatory behaviour, including communications outlining expected behaviours as well as the utilisation of alerts to identify persons who consistently displayed discriminatory behaviour to staff. It was queried whether the survey offered geographical insight into where respondents had lived for majority of their lives and if this might perhaps influence

whether staff were likely to voice concerns, or indeed more likely to need additional support to build confidence to speak up.

The Equality & Diversity Lead responded that the survey did not identify this information. The importance of staff-led support initiatives such as the Peer Support Network and the Diverse Ethnicity Network (DEN) was acknowledged.

K MacDonald, Non-Executive Member and Whistleblowing Champion, sought clarification on whether incidents reported would be recorded and visible, and additionally how awareness is being raised among staff on the support available to highlight concerns, particularly when such actions might be contrary to their cultural norms. It was also queried as to whether appropriate induction materials were available to assist new recruits. The Equality & Diversity Lead advised that staff were encouraged to log incidents so that these could be tracked and that it was her understanding that the induction programme for international recruits included an appropriate focus on cultural awareness.

A Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF), expressed concern on elements of the survey feedback, which indicated that ethnic minority staff might be afraid of reporting incidents of discrimination for fear of reprisal, and stressed that due consideration needs to be given to what can be done to allay these concerns. Whilst it was acknowledged that the utilisation of alerts might be a good idea to identify discriminatory behaviour, it was noted that the information governance (IG) aspects around this would need to be robust.

The Chief Executive thanked the Equality & Diversity Lead for an excellent presentation and cautioned that any process associated with the utilisation of alerts would need to be carefully reviewed from a legal and IG perspective, particularly if it was proposed that this utilised patient record systems. The Medical Director expressed concern on the utilisation of alerts and advised that whilst this suggestion could be evaluated further from an IG perspective, it was a matter that fell under his purview as Caldicott Guardian and is not one for decision at this Committee.

The Head of Workforce Planning & Staff Wellbeing informed the Committee that actions around the issues identified from the survey, including training, communication and pastoral care, were being progressed by the newly formed Equality Sub-Group.

Offering an update on the career progression support offered to international recruits, the Director of Nursing advised that four international recruits had signed up for the Windrush Leadership Programme sponsored by the Nursing & Midwifery Council (NMC). In addition, the Practice & Professional Development (PPD) team are evaluating how current leadership programmes could be adapted to support international recruits.

The Committee **discussed** the report and took assurance from the matters covered in the discussion.

6. STRATEGY / PLANNING

6.1 Population Health and Wellbeing Strategy Mid-Year Report

The Associate Director of Planning & Performance presented the first Mid-Year report, which provides a progress update on the implementation of the Population Health & Wellbeing Strategy for the period April to September 2023 and outlines plans for the period October to March 2024. Reflecting the changing landscape of the NHS, the report also outlines proposed changes to the wording in the 'what we will do' actions in the Mid-Year report, agreed in consultation with relevant stakeholders. It was clarified that the wording changes do not affect Strategy Priority (SP) 3 deliverables, which relate to staff experience and wellbeing.

The Committee was advised that the Annual Report, (which is expected to be produced in May 2024), will include a refreshed set of deliverables based on organisational priorities and the commitments made within the Annual Delivery Plan. The Annual Report will also describe medium- to long-term changes and how these may impact services.

L Parsons, Employee Director, commented that the report was well laid out and clearly incorporates the organisation's values and principles whilst reflecting the work that is ongoing to meet strategic priorities. W Brown, Interim Co-Chair, H&SCP LPF, queried if there were any metrics available on public engagement in relation to SP 1 and also if anything further could be done to increase staff uptake of health & wellbeing services. In response, the Associate Director of Planning & Performance advised that there has been considerable engagement with the public and staff and an endeavour will be made to include engagement metrics in the next report.

The Chief Executive commented that whilst this was not a performance report, there might be an opportunity to balance out the qualitative descriptions contained within the report with evidence.

K MacDonald, Non-Executive Member and the Whistleblowing Champion, commented favourably on the assurance provided by the report and requested that the annual report includes an achievement of key outcomes so that the impact of services provided can be monitored. The Associate Director of Planning & Performance advised that impact indicators would be included in the Annual Report.

In response to a comment on the actions being undertaken to increase the uptake of staff Health and Wellbeing offers, the Head of Workforce Planning & Staff Wellbeing advised that consideration was being given to conducting a Staff Health & Wellbeing survey this year, in addition to refreshing the Health & Wellbeing pages on StaffLink, which would assist in evaluating the use of services currently being offered.

The Committee took **assurance** from the report and **discussed** and **agreed** the changes in the 'what we will do' actions in the mid-year report.

7. NHS FIFE PROJECTS / PROGRAMMES

7.1 Reinforced Autoclaved Aerated Concrete (RAAC)

The Director of Property & Asset Management joined the meeting to provide a detailed explanation of the report. It was advised that of the 26 blocks within NHS Fife Estate that have been passed to the National Programme for further assessment, 21 have been identified as having a high or medium risk of containing RAAC and these 21 have been surveyed to date. One block has been removed from the Programme due to being derelict and unused. Following surveys, 16 blocks have been identified as having no RAAC discovered, whilst five have RAAC discovered within. Five blocks have not as yet been surveyed as the National Programme is prioritising high and medium likelihood risk areas before moving to low risk areas.

The five blocks where RAAC has been discovered have been categorised into those with no immediate cause for concern (three blocks) and blocks where further investigation is required (two blocks). Discussions are ongoing nationally as to how these investigations can be done consistently across Scotland. Risk assessments have been undertaken in the three blocks where further investigation is required, as identified by the Health & Safety Manager and this has resulted in several mitigating actions being put in place. Following further review of the Estate, three additional blocks have been recommended for inclusion in the National Survey Programme. A list of all buildings being surveyed across the NHS Estate in Scotland has been published on the NHS National Service Scotland website.

In response to a question from the Chair as to who would carry out reinspection of risk areas, the Director of Property & Asset Management advised that it would either be the external surveyor that had conducted the original surveys or alternatively members of the team would be trained internally.

The Chair also queried the plans in place for the inspection of the temporary mitigating actions that had been implemented. The Director of Property & Asset Management advised that it was expected that the mitigating actions would be reviewed when the external surveyor returned to complete the survey of additionally identified areas and at this time points for action in the existing report as well as low risk areas identified would also be evaluated.

The Committee took **assurance** from the report and the mitigating actions in place to ensure the safety of staff and building users.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Workforce spoke to the report, which gave details on performance around Sickness Absence, Personal Development Performance Review (PDPR) and Vacancy rates. It was reported that sickness absence has increased from 6.93% in September to 7.39% in October. For the same period, short-term

absence has decreased from 3.24% to 3.08% and long-term absence has increased from 3.69% to 4.30%. The Director of Workforce commented that more needs to be done in the space of identifying the causes of sickness absence and increasing staff uptake of the organisation's Health & Wellbeing offering and support.

It was noted that PDPR compliance has increased slightly by 0.5% in November.

There was no change reported in Medical & Dental WTE (whole time equivalent) vacancies from the June 2023 figure of 30.2. Nursing & Midwifery WTE vacancies significantly decreased for this reporting quarter, dropping from 507.7 WTE to 282.1 WTE. AHP (Allied Health Professionals) WTE vacancies have decreased to their lowest level since March 2022. There are a number of workstreams to progress work in this area, which are dependent on available resources.

Responding to a query from W Brown, Interim Co-Chair, H&SCP LPF, on the lessons that had been learned from the Rapid Recruitment initiative in June 2023, the Director of Workforce advised that the availability of adequate resources, a more joined-up overall approach and mitigations in place to combat any delays would be key to successfully executing any similar future programmes. It was advised that a survey had also been conducted to collate feedback from lessons learned.

Recognising the impact of the above metrics on staff and patient wellbeing, L Parsons, Employee Director, highlighted the importance of exploring additional actions to support these areas.

The Director of Workforce confirmed that a paper outlining actions to effect improvements in the IPQR metrics would be brought back to the Committee, following consultation with relevant stakeholders.

Action: Director of Workforce

The Committee took **assurance** from the report and **considered** NHS Fife's performance, as summarised in the IPQR.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Draft Staff Health and Wellbeing Action Plan 2023-2025

The Head of Workforce Planning & Staff Wellbeing advised that the Action Plan had been developed in line with the timescale of the three-year Workforce Plan and the Staff Health & Wellbeing Framework and with input from the Staff Health & Wellbeing Group, Occupational Health, Psychology, Health Promotion and the Healthy Working Lives Team. It sets out a balanced approach on how ambitions will be achieved, taking into account current resources and pathways. It was emphasised that the future focus will require to be on evaluation and metrics, to ensure the best use of available resources.

The Committee took **assurance** from the report and **endorsed** the Draft Staff Health & Wellbeing Action Plan for publication.

9.2 Internal Control Evaluation Report

The Chair welcomed the Chief Internal Auditor to the meeting and invited her to speak to the agenda paper. It was highlighted that the report includes a full review of the five governance areas and is aimed at providing an early warning of any issues that may impact on the governance statement and which need to be addressed before year end. In consideration of the increasingly challenging environment, it was reiterated that whilst operational improvements remain important, the focus needs to be on genuinely strategic solutions and transformation. The report highlighted ongoing good work in areas such as updates to the Committee on the Annual Delivery Plan, which allow for monitoring of workforce aspects and demonstrate an organisation wide strategic focus. Additionally, improvements were noted in the areas of iMatter, Agenda for Change Appraisals and the completion of Core Skills Training; however, it was also acknowledged that there is a lot of work to be done to improve engagement. An important message in the report is the work being done to address and improve sickness absence.

It was advised that the Internal Audit Report that provides an opinion on the process to develop the Workforce Plan in compliance with legislation, the content of the plan itself, the arrangements for monitoring and assurance and any future required developments on Workforce Planning is due to be issued within the next week. Once management responses to the recommendations have been received, it will be shared with the Committee. The importance of developing and monitoring Workforce Plans to find strategic solutions to ever increasing workforce pressures was reiterated.

Within the area of risk it was highlighted that risk scores and the achievement of the target scores within realistic timeframes need to be constantly monitored. Additionally, it must be ensured that risks reflect the current controls and the controls mitigate workforce risks as far as possible.

Whilst not highlighted as a risk, the Committee was informed of the recommendation relating to the Staff Governance Standard to ensure that any Scottish Government feedback on areas the Board needs to focus on is actioned and the relevant assurance is provided to the Committee.

The Director of Workforce offered his appreciation for the level of scrutiny detailed within the report and affirmed the commitment to any actions recommended.

The Committee took **assurance** from the report and **noted** the content of the Internal Control Evaluation report.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Medical Appraisal & Revalidation Annual Report 2022/2023

The Chair invited the Medical Director to speak to the report, which described NHS Fife's performance in relation to Medical Appraisal and Revalidation.

It was advised that whilst the Board continues to respond well to its statutory obligations in this area, the recruitment of appraisers within secondary care remains a challenge.

Referring to the appraisal rate of 55.88% among Secondary Care Specialty & Specialist (SAS) doctors detailed in the report, the Medical Director clarified that owing to the fluid nature of the workforce, this figure included a number of new employees and should therefore not be considered as non-compliance.

The Committee took **assurance** from the report and **noted** the contents of the Medical Appraisal and Revalidation Annual Report 2022/2023 and the Medical Appraisal and Revalidation Strategic Framework.

10.2 iMatter Report 2023

The Chair welcomed Jackie Millen, Workforce Development & Engagement Officer, to the Committee and invited her to speak to the report. It was highlighted that whilst the report reflected an increase in all three Key Performance Indicators (KPIs), the questionnaire rate (66%) and action plan engagement rate (67%) were the highest achieved among all 14 NHS Scotland Territorial Boards. It was also advised that the NHS Fife iMatter team had been approached by other Boards to share resources developed locally to support their respective 2024-2025 campaigns.

Key achievements noted in the national report included acknowledgement of the Board's iMatter eLearning programme (now offered on a national level) and iMatter Manager Action Planning Information sessions, amongst others. In the Survey Report, the question related to recommending NHS Fife as a good place to work reflected an increase of 2 points as compared to 2022-2023, whilst the question related to recommending an employee's team as a good one to be part of, reported an increase of 1 point over the same period.

To promote continuous improvement, a questionnaire had been issued to a sample of iMatter teams to gather information on the experience of the previous year and improvements that could be implemented in the campaign moving forward. Early indications from survey responses pointed to the need for additional support in the Action Planning stage. It was advised that more Directorate Administrators would be recruited in all areas to promote more local access support for managers and survey participants. If this was successful, Directorate Administrators would be encouraged to hold campaigns within their respective areas during the Manager Team Confirmation and Questionnaire stages of the process, to foster ownership among teams, whilst also releasing resources within the iMatter Team, which could be used to offer support with the Action Planning stage of the campaign.

Nominees from the Committee were requested for participation in the video sessions being planned to launch the 2024-2025 iMatter campaign.

The Director of Workforce acknowledged the hard work undertaken by all stakeholders in making the 2023-2024 campaign a success and committed his support to the 2024-2025 campaign.

The Committee took **assurance** from the report and **noted** the improved outcomes from the 2023/2024 iMatter programme.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

11.1 Area Partnership Forum held on 22 November 2023 (unconfirmed)

The Chair questioned whether item 5.3 in the Area Partnership Forum Minutes (Agenda for Change Reduced Working Week Update) should be captured as an emerging risk. The Director of Workforce confirmed that this would be captured as a Workforce Planning risk and escalated as appropriate.

Action: Director of Workforce

11.2 Acute Services Division and Corporate Directorate Local Partnership Forum held on 9 November 2023 (unconfirmed)

11.3 Health and Social Care Partnership Local Partnership Forum held on 26 July 2023 (confirmed)

11.4 Strategic Workforce Planning Group held on 28 November 2023 (unconfirmed)

11.5 Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)

11.6 Equality & Human Rights Strategy Group held on 10 November 2023 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

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

There were no matters for escalation to the NHS Fife Board.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE OF NEXT MEETING

Wednesday 6 March 2024 at 10.00 am, via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Wednesday 6 March 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	11/01/24	Corporate Risks Aligned to Staff Governance Committee	To arrange a demonstration of the online Risk Summary Dashboard reporting tool at a future Committee Development Session.	RW	TBA	Committee Development Sessions will be arranged in due course.	On Hold
2.	11/01/24	Integrated Performance & Quality Report (IPQR)	To present a paper to the Committee outlining actions to effect improvements in the IPQR metrics, following consultation with relevant stakeholders.	DM	March 2024	On agenda 6 March 2024.	Closed
3.	11/01/24	Linked Committee Minutes - Area Partnership Forum (APF) held on 22 November 2023 (unconfirmed)	To capture Item 5.3 (Agenda for Change Reduced Working Week Update) from the APF minute as an emerging Workforce Planning risk.	DM	Immediate	Risk details updated to incorporate this risk.	Closed
4.	09/11/23	Integrated Performance & Quality Report	To have a Deep Dive on attendance management (and workforce indicators) at a future meeting and the Chair and Director of Workforce to agree a timescale out with the meeting.	DM	March 2024	Focus on Pharmacy Workforce to be arranged. Attendance Management update on agenda for 6 March 2024.	On Hold Closed
5.	09/11/23	Training Compliance Report 2022/2023	To bring an update back to the Committee in relation to the different approaches which are being explored in terms of flexibility, each aimed at improving overall compliance.	DM	March 2024	Update will be provided on 6 March 2024.	Closed

Meeting:	Staff Governance Committee
Meeting date:	6 March 2024
Title:	Committee Self-Assessment Report 2023-24
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Staff Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

A light-touch review of the standard question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the

questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2023. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

2.3 Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Staff Governance Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference. The schedule of meetings was thought to be appropriate for the Committee's annual cycle of business. It was noted that the Committee had, however, been operating without its full quota of Non-Executive members for some time, given vacancies and rates of attendance across the year, and that this needs to be addressed for the new financial year. The new Committee Induction Handbook has recently been finalised and is available to new members, and this was welcomed as a helpful initiative. The usefulness of Committee-specific development sessions, on pertinent topics that are considered by members to be the most relevant or pressing, was highlighted. Improvements in the Committee's reporting to the Board, via a Committee's Chair's update at each Board meeting, was also thought to have made a positive impact on raising awareness of the Committee's discussions and range of business.

Self-Assessment questionnaire (completed by members and attendees)

In total, 5 of 7 members (excluding the Chair) and 6 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a generally positive assessment from its members and attendees who participated, though a number of questions received a lower rating. There was a sense from respondents that the Committee's focus had improved over the past year and this was appropriately focusing on governance matters rather than operational detail. Agenda management had also improved, though there was still the occasional time pressure on meetings to complete the agenda, meaning later papers might be rushed. It was highlighted that the Committee had rarely had full member representation during the past year, due to vacancies or absence, and this had been felt by other members.

A number of areas for improvement were highlighted. Initial comments identified for further discussion include:

- the need to strengthen Non-Executive membership on the Committee and ensure regular attendance and participation from this cohort of the Board, given their vital scrutiny role;
- consideration should be given as to the linkages between Committee membership and Board Champion roles, such as the Staff Wellbeing Champion being included in the committee membership (this would also help partly address the first point above);
- some comments submitted that suggest more feedback from staff, particularly from clinical and operational leads, would be helpful in giving the Committee a more robust picture of current workforce challenges and pressures than performance data can provide;
- suggestions that a lag in performance data has to be compensated for by reports giving clear information on current actions and improvement trends, to ensure the Committee is aware of the present impact of mitigating actions, particularly around deviations in performance; and
- a recognition that risk reporting to the Committee, whilst improved, requires further work to link explicitly to the likely impact on strategic objectives.

Members are invited to highlight any other findings they would wish to see addressed over the Committee's next year of operation.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Invitation, and reminders, to complete the questionnaire were sent to all members, allowing for all the chance to submit feedback.

2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Discussion** – on what actions members would wish to see implemented to address those areas identified for improvement.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics						
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	3 (27%)	7 (64%)	1 (9%)	-	<p>It has been difficult over the past year with less than the required Non-Executive members due to lack of cover for the Acting Chair and lack of ability to attend from others. When an Executive is not available, they should be represented on all occasions by a suitably authorised Deputy.</p> <p>SGC has had reduced Non-Executive input this year, which has been noticeable in some, but not all meetings.</p>
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	3 (27%)	7 (64%)	1 (9%)	-	<p>The Committee includes key stakeholders but not all contribute or are invited to. Corporate functions talk to service activity which doesn't always reflect the reality of the operational services.</p> <p>As we move towards faster paced challenging times, it is worth reviewing the membership and the inclusion of the Medical Director would prove a beneficial addition to talk to their sphere of responsibility/authority.</p> <p>It would be good to ensure input from the Non-Executive Staff Wellbeing Champion into Staff Governance Committee in future.</p> <p>I think this could be enhanced with greater representation and feedback from staff.</p>
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	1 (9%)	9 (82%)	1 (9%)	-	<p>Participation is limited.</p> <p>The past year has seen a positive improvement in participation and acceptance of responsibilities and roles.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A4.	Committee members are able to express their opinions openly and constructively.	5 (45%)	6 (55%)	-	-	<p>This varies.</p> <p>The meetings are generally held in a very open and collegiate manner. Opinions offered are mostly discussed in a professional and improvement focussed manner.</p> <p>This is evident from discussion in the meetings. The atmosphere has improved during the course of this cycle of meetings.</p> <p>I think it's been a good year with positive challenge and feedback from colleagues in that the Staff Governance Committee is now better than it was in past years.</p>
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	2 (18%)	9 (82%)	-	-	<p>This varies, some items are over analysed others are not scrutinised above.</p> <p>The past year has seen a positive improvement in participation and acceptance of responsibilities and roles.</p> <p>This is also evident from discussion in the meetings, input from clinical, Acute and Health & Social Care Partnership attendees supports this.</p> <p>I believe we could be questioning IPQR issues more effectively.</p> <p>I think the challenge is developing and is constructive. We need to focus that even more for 2024/25.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	2 (18%)	8 (73%)	1 (9%)	-	<p>Positive development sessions.</p> <p>The development days are a very useful tool, however on occasion, in respect of matters which are discussed/agreed at other Governance meetings and could have implications/impact for other Governance Committees, or 'Emerging Issues', there could possibly be a lag or gap in these inputs.</p> <p>I think the SGC Development Sessions and matters taken outwith the main meeting support this.</p>
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	3 (27%)	8 (73%)	-	-	-
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	-	10 (91%)	1 (9%)	-	<p>Partially agree. On occasion there appears to be too much of a lag in reporting meaning that performance may have improved/deteriorated, since the report presented/being discussed. The performance reports themselves sometimes feel as if the same report as last meeting has been presented with no clear performance improvement.</p> <p>The timeline for data in reports which can be dated when received by Staff Governance Committee, has been supplemented by additional information by report authors.</p> <p>We occasionally have papers later than we would wish.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	2 (18%)	8 (73%)	1 (9%)	-	There could possibly be an 'off table' brief provided on inspections and matters from external regulators, particularly where failings or omissions are identified. This would ensure that when the matter is reported to committee it would be more of an update than a notification, this would in turn assist to retain the focus of the topic presented and inform the appropriate scrutiny and/or support to Executives and their teams. We provide audit reports and updates throughout the year.
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	2 (18%)	8 (73%)	1 (9%)	-	There could possibly be an 'off table' brief provided on relevant strategies, policies directions and instructions. This would ensure that when the matter is reported to committee it would be more of an update than a notification, this would in turn assist to retain the focus of the topic presented and inform the appropriate scrutiny and/or support to Executives and their teams. Updates go through Area Partnership Forum and then to Staff Governance Committee.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	-	11 (100%)	-	-	This is steadily improving. Mostly the information and data are appropriate. Efforts have been made to ensure SBARs achieve this. I will say agree but I do wonder if members would like more detail sometimes.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (18%)	9 (82%)	-	-	Mostly agree. Whilst appreciating the time required of individuals to prepare papers, depending on the topic and the data supporting, seven days can sometimes be too little, particularly if there is more than one Governance Committee in the same week. Late papers can add to the pressures.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	1 (9%)	9 (82%)	1 (9%)	-	<p>This remains variable - sometimes the agenda is too big.</p> <p>Mostly agree. Occasionally the timings allowed for papers are not sufficient which then means the time pressure to complete the meetings within the allocated time can stifle the ability to properly scrutinise/discuss later agenda papers. It is particularly noticeable for information/data heavy papers. This is inherently unfair on individuals who are attending to speak to the paper in question.</p> <p>While in there is generally sufficient time, meetings are occasionally rushed towards the end of the agenda.</p>
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	4 (36%)	7 (64%)	-	-	Thanks to the PA support for their efforts.
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	4 (36%)	7 (64%)	-	-	Again, thanks to the PA support for their efforts.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	3 (27%)	8 (73%)	-	-	The Chair of Staff Governance provides this update to each Board meeting.
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	2 (18%)	9 (82%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C. The Role and Work of the Committee						
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	4 (36%)	7 (64%)	-	-	-
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	-	10 (91%)	1 (%)	-	The past year has seen an improvement in the understanding of all Committee members of the correct focus and reasons for this. This is an area of improvement in my opinion, rather than focusing on operational matters.
C3.	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	2 (18%)	8 (73%)	1 (9%)	-	Mostly agree. Occasionally the timings allowed for papers are not sufficient which then means the time pressure to complete the meetings within the allocated time can stifle the ability to properly scrutinise/discuss later agenda papers. It is particularly noticeable for information/data heavy papers. This is inherently unfair on individuals who are attending to speak to the paper in question.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	3 (27%)	7 (64%)	1 (9%)	-	Minutes and Non-Executive briefings to the full Board are a useful vehicle to ensure this is visible.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?					<p>A consideration to four quarterly meetings to allow matters to progress sufficiently between reporting cycles.</p> <p>As stated earlier, off table briefings on urgent and or emerging matters, particularly if matters are performance or legislation relevant, time critical or if it occurs early in the next meeting cycle timeline.</p> <p>As stated earlier, it would be good to ensure input from the Non-Executive Staff Wellbeing Champion into Staff Governance Committee in future.</p> <p>Commenting specifically on whistleblowing the Committee has not received timely reports - there is too much of a time lag between key reporting periods and when information arrives to the committee. This means that emergent issues are not being considered at the right time.</p> <p>More timely reports.</p> <p>Agreed steady membership and who is chairing for next few years would be good.</p>
D. Staff Governance Committee specific questions						
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	1 (9%)	8 (73%)	2 (18%)	-	<p>I agree that for some risks, operating outside of appetite, there is assurance given that all aspects within the gift of the Board to manage are being undertaken. On other occasions there is limited if any assurance that progress is being enacted in a timely manner, or reasons why this may be the case.</p> <p>This is a personal view on the level of assurance of effectiveness of risk mitigation. And the lack of clear connection of the impact of this on strategic objectives. But there are increasing examples of papers that are trying to address key areas. Such as absence, staffing costs and training.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D2	There is appropriate coverage of the key components of the Committee's remit in meeting agendas (i.e., as an example, for Clinical Governance, the full range of clinical governance activity, including Patient Safety, Quality of Care, Clinical Effectiveness and Patient Experience, is reviewed during the year - and similarly so for other committees).	1 (9%)	10 (91%)	-	-	Generally, the agenda ensures that this is the case.
D3.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (9%)	10 (91%)	-	-	There has been an improvement over the last year as the organisation has identified the differing data sources in use/available and how they can be utilised to ensure that the 'Fife' picture is clear... We can see deviation. Rectification of this so not as clear. The information is the same as presented to all Governance Committees
D4.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	2 (18%)	8 (73%)	1 (9%)	-	I agree that for some risks, operating outside of appetite, there is assurance given that all aspects within the gift of the Board to manage are being undertaken. On other occasions there is limited if any assurance that progress is being enacted in a timely manner, or reasons why this may be the case. I say agree but I do wonder if more scrutiny is required when performance is not where it should be.

Meeting:	Staff Governance Committee
Meeting date:	6 March 2024
Title:	Annual Review of Committee's Terms of Reference
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This report is presented to the Committee for:

- Decision

This report relates to:

- Local policy

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

- Effective

This report aligns to the following Staff Governance Standard(s):

- Well informed
- Appropriately trained & developed
- Involved in decisions

2 Report summary

2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2023, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. The proposed amendments either

address outstanding internal audit recommendations (i.e. the inclusion of a clause at 5.1 re workforce planning and, at 5.2, a clause on the Committee's oversight of Whistleblowing) or are minor changes of a clarifying / updating nature.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Staff Governance Committee's Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.
- 1.2 To assure the Board that the staff governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within services, including those devolved to the Integration Joint Board.
- 1.4 To evaluate agreed plans that have relevance to staff governance matters in the ~~development and implementation~~ and delivery of the Population Health & Wellbeing Strategy.

2. COMPOSITION

- 2.1 The membership of the Staff Governance Committee will be:
 - Four Non-Executive members of the Board, one of whom will be the Chair of the Committee.
 - Employee Director
 - Chief Executive
 - Director of Nursing
 - Staff Side Chairs of the Local Partnership Forums, or their nominated deputy
- 2.2 Each member shall give notification if they are unable to attend a meeting. For Non-Executive members, they shall notify the Committee Chair, who may ask other Non-Executive members to act as members of the Committee to achieve a quorum. For Staff Side Chairs of the Local Partnership Forums, they will notify the Lead Officer, confirming their nominated deputy. This will be reported to the Committee Chair. This information will be drawn to the attention of the Board.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely

or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Workforce
- Director of Acute Services
- Director of Health & Social Care
- Board Secretary
- Deputy Director of Workforce and Heads of Service, Workforce Directorate

2.4 The Director of Workforce will act as Lead Executive Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless:

- at least three members are present, at least two of whom should be Non-Executive members of the Board.
- at least one of the Staff Side Chairs of the Local Partnership Forums or their nominated deputy is present.

4. MEETINGS

4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than four times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;
- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;
- Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;

- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;
 - Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;
 - Contribute to the development of the Annual Operational Delivery Plan, in particular but not exclusively, around issues affecting staff;
 - Exercise oversight of Workforce Planning, delivery and risk, to enable appropriate scrutiny and monitoring of the Board's Workforce Plan, its delivery against the agreed workplan, and the impact on related strategic risks;
 - Support the continued development of personal appraisal, professional learning and performance;
 - Review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility;
 - Undertake an annual self-assessment of the Committee's work and effectiveness.
- 5.2 The Committee shall review the arrangements for employees raising concerns, in confidence, in line with the National Whistleblowing Standards. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.
- 5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. ~~This will be submitted to the Board via the Audit and Risk Committee.~~ The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year, for presentation to the Audit & Risk Committee in June and the Board thereafter.
- 5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.
- 5.5 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and the Scottish Public Finance Manual.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Staff Governance Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Update on Corporate Risks Aligned to the Staff Governance Committee
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Pauline Cumming, Risk Manager

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe, Effective & Person Centred

This report aligns to the following Strands of the Staff Governance Standard:

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

2. Report Summary

2.1 Situation

This paper provides an update on the Risks aligned to this Committee since the last report to the meeting on 11 January 2024. Members are invited to:

- Note details of the Corporate Risks as at 5 February 2024 set out at Appendix 1;
- Consider the recommendation to amend the description for Risk 11 - Workforce Planning and Delivery, noting that an Workforce Planning update will be provided at Agenda Item 5.7;
- Review all information provided against the Assurance Principles at Appendix 2 and the Risk Matrix at Appendix 3;

- Consider and be assured on the mitigating actions to improve the Risk levels;
- Conclude and comment on the assurance derived from the report.

2.2 Background

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

- Relevance
- Proportionality
- Reliability
- Sufficiency

2.3 Assessment

The updated Strategic Risk Profile is provided at Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

Details of the Risks aligned to the Staff Governance Committee are summarised in Table 2 below and at Appendix 1.

Table 2: Risks Aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve staff experience and wellbeing	2 - - -	◀▶	<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 	Mitigations updated for Risks 11 and 12
 To improve the quality of health and care services	- 1 - -	◀▶	<ul style="list-style-type: none"> 19 - 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019' 	Mitigations updated for Risk 19

Since the last report to the Committee on 11 January 2024:

- Three risks continue to be aligned to this Committee.
- The risk ratings and levels are unchanged with Risks 11 and 12 assessed as High, and risk 19 as moderate.

UPDATES

Risk Descriptions

Risk 11 – Workforce Planning and Delivery

Following discussion at recent Operational and Strategic Workforce Planning meetings and at previous Staff Governance Committee meetings, it is proposed that the existing risk description requires to be amended to more accurately reflect the specific nature of the workforce challenges facing the Board.

The Committee is therefore asked to consider the following proposed change:

From: “*There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services*”.

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

The on-going national shortages of trained staff are well documented and can only be mitigated in part by workforce planning. A Workforce Planning update is on the Agenda at Item 5.7. In addition, this risk may be subject to further change given the current Reform, Transform, Perform focus.

Risk 19 – Implementation of Health and Care (Staffing) (Scotland) Act 2019 (HCSA)

The current actions to prepare for the implementation of the Act from April 2024 are progressing well. However, Scottish Government feedback on the Board’s Quarter 2 Return submission is still awaited and this in turn may lead to reconsideration of priorities. The scale back of the implementation of eRostering and the associated SafeCare module within the Board will also have an impact in terms of future reporting requirements.

Deep Dive Reviews

Deep Dive reviews continue to be an important element of our assurance approach.

The requirement for a Deep Dive review will continue to be determined through routes including the Executive Directors Group and the Risks & Opportunities Group. Such decisions will be informed by intelligence within operational teams, as well as consideration of trigger factors such as the creation of a new corporate risk, materially deteriorating risks, or the proposed de-escalation / closure of a corporate risk, as recommended in the update report to the January meeting of this Committee. These recommendations were also contained within update reports to the other standing Committees.

It is recognised that Committee Chairs may commission Deep Dive reviews for reasons other than the above. Such exceptions will be considered on a case by case basis.

The refreshed approach will be implemented in Quarter 1 2024/2025.

Next Steps

The Risks & Opportunities Group will continue to promote and support the further development of risk management, and consider possible enhancements in this area. The Corporate Risk Register and Deep Dive Reviews, will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations.

2.3.1 Quality / Patient Care and Value-Based Health & Care

Effective management of risks will support delivery of all strategic priorities. Applying realistic medicine principles will ensure a more holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

This report contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

The management of the Corporate Risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and workplans, with updates provided via established Governance routes, for example, Programme Boards, Steering Groups and other management groups. These include the Workforce Senior Leadership Team and the local Health and Care (Staffing) (Scotland) Act 2019 (HCSA) Reference Group.

The above groups provide fora in which there can be due diligence on the risks, contributing to more transparent decision making and good corporate governance.

Risk Appetite

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

- Risks 11 and 12 align to Strategic Priority 3: To Improve Staff Experience and Wellbeing. The Board has a Moderate appetite for risks within this domain. Both risks remain high and therefore above appetite.
- Risk 19 aligns to Strategic Priority 2: To improve the Quality of Health and Care Services. The Board has a Moderate appetite for risks within this domain. The Risk is currently assessed as Moderate and is therefore within appetite.
- 67% of the risks aligned to this Committee remain above risk appetite, which reflects the on-going level of delivery challenge across the services.

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

An impact assessment has not been completed as any service based proposals in relation to any workforce related risks would generate an Impact Assessment. The HCSA risk applies equally to all relevant categories of staff.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, Involvement, Engagement and Consultation

This paper reflects a range of communication and engagement with key stakeholders, including the NHS Fife Area Partnership Forum on 24 January 2024, the NHS Fife HCSA Local Reference Group on 19 January 2024, the NHS Fife Operational Workforce Planning Group on 25 January 2024 and the NHS Fife Staff Health & Wellbeing Group on 27 February 2024.

2.3.8 Route to the Meeting

Via the various meetings set out above.

2.4 Recommendation

This report is presented to the Staff Governance Committee for **Assurance** and members are invited to:

- Take a “**reasonable**” level of assurance that all actions within the control of the organisation are being taken to mitigate these risks, as far as it is possible to do so;
- Endorse the description change for Risk 11: Workforce Planning and Delivery

3. List of Appendices


The following appendices are included with this report:

- Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 5 February 2024
- Appendix 2: Assurance Principles
- Appendix 3: Risk Matrix

Report Contact:

Pauline Cumming
Risk Manager, NHS Fife
Email: pauline.cumming@nhs.scot

Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 5 February 2024

 To improve staff experience and wellbeing								
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
11	Workforce Planning and Delivery Proposed revised description There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.	Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans. Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2023 to 2026 and the integration agenda. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an Anchor Institution, e.g. Employability agenda / Modern Apprenticeships. Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between supply, demand, the financial envelope and identifying workforce and non workforce solutions services are progressing to mitigate workforce risks and balance service delivery.	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>Quarterly Workforce Planning updates have been built into the governance cycle for 2024/2025.</p> <p>Consideration of impact of planned reduction in Agenda for Change staffs' full time working week from 37.5 hours to 36 hours per week on workforce numbers and service capacity, with modelling being undertaken in line with National implementation plans.</p> <p>Progression of Bank and Agency Programme of Work and Nursing & Midwifery Workforce actions, to improve workforce sustainability, e.g. introduction of Assistant Practitioner roles and new Registrant recruitment.</p> <p>A successful mass recruitment event held on 1 June 2023, to support workforce sustainability, attracted over 350 applicants, with over 100 offers of employment made. Candidates have undergone pre-employment checks with all candidates now confirmed and allocated to services, based on priority of need and skill mixed required.</p> <p>The Fife Care Academy held a recruitment event in November 2023 to support workforce sustainability. The event was attended by over 20 providers including NHS Fife nursing, Fife Council,</p>						



To improve staff
experience and
wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>independent and third sectors. A further event is planned for 21 February 2024, with 24 employers represented. The Care Academy Strategic Group is arranging tracking of all HSC learning activity to support mapping of course progression to inform future programme capacity.</p> <p>Local NHS Fife HCSA Reference Group is well established, with multi disciplinary, Board wide representation informing preparatory work for Act implementation in April 2024. Teams Channel created and supporting HCSA documentation shared within NHS Fife.</p> <p>Commencement of local guidance chapter testing to support the implementation of the Health and Care (Staffing) (Scotland) Act (2019) within NHS Fife. Five SWOT Analyses have been shared at the local Board Reference Group and with the National Testing Steering Group, to facilitate shared learning. Chapter Guidance testing will be completed by 31 March 2024.</p> <p>A HSCP reference group has also been established, with multi service representation including named CI registered managers. Sector leads form</p>						



To improve staff
experience and
wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>Third and Independent sector are included. A Teams channel and self-assessment tool have been created and work on compiling the findings is advanced. Engagement sessions for the managers / supervisors are underway in two of the three services and a communication plan is being developed.</p> <p>The risk on the preparations for HCSA implementation has now been added to the Corporate Risk Register and is monitored via the NHS Fife HCSA Local Reference Group.</p>						



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
12	Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022 and complementary Action Plan for 2023 to 2025 now approved, in order to deliver these commitments.</p> <p>Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, aligned to Action Plan.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and wellbeing.</p>	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve the
quality of health
and care services

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
19	<p>Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]</p> <p>Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements.</p> <p>While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.</p>	<p>NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, now well established. Frequency of meetings increased to monthly from September 2023.</p> <p>NHS Fife participating in nationally led Chapter Guidance testing and monthly national Chapter Testing Group meetings. Five SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness.</p> <p>Fortnightly Healthcare Improvement Scotland (HIS) / Scottish Government (SG) monitoring meetings in place with Head of Workforce Planning & Staff Wellbeing & N&M Workforce Lead.</p> <p>N&M Workforce Lead in post since March 2021, with SG funding provided.</p> <p>HCSA resources shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p>	<p>Moderate 12 (L4x C3)</p>	<p>Moderate 9 (L3xC3) 01/04/2024</p>	◀▶	Within	Director of Workforce	<p>Staff Governance Committee (SGC)</p>



To improve the
quality of health
and care services

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>Quarterly progress returns submitted to SG. Feedback informs local action plan.</p> <p>Regular updates provided to APF, EDG and SGC.</p> <p>Successful Board wide engagement event held with NHS Fife / Scottish Government / Healthcare Improvement Scotland on 30 November 2023.</p> <p>Planning underway for next event.</p>						

Risk Movement Key

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

Appendix 3 Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- Scrutiny or risk delegated to Committee

Year End Report

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





General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Appendix 4: Risk Assessment Matrix

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

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

Figure 1 Likelihood Definitions

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

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

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

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

Figure 2 Risk Matrix

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

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

Figure 3 Consequence Definitions

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

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

Meeting:	Staff Governance Committee
Meeting date:	Wednesday 6 March 2024
Title:	Attendance Management Actions for 2024 / 2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing & Relations

1. Purpose

This report is presented to Staff Governance Committee (SGC) for:

- Assurance

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

This report aligns to the following NHSScotland quality ambitions:

- Safe, Effective and Person Centred

This report aligns to the following Staff Governance Standard:

- Provided with a continuously improving & safe working environment, promoting the health & wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

An update on attendance management was last provided in July 2023; this paper provides details of plans to progress promoting attendance issues and details proposed actions that are intended to deliver a reduction in sickness absence by the end of 2024 / 2025.

2.2 Background

Given the current absence trend and the ask by Scottish Government (SG) to reduce sickness absence in 2024 /2025, it is recognised that there would require to be a change in emphasis to secure a longer term, sustainable improvement in absence rates within NHS Fife, taking account of existing managerial, occupational health, workforce, and organisational inputs.

For transparency, **Appendix 1** sets out the current absence rates, reasons for absence and details of areas within the Board where areas are classified as 'high priority' based on aggregated absence rates in last three months.

2.3 Assessment

Consistent with the pattern seen in previous years, December 2023 was the highest sickness absence rate of 2023, with a rate of 7.80%. In line with previous years it is expected that we will see an improved sickness absence rate in the first part of 2024.

Given the above, the aim now is to drive forward improved attendance management working towards a reduction in our absence rate over 2024 / 2025, figures being available via the Whole Systems Dashboard and noting historically the original SG HEAT standard was 4% absence.

We recognise that there are resource constraints and that we must now focus our resource on the areas of most need and what will have the most impact on improving attendance.

The Attendance Management Group will stand back up with executive membership to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate are at initial stages of developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas. This work will be overseen by the newly formed Attendance Management Group.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be implemented during 2024 / 2025:

- Promote Attendance Management training programmes and the TURAS Learn NHS Scotland Attendance eLearning module, this will be enhanced by introducing Bite sized learning sessions, designed to meet the needs of managers with busy schedules.
- Improve long term sickness absence due to mental health, using our core Occupational Health provision, the additional input of the OH Mental Health Nurse and other support services.
- Utilise our Occupational Therapy Fatigue Management service to support successful returns to work.
- Our OH Team will focus on Musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

- Expand the use of Promoting Attendance Panels which provide opportunities for case discussion, shared learning, expert OH input and provision of assurance on consistency of application of the Once for Scotland Attendance policy and best practice.
- Implement a Neurodiversity passport to support managers and neuro diverse staff in the workplace.
- To support staff to achieve a healthy work life balance, we will also promote and deliver information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.
- A review of Occupational Health to ensure that we focus the resource we have against staff with the greatest need.

Alongside attendance initiatives, work on staff health and wellbeing will both continue and commence into 2024 /2025:

- Promote and signpost staff to our in-house core support services such as counselling, occupational health, staff listening service, peer support and psychology staff support service.
- Continue to promote resources such as the Live Positive Tool Kit, the HSE Stress Talking Toolkit and resources, our Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from our existing Mindfulness video clips and our TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.
- Continue to develop our approach to Values Based Reflective practice.
- We will expand the use of the HSE Stress Talking Toolkit to facilitate conversations and develop action plans to reduce stress in the workplace.
- We will also continue to review our offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example modernisation of our Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals.

There is no one thing that helps improve attendance management levels, we need to work with our staff, managers, and staff side colleagues to fully understand the reasons by area and how best to offer bespoke support. The recent appointment of the Associate Director of Wellbeing, Leadership & Culture will drive forward work in this area that will contribute to the management and co-ordination of the Organisations Wellbeing and Culture.

We want to maintain our staff at work and help to keep them healthy and need to maximise ways to do that, but we also need to realise that we will all require time away

from work for illness at some point in our careers, and how we are treated during that time is hugely important to our values and self-worth.

2.3.1 Quality, Patient and Value-Based Health & Care

Supporting high attendance at work will have a positive impact on both staff and service delivery, improving both the patient care and staff experience.

2.3.2 Workforce

High attendance at work will have a positive impact on all staff and therefore on patient care. Supporting managers to nurture a positive workforce culture and signposting to the resources available will contribute to staff health and wellbeing and the organisations wellbeing. This is in line with the ambitions set out within the Population Health & Wellbeing Strategy. Good staff engagement and managers who are empowered to have supportive and sometimes challenging discussions are key to achieving this. Initiatives targeted at preventing absence should be embedded within all of these discussions.

2.3.3 Financial

No financial impact has been identified at this time however there could be potential for improvement work to generate a saving in terms of staffing costs, where this is a double or greater cost to cover the absence. Any additional support in line with the suggestions above, will have resource implications.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision and / or high levels of absence may impact on service delivery. Support from both the Workforce Directorate and management capacity given current service challenges may pose a further risk.

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

One of the Anchor Institution ambitions is around widening access to quality work. This includes a focus on staff wellbeing; good staff experience which, in turn, will help to retain staff.

2.3.6 Climate Emergency & Sustainability Impact

No impact has been identified.

2.3.7 Communication, involvement, engagement and consultation

Actions proposed are being discussed with all relevant Executive Director colleagues and their Senior Leadership teams, along with the Employee Director, staff side colleagues and the Workforce Directorate.

2.3.8 Route to the Meeting

This paper has been previously considered by the Workforce Directorate, Executive Directors Group and service leads, who have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided to Staff Governance Committee for **Assurance** and members are asked to:

- **Note** the current absence information detailed within Appendix 1
- **Note** the plans to consider how NHS Fife should approach this complex and long-standing issue.

3. List of Appendices

The following appendix is included with this report:

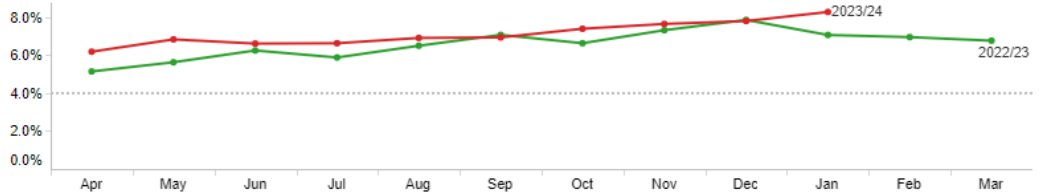
- Appendix 1: NHS Fife Sickness Absence Tableau Reports – January 2024

Report Contact:

Sandra Raynor
Head of Workforce Resourcing & Relations
Email: sandra.raynor@nhs.scot

Appendix 1: NHS Fife Sickiness Absence Tableau Reports – January 2024

Sickness Absence Rate



Show trend by
 Month
 Quarter

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	5.14	5.63	6.25	5.88	6.50	7.07	6.63	7.31	7.85	7.06	6.95	6.76
2023/24	6.18	6.83	6.61	6.63	6.91	6.93	7.39	7.64	7.80	8.27		

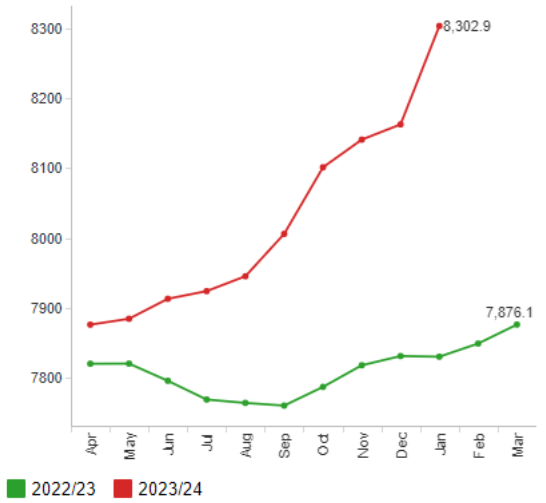
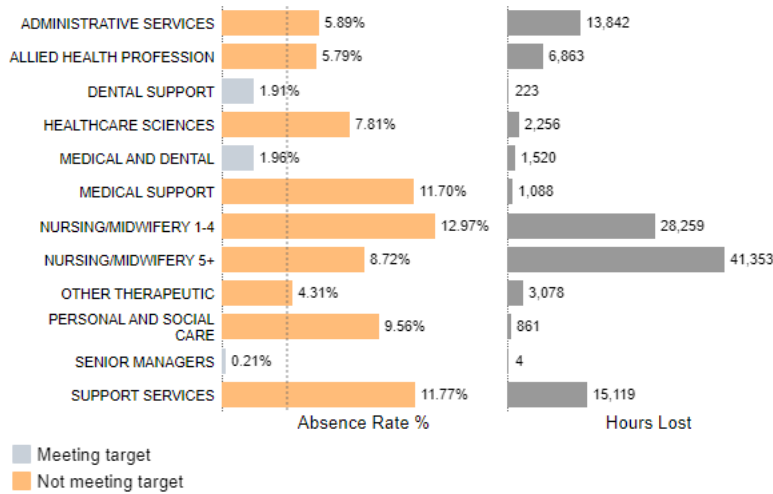
Absence Rates and Hours Lost by Job Family and Month

Job Family

and Month

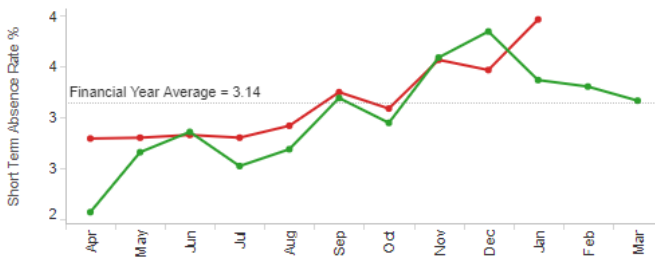
January 2024

Staff in post (WTE)

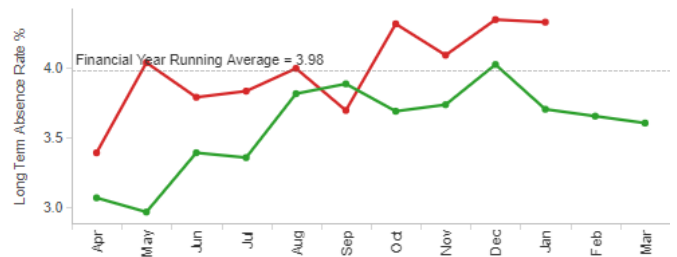


Sickness Absence Rate Short Term vs. Long Term

Short Term



Long Term



Overall Absence Rate and Hours Lost by Age Group

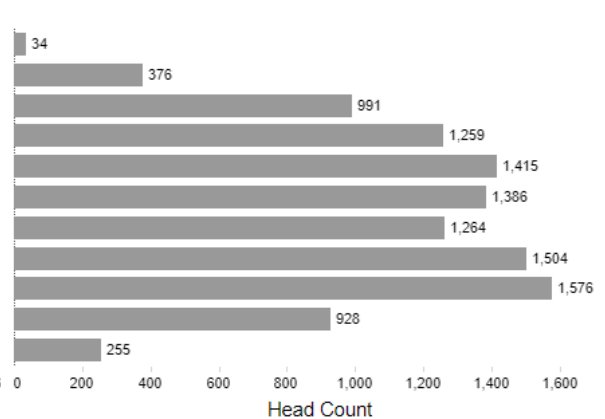
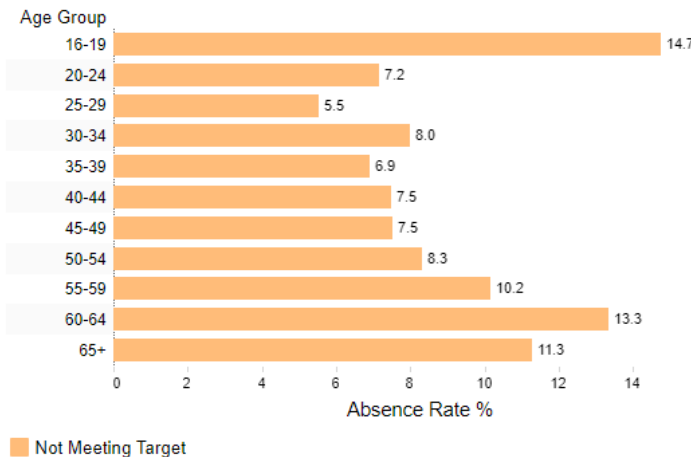
This chart will hide age groups with a headcount of 5 or less

Choose Short Term / Long Term

Select Month(s)

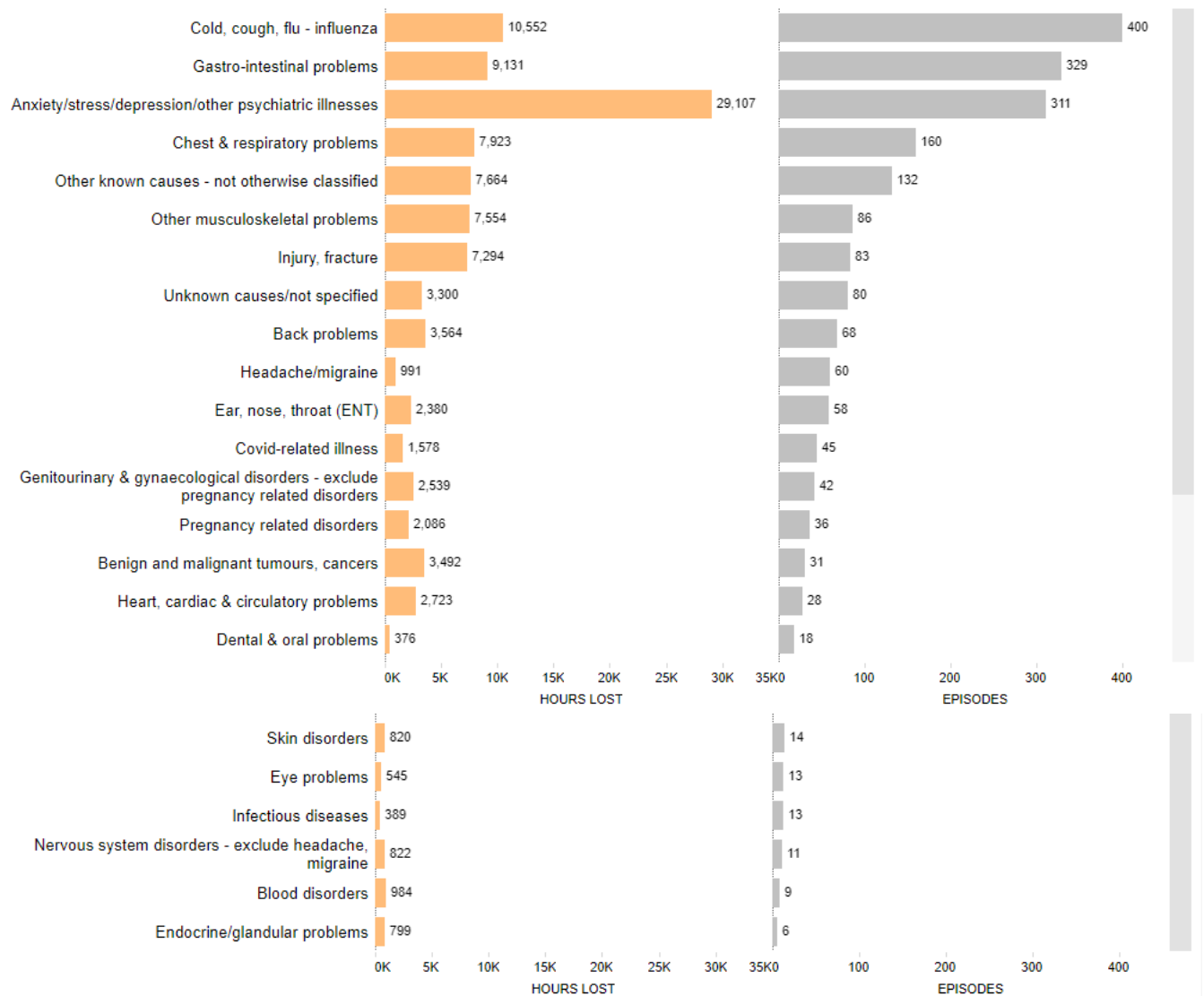
Overall

January 2024



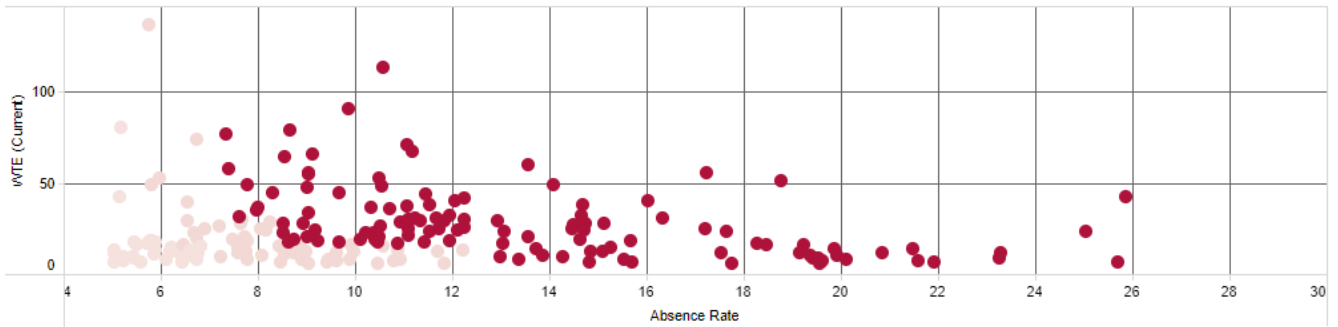
EPISODES AND HOURS LOST by Reasons for Overall Absence

The visualisation excludes any absence reason which has less than 5 episodes recorded for the 12 months prior to the time period selected, this is to protect confidentiality. This data is available to Directorate level.



Level of Priority by WTE and Absence Rate - Latest 3 Months

LOW PRIORITY HIGH PRIORITY
MEDIUM PRIORI...



High Priority Departments - Latest Three Months

Filter Department by Priority

High Priority



Export	Department	WTE (Current)	Absence Rate
Click here to select all data for export into Excel	Vhk Ward 32 Moe	42.6	25.9
	Vhk Endoscopy Booking Unit	6.9	25.7
	Hs - Glen Hosp Wd 1 Nurs	23.5	25.1
	School Nurses In Training	12.0	23.3
	Anticipatory Care West Div	8.6	23.3
	Nef Community Midwives	6.9	21.9
	Ff Cam Hos Catering Pat	7.0	21.6
	Vhk Antenatal Clinic	14.0	21.5
	Qmh Mh Occup Therapy	11.8	20.8
	Cs Community Paeds Admin	8.4	20.1
	Ict Dunfermline Generic	10.1	19.9
	Qmh Outpatients	13.9	19.9

Export	Department	WTE (Current)	Absence Rate
	Qmh Outpatients	13.9	19.9
	Ff Vhk Portering Wkly	7.1	19.6
	Ff S'eden Portering	6.1	19.5
	Vhk Pre-assessment	8.6	19.5
	Ff Qmh Fac Cleaning Wkly	8.9	19.4
	Workforce Operational Team	10.0	19.4
	Dunfermline Hospital At Home	16.5	19.2
	Vhk Interventional Radiology	11.5	19.2
	Ff Vhk Portering	51.6	18.8
	Hs - Glen Hosp Wd 3 Nurs	15.9	18.5
	Emergency Care Pool	17.1	18.3
	Primary Care Team	6.0	17.7
	S'eden Dav Nurse Lomond	23.7	17.6

Export	Department	WTE (Current)	Absence Rate
	Icass Dunfermline Admin	11.5	17.5
	Medical Secretaries	55.8	17.2
	Ff S'eden Cleaning Gen	25.0	17.2
	Qmh Ward 6	30.4	16.3
	Vhk Ward 33 - Orthopaedics	40.0	16.0
	Ph - Hp Hiss Core Service	6.8	15.7
	Kirkcaldy Hospital At Home	18.0	15.7
	Vhk Maternity Care Assistants	8.3	15.5
	Fe Vhk Est Engineering	14.4	15.3
	Wbh Day Nursing Ravensraig	27.7	15.1
	Tissue Viability	12.3	15.1
	Cs - Ict Glenrothes Physio	12.7	14.8

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Whistleblowing Process – Short-Term Implementation Plan
Responsible Executive:	David Miller, Director of Workforce
Report Authors:	Gillian MacIntosh, Board Secretary / Sandra Raynor, Head of Workforce Resourcing & Relations

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective and Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:

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

2. Report Summary

2.1 Situation

Members are asked to note the update provided in this paper on work underway to progress with the refresh of process around the governance of Whistleblowing compliance reporting within NHS Fife, after the completion of a number of internal audit recommendations related to the Board's implementation of the National Whistleblowing Standards.

2.2 Background

The National Whistleblowing Standards, which establish a common approach for Whistleblowing concerns across NHS Scotland, were launched in April 2021. Since their introduction, the Board and the Staff Governance Committee has received regular reports

on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards.

Each NHS Board has a dedicated Whistleblowing Champion, who monitors and supports the effective delivery of the organisation's Whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent National Whistleblowing Officer. The Board's Whistleblowing Champion, Kirstie Macdonald, is an *ex officio* member of the Staff Governance Committee and a full Non-Executive member of the Board. The Whistleblowing Champion is predominantly an assurance role, which helps NHS Boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with the national Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

2.3 Assessment

It has been recognised both by the Staff Governance Committee and Internal Audit that our current approach and arrangements for the oversight, co-ordination and reporting of Whistleblowing concerns does not fully reflect best practice, in that the involvement of Human Resources / Workforce Directorate in the process can inadvertently be off putting to staff seeking to raise concerns, given the potential for possible conflict with staff disciplinary and conduct processes.

Over the last few months, work has progressed in relation to a re-implementation of the Board's approach, with the ambition to transition to a new model from 1 April 2024. A few of the proposed features agreed late last year were initially planned to include:

- Executive oversight to move to the Chief Executive rather than the Director of Workforce;
- Enhanced governance via a Whistleblowing Oversight Group chaired by the Chief Executive;
- Enhanced operational management through the introduction of a standalone Speak-Up / Whistleblowing Coordinator role, managed through the Corporate Governance function, reporting to the Board Secretary & Head of Corporate Governance;
- Further operational enhancements through the establishment of a Whistleblowing Decision Making Team, which will be multi-profession including HR, clinical governance, staff side and others; and
- Introduction of a Speak-Up email and phone line, as a means for staff to seek support and advice.

A number of further actions have already been progressed, including training and support for Confidential Contacts and other actions to address the recommendations of a recent internal audit report.

A summary is provided below of some of the recommendations that have been address as part of the internal audit:

- Action Plan to Staff Governance Committee now includes in quarterly reporting an update on the action plan to include target dates and responsible officers;

- Action Plan to Staff Governance Committee now includes scheduling of annual reviews of the format of quarterly and annual reporting;
- The creation of a Terms of Reference for Commissioning Officers that includes provision of administrative support, a target date for completion, allocation of management time to undertake the investigation and ensure the investigating officer completes the TURAS modules.

In relation to the planned introduction of a new support role for Whistleblowing, whilst a job description for the Speak Up / Whistleblowing Co-ordinator has been agreed and evaluated as an AfC Band 5, given the current financial situation of the Board, it is regrettably not possible to progress with the recruitment of this new post at this point in time. This position not to proceed with recruitment has been reviewed and supported by the Finance, Performance & Resources Committee at its meeting in January 2024. Nevertheless, ongoing review of the redeployment register will be undertaken to examine if there are any suitable individuals within the workforce, with the right skillset as detailed in the job description, who could be used to undertake this role in the future. Review of existing roles across corporate functions will also be undertaken, to examine if additional capacity can be utilised to support some of the tasks outlined in the job description. The Workforce Directorate, with input from Corporate Governance & Board Administration, will continue to support the Whistleblowing Standards as per current arrangements until we are able to finalise the re-implementation of whistleblowing across NHS Fife.

We remain committed to the new way of re-implementing the National Whistleblowing Standards across NHS Fife and are continuing to explore options to progress with a number of the process improvements mentioned above, without seeking additional resource at this time. These include establishing the new Oversight and Decision making groups mentioned above, seeking wider input into the regular assurance reporting, and considering what further can be done to promote and publicise the Standards widely across the organisation.

2.3.1 Quality, Patient and Value-Based Health & Care

Procedures for raising Whistleblowing concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling Whistleblowing concerns ensures that learning and improvement is progressed for upheld Whistleblowing concerns and are shared across all relevant services, helping to enhance quality of care and patient safety.

2.3.2 Workforce

The monitoring of Whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork.

These Standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

Due to current financial constraints, it is not possible at this time to take forward the proposed stand-alone Speak Up / Whistleblowing Coordinator role that would help support the further embedding of the Whistleblowing Standards across the organisation, but this will remain under review as the Board's financial position improves.

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous / unnamed concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Discussion regarding the funding for the Speak Up / Whistleblowing Coordinator role took place at the Finance, Performance & Resources Committee on 16 January, as detailed in the minutes of that meeting.

2.3.8 Route to the Meeting

This report was considered at EDG on 29 February 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for **Assurance** and members are asked to note the content.

3. List of Appendices

N/A

Report Contacts:

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Sandra Raynor
Head of Workforce Resourcing & Relations
E-mail: sandra.raynor@nhs.scot

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Whistleblowing Quarter 3 Report 2023 / 2024
Responsible Executive:	David Miller, Director of Workforce
Report Authors:	Sandra Raynor, Head of Workforce Resourcing and Relations Gillian MacIntosh, Head of Corporate Governance & Board Secretary

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal requirement

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

- Safe, Effective and Person Centred

This report aligns to the following Strand/s of the Staff Governance Standard:

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

2. Report Summary

2.1 Situation

The National Whistleblowing Standards (the Standards) have been in place now since 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns.

2.2 Background

This report is to provide Staff Governance Committee members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing and data on the training modules undertaken during Quarter 3 (1 October to

31 December 2023). The report also provides an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports.

2.3 Assessment

Whistleblowing Concerns Reporting

NHS Fife received no Whistleblowing Concerns during the third quarter reporting period within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns Reporting

NHS Fife received two Anonymous / Unnamed Concerns during the third quarter reporting period.

Local Press Coverage

There were no whistleblowing articles published in the local newspaper during the third quarter reporting period.

Training Module Data

Managers and staff, including new starts are reminded routinely to complete the appropriate training available from the INWO and we review the data quarterly and consider any appropriate actions.

The Quarter 3 data report referred to above is detailed within Appendix 1, for information.

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

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork.

These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous / unnamed concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2023 / 2024, quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes, Local Partnership and Area Partnership fora, HR Policy Group and Whistleblowing Oversight Group.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for **Assurance** and confirms:

- There were no whistleblowing concerns received in Quarter 3; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local newspaper; the whistleblowing training undertaken during Quarter 3, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage and Whistleblowing Training undertaken during Quarter 3, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports

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Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Whistleblowing Training Undertaken During Quarter 3, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports

1. Introduction

This report provides details of Whistleblowing Concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received During Quarter 3

There were no Whistleblowing Concerns received during Quarter 3.

Quarter 1 1 April to 30 June	Theme	Division	Service
One	Poor Patient Care and Hostile Culture	HSCP	Complex & Critical Care
Quarter 2 1 July to 30 September	Theme	Division	Service
Nil			
Quarter 3 1 October to 31 December	Theme	Division	Service
Nil			
Quarter 4 1 January to 31 March	Theme	Division	Service

3. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned

The themes, actions taken, lessons learned, and confirmation of the concern being closed and actions taken from the Whistleblowing Concerns lodged within Complex & Critical Care, HSCP, during Quarter 1 highlighted in the table above is as below:

2023/2024 Quarter 1				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
Whistleblowing Concern 1 HSCP, Complex & Critical Care	Safe Staffing	<ul style="list-style-type: none"> Ensure service leadership team supports daily safe staffing reviews, Implement recruitment processes to optimise recruitment to vacancies. 	<ul style="list-style-type: none"> Dynamic risk and operational challenges can impact on safe staffing. Vacant RMN posts were impacting on staff morale and function of ward environment. 	Yes On-going

2023/2024 Quarter 1				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
	Supervision	<ul style="list-style-type: none"> Implement NES supervision resources to support supervision delivery. Implement monthly planned supervision and record delivery. Implement ad hoc supervision to support meaningful supervisory culture and record delivery. 	<ul style="list-style-type: none"> Supervisory support was sub-optimal within staff team impacting on staff morale and confidence in role. 	Yes On-going
	Care Planning	<ul style="list-style-type: none"> Implement Documentation Audit 	<ul style="list-style-type: none"> Need to ensure all care plans evidence patient involvement in care planning 	Yes
	Philosophy of care	<ul style="list-style-type: none"> Ward management team to instigate tangible actions to embed Safe wards in team culture. 	<ul style="list-style-type: none"> Identified need to strengthen person-centred culture 	Yes On-going

4. Anonymous / Unnamed Concerns Received During Quarter 3

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous / unnamed concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”. Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous / Unnamed Concerns received during Quarter 3:

Quarter 1 1 April to 30 June	Theme	Division
Nil		
Quarter 2 1 July to 30 September	Theme	Division
Anonymous Complaint 1	Bullying	HSCP – Complex & Critical Care
Anonymous Complaint 2	Alleged Bullying and Harassment, not adhering to recruitment and selection, health and safety and flexible working processes, does not give recognition to others and takes the credit, breach of confidentiality.	HSCP – Primary & Preventative Care

Quarter 3 1 October to 31 December	Theme	Division
Anonymous Complaint 1	Behaviours	HSCP – Primary & Preventative Care
Anonymous Complaint 2	Potential fraud	HSCP – Complex & Critical Care
Quarter 4 1 January to 31 March	Theme	Division

5. Anonymous / Unnamed Concerns – Themes, Actions Taken and Lessons Learned

Both Anonymous Complaints lodged during Quarter 3 are being progressed as business as usual in line with appropriate policies and any update on the Themes, Actions Taken and Lessons Learned will be provided in future quarterly reporting.

The Themes, Actions Taken and Lessons Learned from the two anonymous / unnamed concerns lodged in Quarter 2 (1 July 2023 to 30 September 2023) are detailed below:-

2023/2024 Quarter 2				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
Anonymous / Unnamed Concern 1 HSCP, Complex & Critical Care	Bullying	<ul style="list-style-type: none"> Optimise safe staffing to match dynamic risk and operational challenges Ensure service leadership team supports safe staffing reviews daily. 	<ul style="list-style-type: none"> Dynamic risk and operational challenges can impact on safe staffing 	Yes
		<ul style="list-style-type: none"> Recruit to vacant RMN posts. 	<ul style="list-style-type: none"> Action recruitment processes to optimise recruitment to vacancies 	Yes On-going
		<ul style="list-style-type: none"> Implement NES supervision resources to support supervision delivery. Implement monthly planned supervision and record delivery. Implement ad hoc supervision to support meaningful supervisory culture and record delivery. 	<ul style="list-style-type: none"> That Supervisory support was sub-optimal 	Yes On-going
		<ul style="list-style-type: none"> Ensure all care plans evidence patient involvement in care planning. 	<ul style="list-style-type: none"> There was a lack of patient involvement in care planning. 	Yes

2023/2024 Quarter 2

	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
		<ul style="list-style-type: none"> • Embed Safewards philosophy -Ward management team to instigate tangible actions to embed Safewards in team culture. 	<ul style="list-style-type: none"> • Need to strengthen person-centred culture. 	Yes On-going
<p>Anonymous / Unnamed Concern 2</p> <p>HSCP, Primary & Preventative Care</p>	<p>Alleged Bullying and Harassment, not adhering to recruitment and selection, health and safety and flexible working processes, does not give recognition to others and takes the credit, breach of confidentiality.</p>	<ul style="list-style-type: none"> • Ensure all employees are aware of the NHS Scotland Bullying and Harassment Policy to provide a supportive environment for those seeking to raise bullying or harassment concerns. • Ensure all employees are aware of the NHS Scotland Grievance Policy which provides a clear process when an employee or groups of employees want to make a grievance complaint about their employment. • Ensure all employees are aware of the NHS Fife Flexible Working Policy which provides a clear process for employees to make a formal request for flexible working. • Ensures all employees have completed their Whistleblowing TURAS training which supports and encourages an environment where employees can raise concerns about patient safety. • Full investigation and comprehensive Report of Investigation provided to Commissioning Manager. • Feedback and support provided to the person whom the allegations were against. 	<ul style="list-style-type: none"> • Complaint unfounded. • Lessons learned are in relation to awareness of staff in relation to policies and training (see actions taken) 	Yes

6. Local Press Coverage During Quarter 3

There were no Whistleblowing articles published in the local newspaper during Quarter 3:

Quarter 1 1 April to 30 June	Theme	Quarter 2 1 July to 30 September	Theme
Nil		Nil	
Quarter 3 1 October to 31 December	Theme	Quarter 4 1 January to 31 March	Theme
Nil			

To ensure that staff have the confidence to speak up within the organisation without fear in the knowledge that their voices will be heard, the following initiatives have been introduced:

- The use of business-as-usual processes for handling concerns, making sure internal routes for speaking up are obvious and easy for staff to access via the Chief Executive's monthly newsletter and StaffLink, which will allow the most effective issue resolution.
- A campaign to increase the existing pool of Confidential Contacts to ensure our workforce have the support to speak up on matters such as Whistleblowing is currently underway.

7. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is now available to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the outcome of a Stage 2 investigation.

At the time of writing this paper there is no direct feedback as yet regarding those who have been involved in the use of the standards. However, we recognise this is a new process for those involved.

8. Whistleblowing Training

For the purposes of this report, it has been determined that there are:

- 8,784 members of staff who could complete the Whistleblowing: An Overview eLearning or the Classroom-based Whistleblowing and Prevent Training – Hotel Services training.
- 620 managers who could complete the Whistleblowing for Line Managers eLearning training.
- 79 senior managers employed on Band 8, 9 or ESM Terms and Conditions of Service who could complete the Whistleblowing for Senior Managers eLearning training.

Following the launch of the Whistleblowing eLearning training on 1 April 2021, 73% of employees have completed the Whistleblowing: An Overview eLearning training.

In relation to the Line Manager and Senior Manager eLearning training, engagement has been 57% and 80% respectively. The Senior Manager eLearning has been completed by 632 members of staff, which is significantly more than the 79 posts where this learning has been identified as relevant to the role.

During Quarter 3, 2% of employees completed the Whistleblowing: An Overview eLearning training with the Whistleblowing for Line Managers and Whistleblowing for Senior Managers, each indicating 8% engagement over this period.

It is an expectation that all NHS Scotland employees complete this learning according to the requirements of their role. However, without role-specific information, it is difficult to determine the learning applicable to some employees. There would be benefits to providing a clearer definition of the roles expected to engage in the Line Manager and Senior Manager learning components. Some consideration could also be given to increasing the status of this learning to Mandatory for all.

To increase engagement in Quarter 4, it would be advantageous to promote this learning in the Training Bulletin via the Spotlight / Main Header section to ensure all members of staff are reminded of the requirements associated to this learning. Presently, new employees are made aware of this through the Corporate Induction eLearning with current employees informed of requirements through the Core Skills document. However, to reach a wider audience, every communication resource available should be utilised, where possible.

9. Status of Actions from Previous Whistleblowing Annual Reports and Internal Audit Reports

To ensure that NHS Fife continues to develop the Whistleblowing Annual Reporting arrangements, details below is a list of the actions identified during 2023/2024 and reported in the Whistleblowing Annual Reports and Internal Audit Reports. This provides an update on the status of each individual action as at 31 January 2024.

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
2023/2024 Actions				
Review the format of the Quarterly Whistleblowing Reporting	A schedule of reviews of the format of quarterly reporting prior to the Quarterly Report preparation.	Sandra Raynor	31 March 2024	In Progress
Review the format of the Annual Whistleblowing Reporting	A schedule of annual reviews of the format of the annual report prior to the Annual Report preparation.	Sandra Raynor	31 March 2024	In Progress
Whistleblowing Materials	A Whistleblowing Managers Guide to be drafted to assist managers with the completion of relevant documentation.	Jackie Herkes / Lynne Parsons	TBC	In Progress
Whistleblowing Activity Tracker	Discussed and agreed single point of recording is Datix, Jackie Herkes to pick up offline if Datix can be used to provide similar format for governance reporting purposes and new co-ordinator post can co-ordinate the return longer term.	Paul Smith / Jackie Herkes	TBC	In Progress
Consideration is being given to the provision of recording Anonymous Concerns in Datix and any adjustments required to support this change.	Group agreed to explore recording of anonymous concerns in Datix. Discussions are on-going with the Risk Manager to establish any adjustments Datix may need to suit this reporting arrangement. Communications to publicise the launch of recording on Datix is also being considered. On hold pending Whistleblowing move to Corporate Governance.	Jackie Herkes / Paul Smith	TBC	On Hold

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Annual Reporting Action Plan to Staff Governance Committee to include target dates and Responsible Officers for all actions.	The status of actions included in the Whistleblowing Annual Reports have been included in the Quarter 3 Whistleblowing report. This also includes a specific action to review the format of annual and quarterly reports prior to the start of each financial year.	Sandra Raynor	31 March 2024	Complete
Staff Governance Committee Quarterly Report to include Action Plan progress.	Action planning progress has been included in the Whistleblowing Quarterly reports and includes the status of each action.	Sandra Raynor	31 March 2024	Complete
Contractor and Primary Care Contractor Leads will be prompted to ensure that NHS providers are reminded of their responsibilities to develop appropriate policies and systems to comply with standards.	Contractors and Primary Care Contractors were reminded of their expectations under the standards.	Paul Bishop / Nicola Taylor	August 2023	Complete
Contractors and Primary Care Contractors will be reminded of the requirement to provide the role of Confidential Contact within the standards, with support provided, as necessary.	Contractor and Primary Care Contractor staff are periodically reminded for assurance purposes that they can contact the Whistleblowing Confidential Contacts via e-mail or through publicised contact numbers provided.	Paul Bishop / Nicola Taylor, Primary Care Manager	July 2023	Complete
To assist with the recording of Whistleblowing Concerns by the Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed to enable the data to be integrated into the Datix system for analysis and recording purposes and they will be reminded of the need to encourage completion of this, as required.	Contractor and Primary Care Contractor Leads were provided with the Microsoft Word version of the Datix form developed and circulated this within their respective areas of responsibility.	Paul Bishop / Nicola Taylor, Primary Care Manager	September 2023	Complete

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Conclude the campaign that commenced in 2022/2023 to train and increase the numbers of Confidential Contacts to ensure our workforce have the support to speak up, as required.	Nominations from were received from Directorates for new Confidential Contacts. Training took place during October 2023 to January 2024. Updates were provided via StaffLink and a revised list of Confidential Contacts have been publicised on StaffLink. Posters have been updated and displayed throughout NHS Fife premises.	Sandra Raynor / Theresa McNiff / Ruth Lonie	January 2024	Complete
Conclude and launch the Terms of Reference for the Commissioning Officers to use to ensure investigations are fully supported.	Whistleblowing Terms of Reference prepared, approved and publicised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Continue to raise awareness of how to raise concerns safely within the organisation and continue to provide regular updates by our Chief Executive's monthly newsletter and on StaffLink.	Updates are provided routinely within the Chief Executive's monthly newsletters and via StaffLink.	Sandra Raynor / Ruth Lonie	Routine updates provided	Complete
A follow up letter will be issued from the Whistleblowing Champion, ensuring everyone who lodged a concern is contacted to understand how the process felt for them, learn from their feedback and how NHS Fife may improve its processes and treatment of those raising concerns.	Whistleblowing Champion letter prepared and approved by Kirstie MacDonald, Whistleblowing Champion.	Sandra Raynor / Kirstie MacDonald	September 2023	Complete
The questionnaire created to allow all parties involved in concerns, including Investigators and Executive Director colleagues, will be implemented to allow us to take learning from the process and share this across the organisation.	Whistleblowing Process Evaluation Form prepared, approved and advertised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
A Standard Operating Procedure to deal with Anonymous / Unnamed Concerns has been developed and will be promoted within the organisation when finalised.	This was developed as a flowchart to support managers through the management of anonymous / unnamed concerns.	Jackie Herkes / Lynne Parsons	October 2023	Complete
The existing suite of Whistleblowing materials will continue to be updated and additional materials introduced, as required.	Whistleblowing materials are updated and publicised on StaffLink on an on-going basis.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete
2022/2023 Actions				
Further enhancement to our process for handling concerns, incorporating other best practice guidance from the INWO.	The review of how we handle concerns remains an on-going activity and many other actions taken over 2023/2024 are detailed more specifically above.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete
Development of our flow chart to ensure effective handling and appropriate transparency of decision making in relation to anonymous complaints.	This was developed as a flow chart to support managers through the management of anonymous / unnamed concerns.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Revision to our Whistleblowing reporting to provide greater assurance on lessons learned from handling concerns and feedback from both those raising and addressing concerns.	A reporting template was prepared to ensure that the lessons learned from handling concerns and feedback received from both those raising and addressing concerns was incorporated within the quarterly reports.	Sandra Raynor	4 September 2023	Complete
Work to look at whistleblowing through a broader concern handling lens reflecting work across the organisation which incorporates other forms of complaint and adverse event handling.	Work commenced late 2023 to consider actions needed to re-implement the standards and more triangulation of data.	Sandra Raynor	December 2024	In progress
2021/2022 Actions				
Continue to promote the Standards and how to raise concerns safely within the organisation and develop a systematised approach to sharing learning.	The promotion of the standards remains on-going and any new suggestions are listed as a new activity, considered and implemented, as appropriate.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Continue the discussions of the need for further training managers in the skills to undertake a good investigation.	Investigation training remains under review for development as bitesize / webinars.	Sandra Raynor / Jackie Millen	December 2024	In progress
Continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector.	The review of how we handle concerns remains an on-going activity and many other actions taken over 2023/2024 are detailed more specifically above.	Sandra Raynor / Jackie Herkes / Lynne Parsons	As and when required	Complete
Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.	Articles were publicised on StaffLink reminding staff to use internal routes in the first instance, as part of the Speak Up Campaign.	Sandra Raynor	As and when	Complete
Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.	A Whistleblowing Process Evaluation form has been prepared, approved and publicised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Undertake a review of the existing Confidential Contacts to gain their views a year into the implementation of the standards and establish areas of improvement and the work required to increase the number of confidential contacts are appropriate.	Existing Confidential Contacts have completed a questionnaire to inform the learning / training provided to the new Confidential Contacts.	Sandra Raynor / Lynne Parsons	July 2023	Complete
Consider how those who have been involved feedback their experiences and the role of the Whistleblowing Champion within that feedback process.	A questionnaire is now in place, together with a letter from the Whistleblowing Champion to allow feedback to be heard.	Jackie Herkes / Lynne Parsons	October 2023	Complete

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
Continue to gather information on barriers to raising concerns and look at ways in which these can be addressed.	A Whistleblowing Process Evaluation Form has been prepared, approved and advertised on StaffLink.	Jackie Herkes / Lynne Parsons	October 2023	Complete
Commence reporting of any local press coverage so we can use this to inform our practice.	A reporting template was prepared to ensure that the reporting of local press articles was incorporated within the quarterly reports.	Sandra Raynor	4 September 2023	Complete

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Workforce Planning Update (Forecasting Sustainability Pressures – Workforce Demand versus Workforce Supply)
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Brian McKenna, Workforce Planning Lead

1. Purpose

This report is presented to the Staff Governance Committee:

- Assurance
- Discussion

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective and Person Centred

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

- Well informed
- Appropriately trained & developed
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

This paper provides an update on current workforce planning activity within the Board, with an update to the actions to address the Scottish Government feedback on the current Workforce Plan attached at Appendix 1.

In addition, as part of the evolution of approach to support workforce planning, the Centre of Workforce Supply and NHS National Education for Scotland were commissioned by the Scottish Government to produce a workforce modelling tool. The tool combines current employment data with data from academic establishments, highlighting areas where the future supply of employees may be insufficient to meet predicted levels of demand.

Utilising the workforce planning tool on sample areas across NHS Fife, this paper demonstrates the practical application of the modelling tool in quantifying the likely gap in workforce capacity across Fife, by training specialties, in order to underline the need to change the focus of current Workforce Planning discussions, from maintaining the status quo pertinent to the Reform, Transform and Perform, to considering what level of service can be sustained within available financial and staffing resources.

2.2 Background

The Scottish Government Workforce Planning Guidance (National Health and Social Care Workforce Strategy: Three Year Workforce Plans 2022) places a requirement on Health Boards to produce an analysis of the workforce 'establishment gap', calculated as the difference between the projected future workforce need and the current staffing levels in terms of overall numbers. This analysis has been limited as Health Boards have been unable to obtain details of the likely intake of graduates from various academic bodies, and therefore how their current staffing levels are likely to change in the medium term.

Workforce forecasting has been restricted to short term assessments based on anecdotal information of the likely number of graduates / Doctors obtaining their Certificate of Completion of Specialist Training programmes within a 12 month period. This, in addition to the continued pressure to maintain adequate service levels, often in response to a series of internal and external targets, has meant the collective emphasis of the Health Board has focused on maintaining or improving short term service levels. Significant effort is spent on continuing the status quo, replacing employees who leave the service with the same or similar skill set. With a reduction in the availability of registrants in the wider labour market, this focus is contributing to financial cost pressures and now Reform, Transform and Perform consideration of workforce retraction as services turn to supplementary staffing solutions.

By accessing data from the various academic bodies controlling the intake of registrants into the labour market (i.e. Nursing & Midwifery Registrants, and Medical & Dental Consultants), the workforce modelling tool established by the Centre of Workforce Supply and NHS Education for Scotland enables a medium term perspective to be taken on the likely staffing levels. The tool is therefore a useful resource contributing to longer term discussions on the nature of services that can be delivered within the future financial and staffing resources.

Workforce Modelling Tool Methodology

The workforce modelling tool estimates the gap between projected workforce demand and projected workforce supply. Acknowledging the tools limitations, namely assumptions over the continuation of the existing service delivery model(s), plus the reduced responsiveness of the model due to future workforce calculations based on long term average trends, the principle benefit of the model is that it enables access to training numbers throughout Scotland for pre-registration Nursing & Midwifery Courses and Certificate of Completion of Specialist Training programmes for Doctors & Dentists. By accessing this data, the workforce forecasts can be used to contribute to a more strategic discussion on how services plan to mitigate potential employment gaps (e.g. service delivery efficiencies, technology enabled care, service changes etc)

NHS workforce demand calculates the future workforce requirements based on a number of variables, including an annual percentage increase in service demand, the introduction of new services and additional staffing required in response to the Covid-19 NHS Recovery Plans. Each variable can be tailored at an individual Health Board level to account for short

term adjustments (i.e. Year 1 and Year 2) or medium term adjustments (i.e. Year 3 or Years 3 to 5).

Future workforce supply is calculated by using historical employment trends and, where available, training data, to forecast the employment numbers within each Job Family and / or Job Sub Family. The tool applies the following process to each Job Family and / or Job Sub Family:

1. Decompose the employment data to calculate the inflows, outflow, and change in whole time equivalent for each year in the sample period.
2. Use the training data to estimate the inflow from training for nursing and midwifery and medical and dental staff.
3. Use the decomposed employment data to estimate the probabilities of each flow.
4. Apply the flow probabilities to the employment data to estimate the workforce in each year of the forecast period.

The Workforce Planning Tool determines an establishment value by combining the number of staff on a Health Board's Payroll together with the reported level of vacancies as at September 2022.

2.3 Assessment

The workforce modelling tool has been initially applied within Mental Health Services (Health & Social Care Partnership) and Orthopaedics (Acute Services Division). Additional workforce indicators have been included within the Appendices to this paper to provide recent workforce trend analysis and other matrix data.

MENTAL HEALTH SERVICES

In response to longstanding workforce challenges within Mental Health Services, the Directorate has actively sought to improve recruitment and retention within both its registered Nursing & Midwifery workforce and its Medical & Dental workforce. This has included close collaboration with local Universities to maximise the number of newly qualified registrants joining NHS Fife, establishing a Retention & Sustainability Group to identify methods to minimise the number of registrants leaving NHS Fife, and exploring options to minimise its reliance on premium/agency staff across all Job Families.

This activity has enabled services to recruit 63 nursing registrants during 2023 (including 13 registrants electing to retire and return), and 2 Medical Consultants. During the same period, 50 nursing registrants ceased employment with a further 7 Medical Consultants.

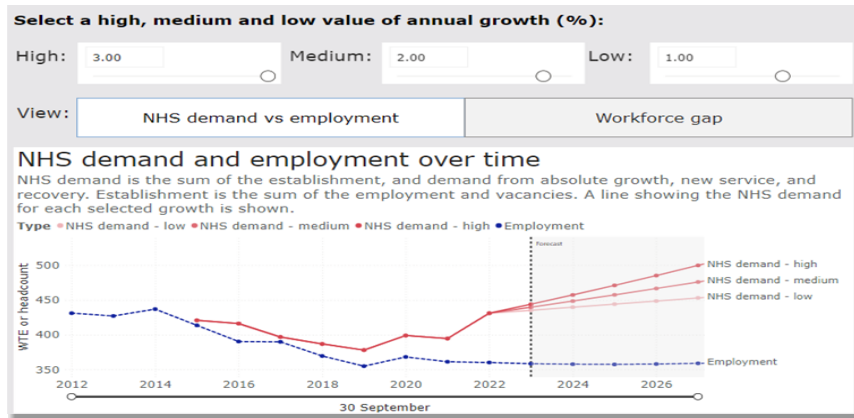
Mental Health Services: Nursing and Midwifery Workforce

The outcome of these efforts, as it impacted on the Registered Nursing Workforce, is shown in Appendix 2 (*Mental Health Services; Registered Nursing & Midwifery Workforce Matrix*). Coordinating recruitment campaigns with academic timetables has meant that the Directorate has been able to sustain its current registered staffing levels over the previous three years (0.99% increase), however it has not been possible to increase its staffing complement to reduce overall vacancy levels.

Using the workforce modelling tool to forecast likely staffing numbers, extrapolating the inflow and outflow variables, graph one (*Registered Mental Health – NHS Demand & Employment over*

time) indicates that the Directorate are unlikely to recruit sufficient numbers of registrants to make any significant reduction in its vacancy levels over the next three years.

Graph 1: Registered Mental Health; NHS Demand & Employment over time



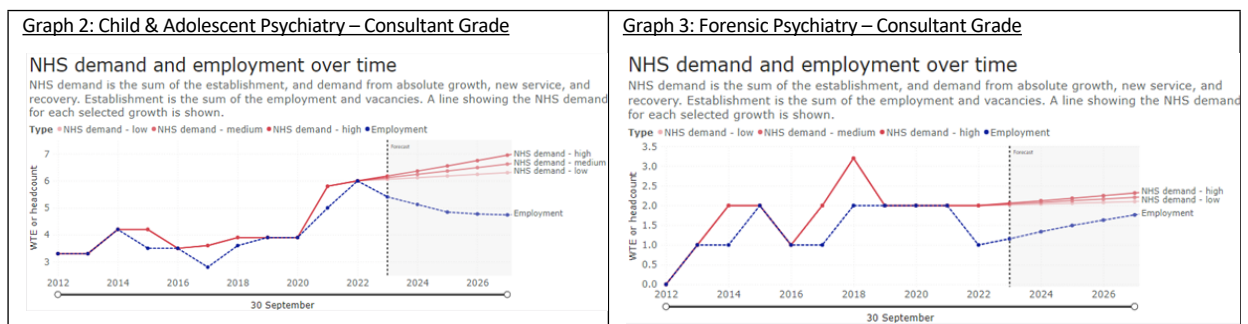
Mental Health Services: Medical and Dental Workforce

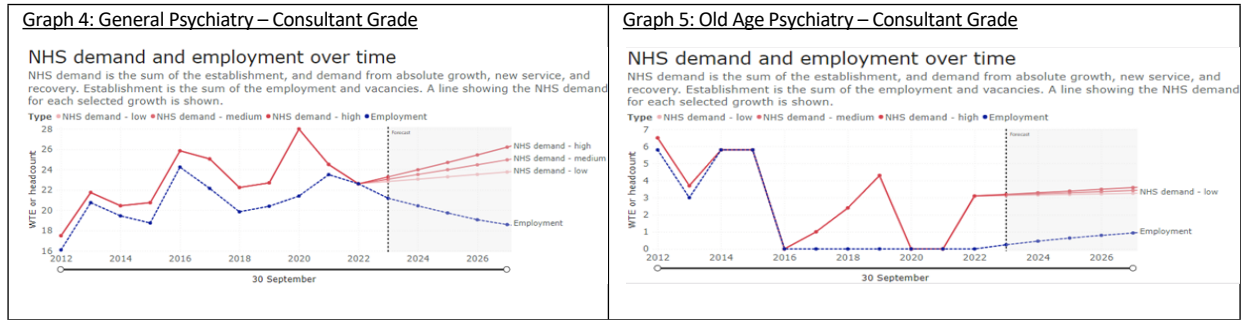
As identified in Appendix 3 (*Mental Health Services; Medical & Dental Workforce Matrix*), the Medical and Dental staff engaged within Mental Health Services has reduced, meaning that the Directorate continues to be reliant on workers secured through Medical Agencies to supplement its substantial Medical and Dental staffing complement.

With the costs associated with Medical Locums exceeding twice the cost of substantive employees, the continued reliance on locums continues to present a significant cost pressure.

Similar to the position within Nursing & Midwifery, as detailed in Graphs two – five, the workforce modelling tool indicates that the Directorate will be unable to recruit the number of Consultants to fill the level of vacancies over the next three years (*Consultant Grades NHS Demand and Employment over time by clinical specialty*). Maintaining the status quo would therefore result in the continuation of the supplementary staffing cost pressures.

Graphs 2 to 5: Consultant Grades NHS Demand and Employment over time by clinical specialty





ORTHOPAEDICS SERVICE

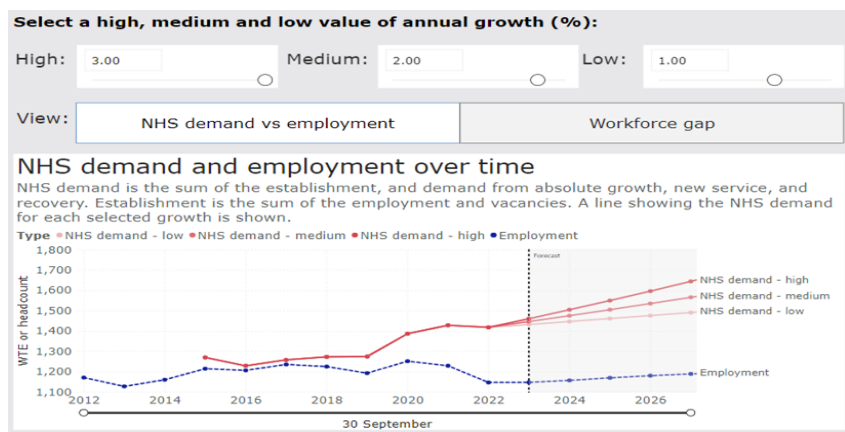
In contrast to the Mental Health Directorate, the Orthopaedics Service has increased its WTE resource in the last year. The primary drive force for this increase was the opening of the Fife Elective Orthopaedics Centre (National Treatment Centre), resulting in an increase of 37.4% (51.70 WTE) for the year ending 31 December 2023. Rather than filling the current number of vacancies, the challenge faced by the Service will be to maintain these staffing levels in response to increased commitments based on the NHS Scotland Recovery Programme, and as the number of career opportunities potentially increase due to the introduction of additional National Treatment Centres.

Orthopaedics Service: Nursing and Midwifery Workforce

The growth in the Registered Nursing Workforce within the service is shown in Appendix 4 (*Orthopaedics Service; Registered Nursing & Midwifery Workforce Matrix*). The introduction of the Fife Elective Orthopaedic Centre has seen the size of the registered nursing workforce grow by 26.98% in the previous 12 months, with a 44.25 WTE increase in Band 5 Registrants during this time. This expansion means the department now reports 7.22% of its registered nursing staff aged 55 and over, with a median age of 37.

The workforce modelling tool provides forecasts based on nursing registration classification. In the case of Orthopaedics, this is limited to Registered General Nurses. Within this context, graph 6 indicates that there will be an insufficient number of registrants entering the labour market to meet both current requirements, and future demand (*Registered Adult Nurses – NHS Demand & Employment over time*). The position within the Orthopaedics Service is likely to be more complex, with new National Treatment Centres increasing outflow pressures as neighbouring Health Boards look to increase their resources, as well as other disciplines looking to entice Registered General Nurses into different job classifications in response to their own labour shortages.

Graph 6: Registered Adult Nursing; NHS Demand & Employment over time

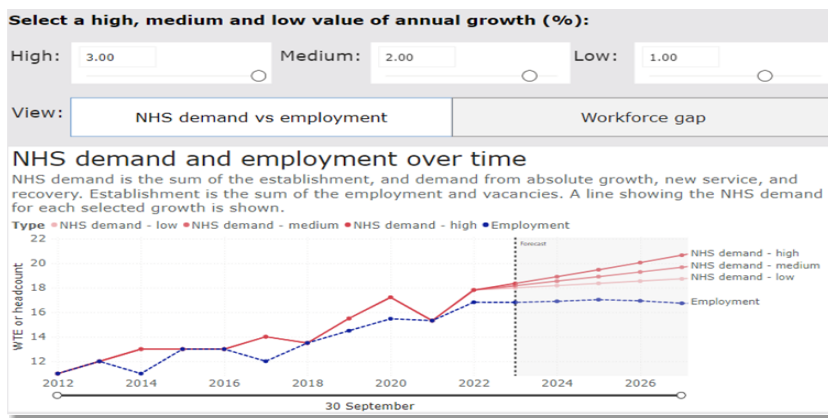


Orthopaedics Service: Medical and Dental Workforce

As identified in Appendix 5 (*Orthopaedics; Medical & Dental Workforce Matrix*), the Medical and Dental staff engaged within the Orthopaedics Service has increased due to the introduction of the Fife Elective Orthopaedic Centre.

As detailed in Graph 7 below, the workforce modelling tool indicates that the trend within the Medical Specialty is likely to plateau, meaning that there will be insufficient numbers of Consultants to maintain the likely demand for the Service (*Consultant Grades NHS Demand and Employment over time by clinical specialty*). Similar to the Nursing & Midwifery Job Family, this model will not reflect an increased outflow pressure caused by the introduction of a number of National Treatment Centres throughout NHS Scotland.

Graph 7: Consultant Grades NHS Demand and Employment over time



2.3.1 Quality, Patient and Value-Based Health & Care

Quality, person-centred, and safe care remains the core of the Health and Care Staffing Scotland Act (2019), with the focus on ensuring having the 'right staff, with the right skills, in the right place'. The new legislation aims to embed this into all health care professions and ensure that this is thread throughout clinical governance and staff governance, with all staff being educated in the provisions of the Act.

2.3.2 Workforce

By projecting workforce demand and workforce supply, and thereby highlighting workforce sustainability pressures caused by predicted establishment gaps, the intention is to roll out the use of the workforce modelling tool as part of wider workforce planning discussions. Building this tool into service level Workforce Plan's, and utilising it as part of workforce planning discussions linked to the Health and Care Staffing Scotland Act (2019), will enable a longer term view to be taken on the nature of services that can be delivered within the future financial and staffing resource.

2.3.3 Financial

Workforce is identified as a key theme within the Re-form, Transform & Reform agenda. Together with data produced on supplementary staffing, the workforce modelling tool will assist this agenda by identifying workforce sustainability risks and highlighting those areas in need to transform how services are delivered within the current financial and workforce resources.

2.3.4 Risk Assessment / Management

In line with the Scottish Government's Workforce Planning Guidance, NHS Fife is required to produce an analysis of the workforce 'establishment gap', calculated as the difference between the projected future workforce need and the current staffing levels in terms of overall numbers. Building the workforce modelling tool into service level Workforce Plans will fulfil this requirement.

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

Workforce planning considerations resulting from the use of the workforce modelling tool will generate wide ranging discussions and proposals. Some of these discussions will be linked to stimulating employment growth from the local labour market through initiatives such as employability initiatives and socially responsible recruitment practices. These themes will be monitored through the Workforce Plan and Workforce Planning structures.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The Workforce Planning Lead communicates with key stakeholders and leads both nationally and locally regarding any decisions taken forward.

2.3.8 Route to the Meeting

This paper has been discussed and shared with the Workforce Leads for Mental Health Services and Orthopaedics, and the Director of Workforce, whose comments and feedback have informed the content.

2.4 Recommendation

This paper is presented to the Staff Governance Committee for:

- **Assurance** – The workforce modelling tool published by The Centre of Workforce Supply and NHS National Education for Scotland will be utilised as part of the wider discussions within the Reform, Transform and Reform Agenda; as well as within Workforce Planning / Health and Care Staffing Scotland Act (2019) discussions.
- **Discussion** – The workforce modelling tool allows a fuller understanding of how our workforce levels are likely to change over the next three years based on a combination of employment trends and, where available, training data. In certain areas, most notably in Mental Health, the workforce levels will be insufficient to meet the demand required for current service levels over the next three years. A wider discussion is required to determine the implications of this on the current service provision.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Workforce Planning Action Plan Update March 2024
- Appendix 2 – Mental Health Services; Registered Nursing & Midwifery Workforce Matrix
- Appendix 3 – Mental Health Services; Medical & Dental Workforce Matrix
- Appendix 4 – Orthopaedics; Registered Nursing & Midwifery Workforce Matrix
- Appendix 5 – Orthopaedics; Medical & Dental Workforce Matrix

Report Contact:

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Appendix 1 – Workforce Planning Action Plan 2023

Workforce Planning Action Plan 2023: Scottish Government Feedback Action – March 2024 Update

Scottish Government Workforce Planning Data, Analytics & Insight Unit feedback received on 7 October 2022

The Scottish Government feedback recognised the considerable work undertaken by NHS Fife and its partners in the various stakeholder groups in developing the Workforce Plan during a challenging operating environment. Efforts to integrate Workforce Planning into a wider suite of strategic planning were also noted and welcomed. The Scottish Government used the guidance published under DL(2022)09, National Health & Social Care Workforce Strategy: Three Tear Workforce Plans, and the indicative content checklist contained in Appendix 1, as a baseline to frame the feedback.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
Recruitment & Resourcing: Clearer articulation of actions being taken to mitigate recruitment challenges; building in projected number of candidate(s) sourced from various actions.	<ol style="list-style-type: none"> Enhance description of actions being taken to attract / retain employees into the workforce within Workforce Plan and within the Annual Delivery Plan, detailing the number of staff anticipated via each recruitment source. Measure anticipated numbers against projected retirements and projected workforce numbers within future Workforce Plan and Annual Delivery Plan. 	Ability to provide numerical value against various recruitment sources; provision of MI reports showing success of the recruitment sources to Strategic Workforce Planning Group and Staff Governance Committee.	Head of Workforce Resourcing and Relations / Workforce Planning Lead	September 2024	To be achieved through submission of service templates, clear identification of recruitment source in eESS, (International Recruits, Retire & Return and certain Employability categories) and regular reporting.
Workforce Projections: Increased emphasis on the projected short and medium term workforce numbers required; quantifying how projected workforce gap is to be addressed	<ol style="list-style-type: none"> Establish Service Level Workforce Planning template(s), linking SPRA submissions and Corporate Objectives to anticipated workforce developments in the short and medium term. Workforce Planning template built around SMART objectives, with Directorates continuously reviewing and updating actions based on progress against expected outcomes. 	Collated results of the service level Workforce Planning template(s), agreed as a Corporate Objective as part of the SPRA process, to be built into future 3 Year Workforce Plans / updates within Annual Delivery Plans and Medium Term Plan, projecting short and medium workforce requirements and specifying any workforce gap/s.	Operational Workforce Planning Group / Workforce Planning Lead	September 2024	Agreed Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023) and sample WCCS Workforce Plan provided to September 2023 SGC.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
Workforce Projections: (cont.)	Establishment of Workforce Planning (Workforce) Matrix to monitor anticipated changes against actual changes in workforce numbers / composition.	Workforce Planning (Workforce) Matrix in use and providing detail for analysis / review.			Synchronisation of ADP and Workforce Plan Template updates with Planning & Performance (from April 2024) Apply Workforce Modelling Tool to project establishment gap within Service Level Workforce Plans (from April 2024)
Development of new roles: Clearer articulation of how new roles mitigate sustainability pressures; project expansion of new roles; and provide evidence of resourcing efficiencies.	<ol style="list-style-type: none"> 1. Enhance description of new roles within Workforce Plan / Annual Delivery Plan / Medium Term Plan, detailing service benefits and outlining the projected expansion of new roles in the medium and long term. 2. Establishment of Workforce Planning (Workforce) Matrix to monitor anticipated changes against actual changes in workforce numbers / composition. 	<p>Greater articulation of service benefits associated with the introduction of new roles to be built into future 3 Year Workforce Plan and Annual Delivery Plan. Projected numbers to be included in Workforce Planning (Workforce) Matrix, with MI reports provided to Strategic Workforce Planning Group and Staff Governance Committee.</p> <p>Workforce Planning (Workforce) Matrix in use and providing detail for analysis / review.</p>	Operational Workforce Planning Group / Workforce Planning Lead	September 2024	To be achieved through submission of service templates, clear identification of new roles in eESS, and regular reporting.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
<p>Financial Planning: Enhanced reference to financial planning would have been welcomed to understand extent to which affordability factors were considered as part of the overall planning process.</p>	<p>1. Affordability of posts a considered during the Strategic Planning and Resource Allocation Process which leads to the development of the board's financial plan. Efficiencies required to support investment in workforce are identified in the financial plan and monitoring of delivery of efficiencies is reported to the Board's Financial Improvement and Sustainability Programme Board monthly.</p>	<p>Financially sustainable Workforce Plan</p>	<p>Director of Finance</p>	<p>March 2024</p>	<p>SPRA process ceased, but now covered within RTP Programme.</p>
<p>Service Planning & Sustainability: Clearer articulation of how changing population demographics will impact services, linking population changes > service sustainability > development of new roles / workforce composition.</p>	<p>1. Implementation of the ambitions of Population Health and Wellbeing Strategy (PHWS) for Fife reflecting population changes 2023-2028. This will include reporting to NHS Fife Board on agreed indicators throughout implementation.</p> <p>2. Strategic Planning and Resource Allocation (SPRA) plans services changes and the impact on workforce redesign.</p> <p>3. Corporate Objectives and Annual Delivery Plan deliverables are aligned and reported against the 4 strategic priorities including improving staff experience and wellbeing.</p> <p>4. Closely work with Workforce and Finance to ensure all strategic plans include service, workforce and financial impacts.</p>	<p>Improve health and wellbeing of Fife population demonstrated through PHWS Annual Report.</p> <p>Providing health and care services that meet the needs of the population through robust planning.</p>	<p>Director of Public Health / Associate Director of Planning & Performance</p>	<p>May 2024</p>	<p>SPRA process has ceased. ADP for 2024/25 under development and RTP Programme in place.</p> <p>Synchronisation of ADP and Workforce Plan Template updates with Planning & Performance (from April 2024).</p>

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
					<p>Feb 2024 PHWS Mid Year Report agreed January 2024 providing progress against ambitions of strategy including Strategic priority 3: to improve staff experience and wellbeing/</p> <p>Annual Delivery Plan 2024/25 in draft form with actions that reflects current financial position and opportunities for workforce.</p>

Workforce Planning Action Plan 2023: Annual Internal Audit Report 2022/2023 Report No. B06/24

It was concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, further updates through the Annual Delivery Plan (ADP) process will support the achievement of NHS Fife's strategic objectives and operational sustainability and the mitigation of the significant workforce risks facing NHS Fife. A number of key issues were identified to mitigate the workforce risks facing NHS Fife, as detailed below.

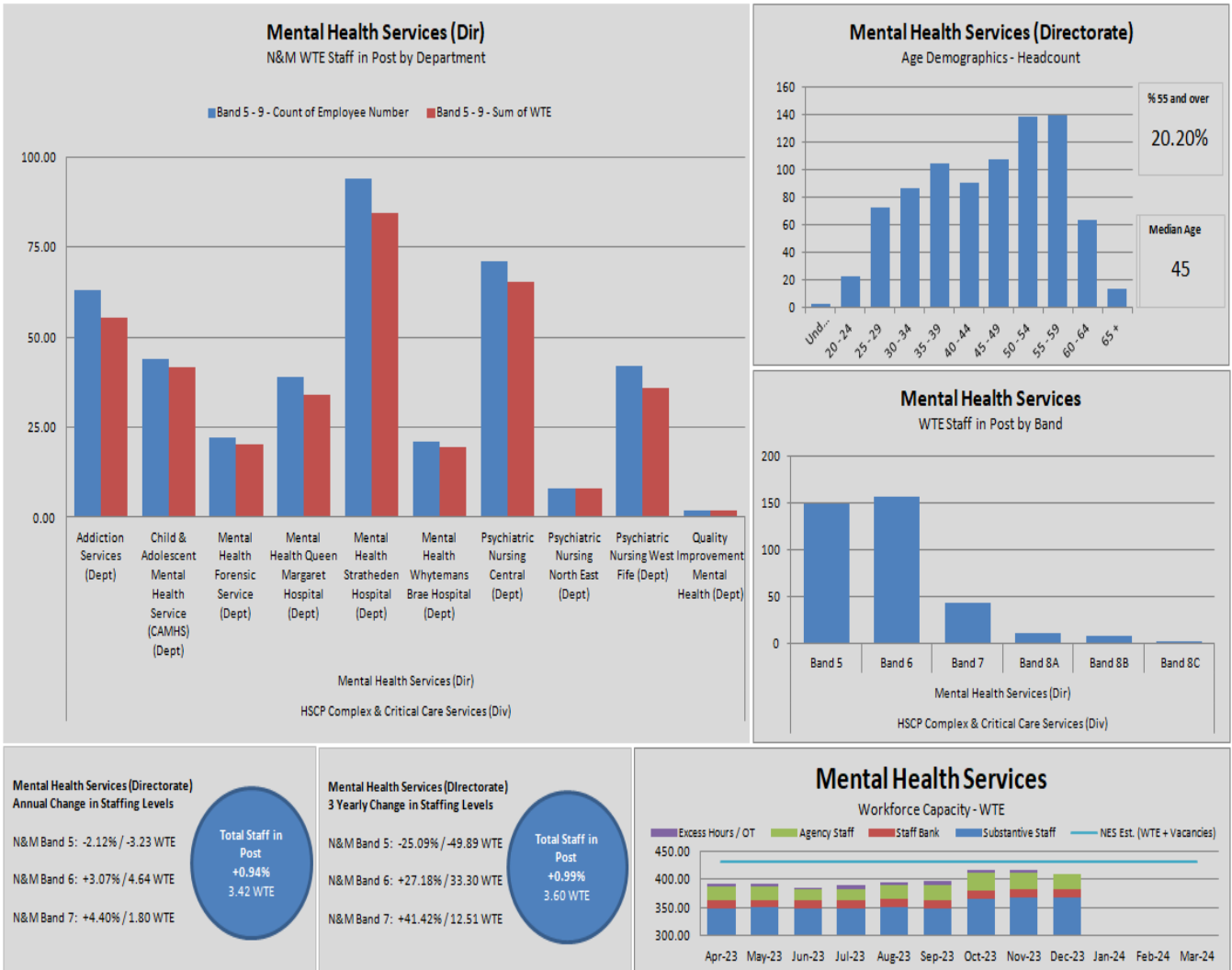
Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
1 - Risk Management: Ensure risk score for workforce sustainability is regularly reviewed, incorporating clear and effective mitigating action(s), and reflected within future iterations of the Workforce Plan.	<ol style="list-style-type: none"> Undertake a 'Deep Dive' strategic risk assessment of the Workforce Plan and associated risks. Ensure future iterations of the Workforce Plan will clearly identify short/ medium risks to areas such as staff approaching retirement age; establishment gap; funding uncertainty; skill mix along with mitigating actions. 	<p>Risks will be better articulated in future iterations of the Workforce Plan.</p> <p>Map trajectory of workforce risk score in short, medium and longer term.</p> <p>Short and medium term risks will be clearly identified, along with associated actions to mitigate risk.</p>	Director of Workforce / Head of Workforce Planning & Wellbeing	<p>14.September 2023</p> <p>To be built into future Workforce Plan(s) in line with SGC Annual Workplan and planning cycle</p>	<p>Report to Staff Governance Committee in September 2023 and as part of SGC Annual Workplan.</p> <p>Reviews of Corporate Risk at each SGC.</p>
2 - Gap Analysis to assess Capacity and Capability: Embed the output of the SPRA process into future iterations of the Workforce Plan, articulating the resources required to sustain services in short to medium term, associated financial implication and affordability.	<ol style="list-style-type: none"> Continue roll out of service level Workforce Plans to capture future staffing requirements, incorporate the following requirements: <ul style="list-style-type: none"> Gap analysis of projected workforce requirements to meet service need v's staff in post. Strengthen financial planning reference within Workforce Plan to better explain which affordability factors were considered as part of the planning process. Articulate the various risks associated with being unable to obtain the required staffing levels. 	Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery.	Director of Workforce / Director of Finance	Initial service level Workforce Plans developed. To be modified from 2024 taking account of synchronisation with ADP and NES Workforce Modelling Tool.	Agreed Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023) and sample WCCS Workforce Plan provided to September 2023 SGC.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
2 - Gap Analysis to assess Capacity and Capability: (cont.)					Synchronisation of ADP and Workforce Plan Template updates with Planning & Performance (from April 2024). Apply Workforce Modelling Tool to project establishment gap within Service Level Workforce Plans (from April 2024)
3 – Scope of Workforce Plan: Appropriate arrangements to be made allowing Staff Governance Committee to receive assurance over the monitoring and oversight of HSCP Workforce Strategy and Plan and Action plan for delegated services.	<ol style="list-style-type: none"> 1. Joint paper prepared for submission to Staff Governance Committee on 14 September 2023, with an update on the HSCP Workforce Strategy and Plan and Action plan for delegated services. 2. Strategic Workforce Planning Group monitoring and oversight of activity within NHS Fife and Fife HSCP. 	Staff Governance Committee assured of workforce planning arrangements for delegated services within HSCP, in addition to those within NHS Fife.	Head of Workforce Planning & Wellbeing / Principal Lead for Organisational Development & Culture, H&SCP	14 September 2023 report completed. Future quarterly updates to Staff Governance Committee scheduled within Committee Workplan.	

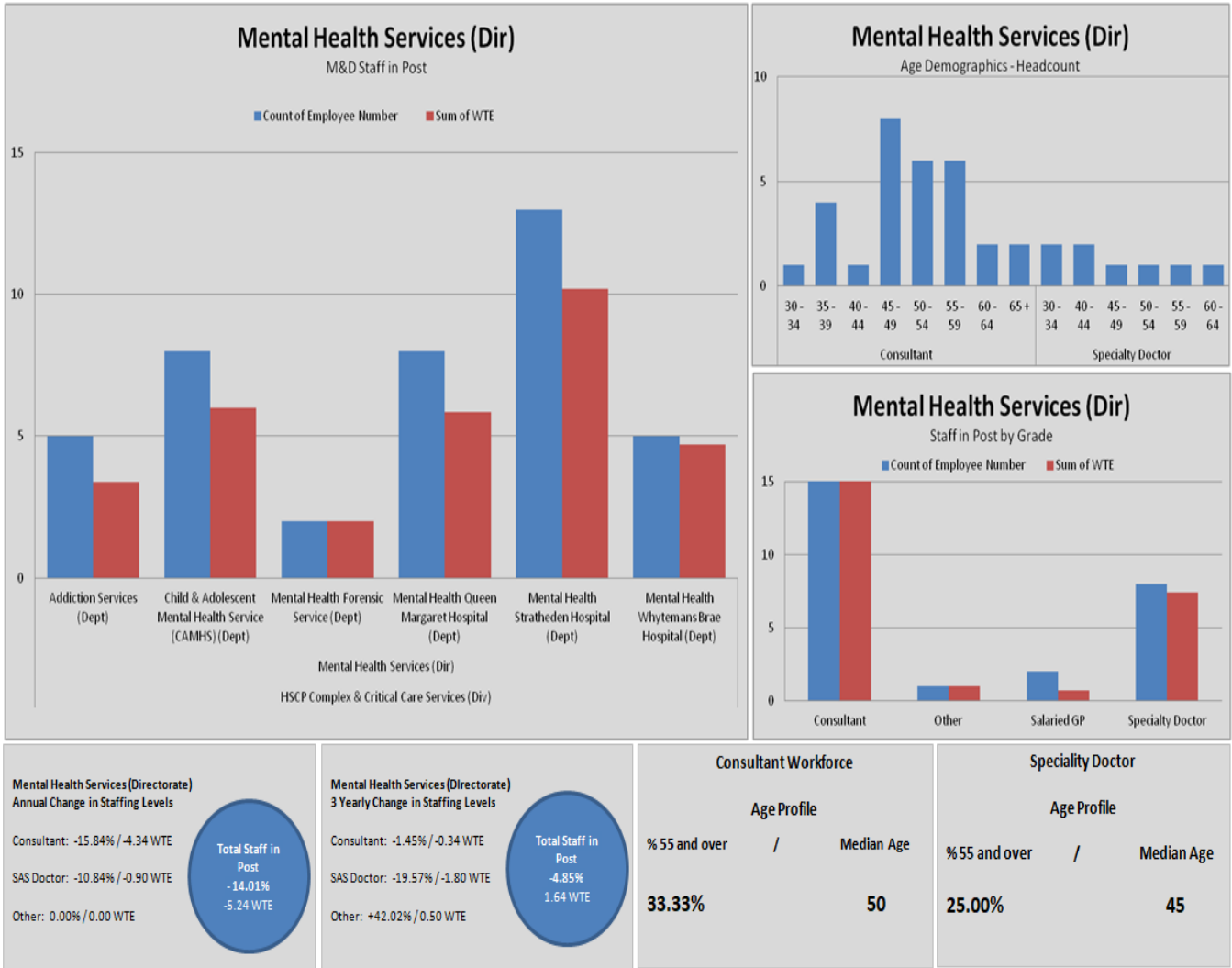
Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
<p>4 – Service Level Workforce Plans: Detailed actions arising from the Workforce Plan should contain SMART objectives enabling effective monitoring and oversight of progress, with assurance to Strategic Workforce Planning Group and Staff Governance Committee.</p>	<p>1. Continuation of development of service level Workforce Plans to capture future staffing requirements, incorporating SMART objectives and gap analysis of projected workforce requirements to meet service need v's staff in post and the various risks associated with being unable to obtain the required staffing levels.</p>	<p>Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery.</p> <p>Workforce Planning (Workforce) Matrix in use.</p>	<p>Service Leads / General Managers</p>	<p>Initial service level Workforce Plans developed. To be modified from 2024 taking account of synchronisation with ADP and NES Workforce Modelling Tool</p>	<p>Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)</p> <p>Synchronization of ADP and Workforce Plan Template updates with Planning & Performance (from April 2024)</p> <p>Apply Workforce Modelling Tool to project establishment gap within Service Level Workforce Plans (from April 2024).</p>

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
5 – Strategic Risk: The Terms of Reference (ToR) for the Staff Governance Committee to include oversight of Workforce Planning, delivery & risk, enabling appropriate scrutiny and monitoring of the implementation of the Workforce Plan and the impact on related strategic risks, with Strategic Workforce Planning delivery of associated workplan.	1. To update the Staff Governance Committee ToR to incorporate this change.	1. Clarity provided that the Staff Governance Committee will have appropriate scrutiny and monitoring of the implementation of the workforce plan and the impact on related strategic risks. 2. Regular reports provided to Staff Governance Committee as part of the SGC Annual workplan from September 2023.	Head of Corporate Governance and Board Secretary Director of Workforce / Head of Workforce Planning and Staff Wellbeing	September 2023 and March 2024 September 2023 and March 2024	Reference to change included within report to Staff Governance Committee in September 2023. Revised ToR on agenda for SGC in March 2024.

Appendix 2 – Mental Health Services; Registered Nursing & Midwifery Workforce Matrix



Appendix 3 – Mental Health Services; Medical & Dental Workforce Matrix



Appendix 4 – Orthopaedics; Registered Nursing & Midwifery Workforce Matrix



Appendix 5 – Orthopaedics; Medical & Dental Workforce Matrix



Meeting:	Staff Governance Committee
Meeting date:	Wednesday 6 March 2024
Title:	Bank & Agency Programme Update
Responsible Executive:	David Millar, Director of Workforce
Report Author:	Fiona McLaren, Head of Corporate PMO

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy

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

- Safe, effective and person centred

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

- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is one of the highest priorities for NHS Fife in terms of both strategic workforce and financial goals. Whilst it is clear a lot of activity has taken place to move away from off framework agencies, we have yet to see the financial impact of actions being taken to reduce the reliance on temporary staffing and consequently the financial position has not improved as laid out in the 2023 / 24 financial plan. This paper provides an update on current progress and future planning.

2.2 Background

The Bank & Agency Programme has the following objectives for 2023 / 2024:

1. Develop an implementation plan and oversee the implementation of this plan to deliver a reduction of supplementary staffing spend in 2023 / 2024

2. Implement Scottish Government's Supplementary Staffing Agency Controls, which remove the use of off framework agencies from 1 June 2023
3. Deliver an external review of the current bank set up to establish if current model is fit for purpose and identify what actions are required to ensure it operates efficiently and effectively
4. Make difficult decisions, ensuring there are no negative impacts on the quality of patient care and patient safety

This paper will outline progress to date and also provide an update on how the Bank & Agency work will be integrated within the Reform, Transform & Perform programme for 2024 / 2025.

2.3 Assessment

Agency usage (framework and non-framework) has continued to decrease within Acute Services Division, this position was held over December and the festive period. The position is similar within the Fife Health & Social Care Partnership however, high levels of vacancy within key areas across HSCP mean that there is some block booking of framework agency to maintain safe staffing levels and mitigate against risk to delivery of safe, effective patient care.

In December 2023, a directive was issued by Scottish Government which outlined the expectation that all Boards undertake the following:

- New Health Care Support Workers (HCSW) will not be added to Board lists from 1 January 2024.
- Block Bookings of HCSWs will cease in all but exceptional circumstances from 1 January 2024
- Agency workers who have not undertaken a shift within the last 14 weeks will be removed from Board lists from 1 January 2024

From 1 April, we intend to implement the following further change:

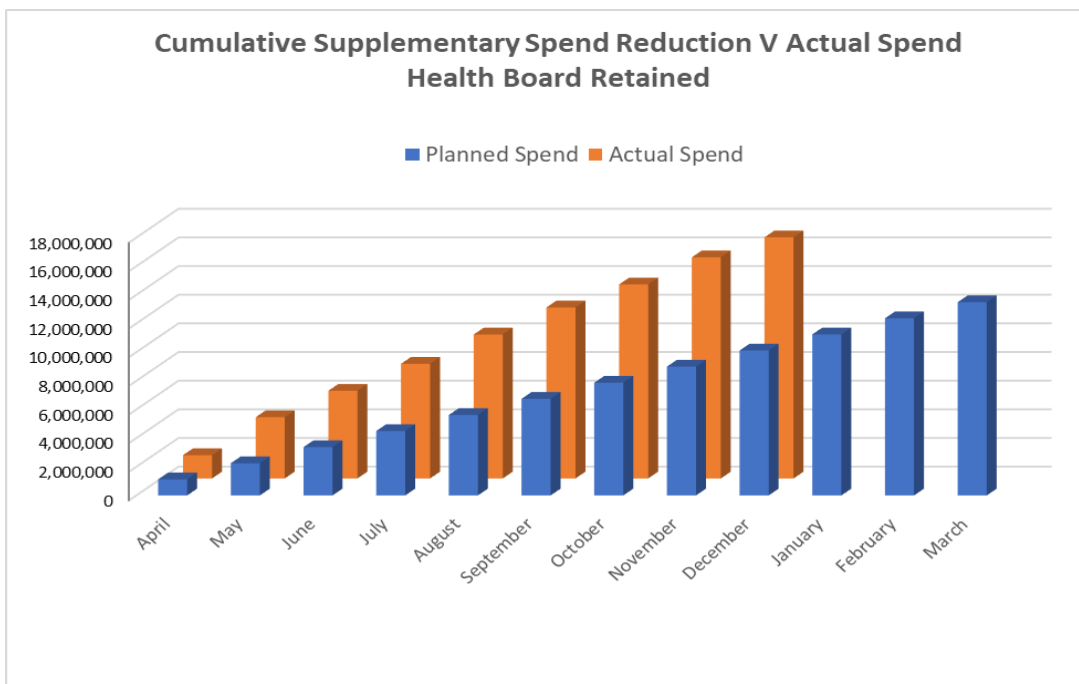
- Health boards will not use agency for the provision of HCSW roles, except in exceptional circumstances.

The impact of this guidance is currently being assessed as well as an additional ask from the Chief Executive that all HCSW usage is ceased from 1 February 2024.

Despite the reduction in the use of non-framework agencies the overall spend on supplementary staffing remains high. In December 2023 there was a slight saving, although not significant the trend is indicating that its moving in the right direction. The table below records total spend to date for financial year including spend per month.

												2023/24	2022/23
												Average per Month	Average per Month incl C-19
		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total		19
Health Board Retained	Medical NHS Locum	215,393	217,696	200,630	231,193	222,584	190,572	230,127	246,435	228,736	1,983,366	220,374	209,307
	Medical Agency	407,195	585,088	560,023	479,715	541,226	554,096	366,347	615,352	329,299	4,438,341	493,149	557,773
	Nurse Agency	640,413	978,220	541,851	576,142	531,615	608,736	505,880	384,366	387,956	5,155,179	572,798	632,325
	Nurse Bank	363,733	868,270	545,500	595,990	746,532	535,887	504,503	646,997	449,314	5,256,726	584,081	558,170
	Sub Total HBR	1,626,734	2,649,274	1,848,004	1,883,040	2,041,957	1,889,291	1,606,857	1,893,150	1,395,305	16,833,612	1,870,402	1,957,575
Health Delegated (H&SCP)	Medical NHS Locum	101,751	334,279	273,942	236,068	296,165	262,327	275,568	354,373	199,852	2,334,325	259,369	208,792
	Medical Agency	935,745	1,002,462	1,003,113	1,018,800	974,158	961,169	947,931	971,938	637,749	8,453,065	939,229	452,483
	Nurse Agency	656,431	724,449	363,517	385,019	471,548	459,524	545,106	525,543	548,634	4,679,771	519,975	602,075
	Nurse Bank	539,992	1,017,415	830,334	811,725	1,031,522	846,974	875,487	1,135,742	1,002,203	8,091,394	899,044	809,198
	Sub Total H&SCP	2,233,919	3,078,605	2,470,906	2,461,612	2,773,393	2,529,994	2,644,092	2,987,596	2,388,438	23,558,555	2,617,617	2,072,547
Total	3,860,653	5,727,879	4,318,910	4,334,652	4,815,350	4,419,285	4,250,949	4,880,746	3,783,743	40,392,167	4,488,019	4,030,122	

The cost improvement target agreed through the medium-term financial planning process of £10m suggests spend for 2023 / 24 should not exceed circa £14m. The chart below demonstrates that to the end of December 2023 we have spent more on supplementary staffing than was planned. Further action is required at pace to reduce the reliance on supplementary staffing.



Workstream Updates:

1. Finance

1.1 Agency Invoicing Process:

The purpose of this work is to explore whether there is a more robust and effective process for managing nurse bank invoicing. NHS Lothian, NHS Tayside and NHS Forth Valley use a system called Allocate to pay their invoices and work is underway to scope the processes required for NHS Fife to adopt this system.

1.2 Direct Engagement:

The purpose of this workstream is to implement a Direct Engagement model within NHS Fife for medical locums. Direct Engagement is a model where medical locums will be paid through internal payroll via a contract of service. This allows the Health Board to claim 20% VAT of all DE locums.

The Direct Engagement model is endorsed by Scottish Government and being used by other Health Boards. Figures from 2022-2023 indicate potential annual savings of £1.3M through this model based on 90% compliance. Scoping is currently underway with other Health Boards of both in-house and contract solutions, with an options paper going to EDG in April 2024. The project has a current timeline of 12 months to complete from December 2023.

2. Workforce

2.1 Staff Bank Consolidation:

The purpose of this work is to amalgamate all Staff Banks into a single Staff Bank resource, ensuring consistency of practice for all bank workers, with standardised operating procedures and a mature management structure with appropriate knowledge and expertise. Due to the current financial situation, a funding request to fully resource a consolidated staff bank is not supported by the organisation. As a result, an options appraisal is to be presented to EDG in March 2024 to support continuation of the work without upfront funding requested. This will determine the future progression of staff bank consolidation which remains uncertain at this stage.

3. Reform, Transform & Perform Programme 2024 / 2025

The current national landscape, marked by substantial financial constraints, escalating workforce challenges and a surge in service demands, requires a new strategic approach. The approach adopted by Fife will be the Reform, Transform and Perform (RTP). The RTP action plan is being developed at pace and it has been identified that there will be a Workforce workstream which will focus on the following priorities in 2024 / 2025:

- Junior doctor rota review
- Review of supplementary staffing
- Administration & systems review
- Vacancy management
- Skill mix review

On that basis the Bank & Agency programme has been rebranded and elements will be delivered through the RTP agenda. The first meeting of the RTP Workforce Group was on 27 February 2024 co-chaired by David Miller and Janette Keenan. The Group are in the process of identifying their priorities for 2024/2025 linked to the wider ambitions of RTP.

2.3.1 Quality, Patient and Value-Based Health & Care

The nursing workforce has long been recognised as an essential component in achieving quality and safety of care across healthcare services. Of particular importance, to achieve optimal patient outcomes, are registered nurse (RN) staffing levels and skill mix. However, there are some safety concerns related to the use of supplementary staff, such as potential for less familiarity with ward and department practices and disruptions to continuity of care and team communication.

The effective management of all supplementary staff requirements will support the maximisation of staffing cover to ensure that patient care is delivered effectively. This work will require difficult decisions to be taken and these will be made ensuring there are no negative impacts on the quality of patient care and patient safety.

2.3.2 Workforce

Appropriate staffing cover will support our ambition to support staff wellbeing, ensuring the effective planning and delivery of workforce resourcing. The reliance on supplementary

staffing has been noted as a risk to sustainable staffing and this programme of work needs to be complemented by our overall recruitment and retention strategy to ensure the re-balancing of our workforce profile.

The consistent application of standard operating procedures will be an important element of safe staffing delivery to support the requirements placed on the organisation by Health and Care (Staffing) (Scotland) Act 2019.

2.3.3 Financial

The NHS Fife 2023 / 24 financial plan submitted to Scottish Government confirmed a cost improvement plan to deliver cost reductions of £10m on temporary staffing across Health Board retained Services. Additionally, the H&SCP identified in their budget for 2023 / 24 a cost improvement plan of £2m for their temporary staffing spend. No additional financial resource is required to take forward the work of the Bank and Agency Programme Board with one exception.

2.3.4 Risk Assessment / Management

Without delivery of the proposed programme of work there is a risk that our supplementary staffing costs will continue to increase, and we would fail to meet our financial planning targets. Our ability to deliver cost effective supplementary staffing arrangements and reduction of reliance on agency staff will continue to undermine the stability of our workforce model.

A Risk log has been identified for this work and risks are reviewed monthly at Programme Board.

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

The work of the programme will include the completion of Equality Impact Assessment as required. However, as part of a broad suite of workforce sustainability activities, this work will support our aspirations to support Fair Work and offer opportunities for Fife residents to access employment as part of our Anchor Institution commitments.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact on climate emergency and sustainability

2.3.7 Communication, involvement, engagement, and consultation

The Bank & Agency Programme Board reports to the Executive Director's Group with updates to the Financial Improvement & Sustainability Programme Board / Area Partnership Forum and Staff Governance Committee.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – For Member's information.

3. List of Appendices

There are no appendices.

Report Contact:

Fiona McLaren
Head of Corporate PMO
Email fiona.mclaren2@nhs.scot

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Delivery of Annual Workplan 2023/2024
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee Members for:

- Assurance

This report relates to:

- Local Policy

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

- Effective

This report aligns to the following Strand/s of the Staff Governance Standard:

- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan for 2023/2024 at the meeting on 9 March 2023. For assurance, the version of the current updated Annual Workplan is attached at **Appendix 1**, which details amendments made to enable the Committee to clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B06/22, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee.

2.3 Assessment

The updated Workplan attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider or take assurance from during 2023 / 2024.

The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

2.3.1 Quality, Patient and Value Based Health & Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee. The content, update and review of the Annual Workplan contributes to all strands of the NHS Scotland Staff Governance Standard. The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage of respective strands of the Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2023 / 2024 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 9 March, 11 May, 20 July, 14 September, 9 November 2023 and 11 January 2024 and those planned for the meeting on 6 March 2024.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and confirms:

- the updates made to the Staff Governance Workplan for 2023/2024 since it was presented to the Committee on 11 January 2024.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2023/2024

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
Email: rhona.waugh2@nhs.scot

**STAFF GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2023 / 2024**

Governance – General							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Corporate Calendar – Proposed Staff Governance Committee Dates 2024 / 2025	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2023 / 2024	Director of Workforce	✓		✓	✓	✓	✓ Final
Annual Staff Governance Committee Workplan: Proposed 2024 / 2025	Director of Workforce					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	Head of Corporate Governance & Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee	Director of Workforce	✓ Deep Dive: Bank & Agency Programme	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2022 / 2023	Head of Corporate Governance & Board Secretary	✓					

Governance Matters (Continued)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Committee Self Assessment Report 2023 / 2024	Head of Corporate Governance & Board Secretary						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	Director of Nursing / Head of Workforce Planning & Staff Wellbeing	✓ Deferred to 11/7/23	✓			✓	
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	Director of Workforce			✓			
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Strategy / Planning							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Corporate Objectives 2023 / 2024	Chief Executive / Director of Finance & Strategy	✓					
Annual Delivery Plan 2023 / 2024	Director of Finance & Strategy		✓	✓			
Annual Delivery Plan Quarterly Performance Report 2023/2024	Director of Finance & Strategy				✓ Quarter 2 Report		No longer required
Population Health and Wellbeing Strategy 2023 / 2024 Mid-Year Review	Director of Finance & Strategy				✓ Verbal	✓	
Strategic Planning and Resource Allocation 2023 / 2024	Director of Finance and Strategy	No longer required					
Mental Health Estates Initial Agreement	Medical Director	Deferred to 11/7/23	Deferred to 14/9/23	No longer required			

NHS Fife Projects / Programmes							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Primary Care Improvement Plan 2023/2024	Director of Health & Social Care Partnership	Deferred to 14/9/23		Deferred to 9/11/23	✓		
Quality / Performance							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓ Metrics Update
Workforce Information Overview	Deputy Director of Workforce	✓ (Presentation)	✓ (Quarter 4)	Progressing to on-line reporting			
Tender Process for Board Managed 2C General Practices	Director of Health and Social Care Partnership	✓ (Private)					
Staff Governance & Staff Governance Standard							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Standards Overview							
<ul style="list-style-type: none"> Appropriately Trained <ul style="list-style-type: none"> Medical Appraisal & Revalidation Annual Report 2022 / 2023 Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022 / 2023 Training Compliance Report 2022 / 2023 Improved and Safe Working Environment 	Medical Director Director of Nursing Head of Workforce Development & Engagement Director of Property & Asset Management	 ✓	 ✓	 	Deferred to 11/1/24 ✓ ✓	✓ Deferred to 6/3/24	 ✓
		✓			Update provided at Development Session on 9/10/23		

Staff Governance & Staff Governance Standard (Continued)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
<ul style="list-style-type: none"> Well Informed – Communication & Feedback Treated Fairly and Consistently <ul style="list-style-type: none"> Workforce Policies Update Involved in Decisions <ul style="list-style-type: none"> iMatter Report 	Associate Director of Communications Head of Workforce Resourcing & Relations Head of Workforce Development & Engagement						
				✓	✓	✓	
Annual Reports / Other Reports							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Internal Audit Annual Report 2022 / 2023	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2022 / 2023	Head of Workforce Resourcing & Relations		✓ 2021/2022 Feedback and 2022/2023 Template		✓ Final 2022/2023 Return		
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022 / 2023	Co-Chairs of LPF			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2022 / 2023	Co-Chairs of LPF			Deferred to 9/11/23	✓		
Whistleblowing Annual Report 2022 / 2023	Head of Workforce Resourcing and Relations			Deferred to 9/11/23	✓		
Volunteering Annual Report 2022 / 2023	Director of Nursing				✓		
Occupational Health and Wellbeing Service Annual Report 2022 / 2023	Head of Workforce Planning & Staff Wellbeing			✓			

Linked Committee Minutes							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Area Partnership Forum	Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	Director of Acute Services	Meeting Cancelled	✓	✓	Meeting Re-arranged to 9/11/23	✓	✓
Health and Social Care Partnership Local Partnership Forum	Director of Health & Social Care Partnership	✓	✓	✓	Meeting Cancelled	✓	✓
Strategic Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing		Meeting Cancelled	Meeting Cancelled		✓	
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		Meeting Cancelled	Meeting Cancelled		✓	✓

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Attendance Management Update	Director of Workforce	✓ (verbal)	✓				✓
Equal Pay Audit 2023	Director of Workforce	✓					
Whistleblowing Audit Report B18/23	Head of Workforce Resourcing & Relations		✓				
Primary Care Strategy 2023-2026	Head of Primary and Preventative Care Services		✓				
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing			✓			✓
Bank and Agency Programme Update	Director of Workforce				✓		✓
Reinforced Autoclaved Aerated Concrete (RAAC)	Director of Property & Asset Management					✓	
Draft Staff Health and Wellbeing Action Plan 2023-2025	Head of Workforce Planning and Staff Wellbeing					✓	
Integrated Control Evaluation Report	Director of Finance & Strategy					✓	
Armed Forces / Veratrin Update	Director of Workforce						✓
Internal Control Evaluation Report: Staff Governance Standard	Head of Workforce Planning and Staff Wellbeing						✓
Whistleblowing Process Short-term Implementation Plan	Head of Corporate Governance & Board Secretary / Head of Workforce Resourcing & Relations						✓

Briefing Sessions	
Session 1: Friday 6 October 2023 at 10.30 am to 12.00 noon	Lead(s)
<ul style="list-style-type: none"> • Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community – Stress Management 	Neil McCormick, Director of Property & Asset Management Wendy McConville, Senior Charge Nurse, Community Nursing
<ul style="list-style-type: none"> • iMatter 	Kevin Reith, Deputy Director of Workforce Jackie Millen, Workforce Development & Engagement Officer
Session 2: To Be Re-arranged	Lead(s)
<ul style="list-style-type: none"> • Staff Governance Standard: Employee Director 	Lynne Parsons, Employee Director
<ul style="list-style-type: none"> • eRostering Demonstration 	Marie Richmond, Head of Digital Strategic Delivery Sarah Callaghan, Programme Manager, Digital & Information
<ul style="list-style-type: none"> • Health Care (Staffing) (Scotland) Act 2019 	Tracy Hunter, Workforce Lead, Nursing & Midwifery

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Final Annual Workplan 2024/2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

This report aligns to the following Staff Governance Standard(s):

- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2. Report Summary

2.1 Situation

The Staff Governance Committee is required to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. As there were no further comments received from the Committee since it was presented on 11 January 2024, the final version of the Annual Workplan for 2024/2025 is provided at **Appendix 1**, setting out the priorities and anticipating the reporting arrangements for the Committee for the forthcoming year.

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B08/23, whilst ensuring due

diligence in respect of the range of workforce matters to be considered by the Committee and the commitment to the NHS Scotland Scottish Government Standard.

2.3 Assessment

The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard. The Annual Workplan for 2024/2025 is attached at **Appendix 1** for assurance.

Commitment / evidence to support the requirements of the Staff Governance Standard and the respective strands of the standard are provided by the Local Partnership Forum Annual Reports, Staff Governance Annual Monitoring Return and monitoring of activity presented to the Committee via the workplan.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Delivering robust governance across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Standard.

The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage elements of the Staff Governance Standard. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The final Staff Governance Committee Annual Workplan 2024/2025 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account that no further comments were received.

2.4 Recommendation

This paper is presented to the Staff Governance Committee members for **Assurance** and members are asked to:

- **Note** the content of the Staff Governance Committee Annual Workplan for 2024/2025.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Staff Governance Committee Annual Workplan 2024/2025

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
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STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2024/2025

Governance – General							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2024/2025	Director of Workforce	✓	✓	✓	✓	✓	✓ Final
Annual Staff Governance Committee Workplan: Proposed 2025/2026	Director of Workforce					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	Head of Corporate Governance & Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee	Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2023/2024	Head of Corporate Governance & Board Secretary	✓					

Governance Matters (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Committee Self Assessment Report 2024/2025	Head of Corporate Governance & Board Secretary						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	Director of Nursing / Head of Workforce Planning & Staff Wellbeing			✓			
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	Director of Workforce	✓		✓		✓	
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations / Head of Corporate Governance & Board Secretary	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Bank and Agency Programme Update	Director of Workforce			✓			✓
Health & Safety Quarterly Report	Director of Workforce (on behalf of Director of Property & Asset Management)	✓	✓		✓	✓	
Strategy / Planning							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Corporate Objectives 2024/2025	Chief Executive / Director of Finance & Strategy	✓					
Annual Delivery Plan 2024/2025	Director of Finance & Strategy	TBC	TBC	TBC	TBC	TBC	TBC
Annual Delivery Plan Quarterly Performance Report 2024/2025	Director of Finance & Strategy	✓ Quarter 4 2023/2024 Report	✓ Quarter 1 2024/2025 Report		✓ Quarter 2 2024/2025 Report		✓ Quarter 3 2024/2025 Report

Strategy / Planning (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Population Health and Wellbeing Strategy 2023/2024 Mid-Year Review	Director of Finance & Strategy				✓		
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing			✓			✓
NHS Fife Projects / Programmes							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Primary Care Improvement Plan 2024/2025	Director of Health & Social Care Partnership	TBC	TBC	TBC	TBC	TBC	TBC
Quality / Performance							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance & Staff Governance Standard							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Standards Overview <ul style="list-style-type: none"> • Appropriately Trained <ul style="list-style-type: none"> - Medical Appraisal & Revalidation Annual Report 2023/2024 - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2023/2024 - Training Compliance Report 2023/2024 	Medical Director Director of Nursing Associate Director of Culture, Development & Wellbeing				✓ ✓ ✓		✓

Staff Governance & Staff Governance Standard (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
• Improved and Safe Working Environment	Director of Property & Asset Management	✓			✓		
• Well Informed – Communication & Feedback	Associate Director of Communications	✓					
• Treated Fairly and Consistently - Workforce Policies Update	Head of Workforce Resourcing & Relations				✓		
• Involved in Decisions - iMatter Report	Associate Director of Culture, Development & Wellbeing			✓		✓	

Annual Reports / Other Reports

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Internal Audit Annual Report 2023/2024	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2023/2024	Head of Workforce Resourcing & Relations	TBC	TBC	TBC	TBC	TBC	TBC
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024	Co-Chairs of LPF			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024	Co-Chairs of LPF			✓			
Occupational Health and Wellbeing Service Annual Report 2023/2024	Head of Workforce Planning & Staff Wellbeing			✓			
Whistleblowing Annual Report 2023/2024	Head of Corporate Governance & Board Secretary			✓			

Annual Reports / Other Reports (Continued)

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Volunteering Annual Report 2023/2024	Director of Nursing				✓		

Linked Committee Minutes

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Area Partnership Forum	Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	Director of Acute Services	✓	✓	✓	✓	✓	✓
Health and Social Care Partnership Local Partnership Forum	Director of Health & Social Care Partnership	✓	✓	✓	✓	✓	✓
Strategic Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing	TBC	TBC	TBC	TBC	TBC	TBC
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		✓	✓		✓	

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25

Briefing Sessions	
Session 1: October 2024 (TBC)	Lead(s)
Session 2: February 2025 (TBC)	Lead(s)

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Integrated Performance & Quality Report – Staff Governance
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe, Effective and Person Centred

This report relates to the Staff Governance Standard requirement that staff are:

- Well Informed

2. Report Summary

2.1 Situation

This report informs the Staff Governance Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is up to the end of September for Vacancies; end of December for Sickness Absence; and end of January for PDPR.

2.2 Background

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

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

2.3 Assessment

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

The Staff Governance aspect of the report covers Sickness Absence and Personal Development Plan & Review (PDPR), and their current status is shown in the table below.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (7.80% in December)
PDPR	Monthly	80%	Not achieving (This is measured on a rolling 12-month basis)

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures. The IPQR report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the Position at January IPQR will be available for discussion at the meeting on 6 March 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 26 February 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the Staff Governance Committee for:

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

3. List of Appendices

None

Report Contact

Bryan Archibald
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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

**Position (where applicable) at January 2024
Produced in February 2024**

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

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

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

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

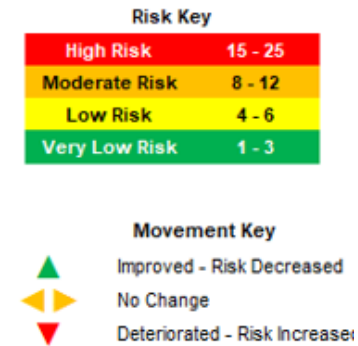
Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart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

MARGO MCGURK
Director of Finance & Strategy
12 February 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		



Summary Statement on Risk Profile

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

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

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

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Dec-23	48	○	▲	▼	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	50.0%	●	▲	▲	
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	
	Inpatient Falls	6.95	(L)	Month	Dec-23	7.10	○	▼	▲	
	Inpatient Falls with Harm	1.44	(L)	Month	Dec-23	1.42	○	▲	▲	
	Pressure Ulcers	0.89	(L)	Month	Dec-23	1.28	○	▼	▼	
	SAB - HAI/HCAI	18.8	(N)	Month	Dec-23	6.6	○	▲	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Dec-23	3.3	○	▼	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Dec-23	29.7	○	▲	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Dec-23	43.9%	●	▼	▼	● 2021/22
S2 Complaints Closed in Month on Time	33%		Month	Dec-23	8.0%	○	▼	▼	● 2021/22	
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Dec-23	5.9%	●	▼	▼		
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Jan-24	71.5%	○	▲	▲	● Dec-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Jan-24	64.6%	●	▲	▲	● Dec-23
	Patient TTG % <= 12 Weeks	100%		Month	Dec-23	37.5%	●	▼	▼	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Dec-23	38.2%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Dec-23	43.9%	●	▼	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Dec-23	92.5%	○	▼	▼	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Dec-23	71.2%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Jan-24	91.7%	●	▲	▲	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Jan-24	10.5%	●	▲	▼	● Dec-23
Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Jan-24	5.9%	○	▲	▼	● Dec-23	
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£12.9m)	-	Month	Jan-24	(£12.2m)	●	—	—	
	Capital Resource Limit Performance	£11.3m	-	Month	Jan-24	£7.2m	●	—	—	
Staff Governance	Sickness Absence	4.00%		Month	Dec-23	7.80%	○	▼	▲	● YE Sep-23
	Personal Development Plan & Review (P DPR)	80%	(L)	Month	Jan-24	41.6%	●	▲	▲	
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▼	▼	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	
Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲		
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Sep-23	93	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Dec-23	75.3%	○	▲	▲	● QE Sep-23
	Psychological Therapies Waiting Times	90%		Month	Dec-23	75.5%	○	▲	▲	● QE Sep-23
	Drugs & Alcohol Waiting Times	90%		Month	Oct-23	86.9%	●	▼	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.9%	●	▲	—	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.3%	●	▲	—	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Sep-23	94.2%	○	▲	▼	● QE Sep-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Sep-23	88.8%	○	▼	▲	● QE Sep-23	

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected & Actual Activity and Long Waits

			Quarter End	Quarter End	Month End			Quarter End	Quarter End
			Jun-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected				70.0%	75.0%	75.0%		
	Actual				66.8%	66.6%	63.5%		
	Variance				-3.2%	-8.4%	-11.5%		
Elective Activity Diagnostics	Projected		15,363	15,363	5,121	5,121	5,121	15,363	15,363
	Actual		14,393	15,588	5,412	5,387	4,788	15,587	
	Variance		-970	225	291	266	-333	224	
Elective Activity New Outpatients	Projected		22,309	22,337	7,421	7,432	7,421	22,274	22,308
	Actual		21,225	21,580	7,090	7,985	6,046	21,121	
	Variance		-1,084	-757	-331	553	-1,375	-1,153	
Elective Activity TTG	Projected		3,416	3,433	1,162	1,162	1,163	3,487	3,492
	Actual		3,403	3,289	1,109	1,307	1,101	3,517	
	Variance		-13	-144	-53	145	-62	30	
Long Waits Diagnostics > 26 weeks	Projected		109	63	42	26	10	10	0
	Actual		171	165	160	150	204	204	
	Variance		62	102	118	124	194	194	
Long Waits New Outpatients > 104 weeks	Projected		0	74	120	166	212	212	352
	Actual		1	2	2	2	2	2	
	Variance		1	-72	-118	-164	-210	-210	
Long Waits New Outpatients > 78 weeks	Projected		150	339	509	679	849	849	1358
	Actual		85	255	301	336	336	336	
	Variance		-65	-84	-208	-343	-513	-513	
Long Waits TTG > 104 weeks	Projected		16	67	102	136	173	173	351
	Actual		20	17	25	40	32	32	
	Variance		4	-50	-77	-96	-141	-141	
Long Waits TTG > 78 weeks	Projected		159	305	388	465	547	547	893
	Actual		84	133	154	186	183	183	
	Variance		-75	-172	-234	-279	-364	-364	
Arthroplasty 4 joint sessions	Projected		25.0%	25.0%				25.0%	25.0%
	Actual		10.3%	16.9%	12.5%	10.9%	14.0%	12.4%	
	Variance		-14.7%	-8.1%				-12.6%	
Same Day Procedures Knee Arthroplasty	Projected		1.9%	1.9%				1.9%	1.9%
	Actual		4.1%						
	Variance		2.2%						
Same Day Procedures Hip Arthroplasty	Projected		4.3%	4.3%				4.3%	4.3%
	Actual		8.0%						
	Variance		3.7%						
Cancer Waiting Times 31-Day	Projected		93.8%	94.1%				94.3%	94.5%
	Actual		96.5%	92.5%	91.8%	95.0%	92.5%	93.1%	
	Variance		2.7%	-1.6%				-1.2%	
Cancer Waiting Times 62-Day	Projected		81.9%	82.8%				85.0%	85.4%
	Actual		77.5%	73.7%	86.6%	61.2%	71.2%	73.0%	
	Variance		-4.4%	-9.1%				-12.0%	
CAMHS 18 Weeks RTT	Projected				70.0%	70.0%	60.0%		
	Actual				67.9%	78.6%	73.8%		
	Variance				-2.1%	8.6%	13.8%		
CAMHS Waiting List <= 18 weeks	Projected		216	228	232	257	235	235	200
	Actual		224	197	184	187	180	180	
	Variance		8	-31	-48	-70	-55	-55	
CAMHS Waiting List > 18 weeks	Projected		116	98	77	86	42	42	0
	Actual		70	91	87	49	64	64	
	Variance		-46	-7	10	-37	22	22	
Psychological Therapies 18 Weeks RTT	Projected				69.3%	68.2%	71.0%		
	Actual				54.3%	56.5%	56.3%		
	Variance				-15.0%	-11.7%	-14.7%		
Psychological Therapies Waiting List <= 18 weeks	Projected		888	888	888	888	888	888	888
	Actual		1460	1480	1404	1412	1427		
	Variance		572	592	516	524	539		
Psychological Therapies Waiting List > 18 weeks	Projected		1660	1569	1609	1596	1680	1680	1604
	Actual		1173	1219	1184	1086	1109		
	Variance		-487	-350	-425	-510	-571		
Psychological Therapies Waiting List > 52 weeks	Projected		219	165	147	129	111	111	57
	Actual		273	251	278	276	263		
	Variance		54	86	131	147	152		

d. Assessment

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

7.80%

Sickness absence has increased from 7.64% in November to 7.80% in December 2023, this is the highest level in 2023. Short-term absence has decreased from 3.56% in November to 3.46% in December 2023. There has been an increase in long term absence from 4.08% In November to 4.34% in December 2023.

Most sickness absence episodes and hours lost related to mental health related reasons for absence, (amounting to 26.3%), however, this has reduced by 2% from the previous month.

Two Directorates, Emergency Care and Community Care, have a sickness absence rate above 10%. Acute Services and HSCP both have absence rates above 8%.

The latest benchmarking, for November 2023, shows NHS Fife to be in the lower range of all mainland Boards.

Service Narrative

Continue to deliver and promote the Attendance Management training programme within NHS Fife to complement Turas Learn, NHS Scotland Attendance eLearning module. Expand the use of Promoting Attendance panels that provide opportunities for case discussion, shared learning and provision of assurance on consistency of approach and best practice. Utilise absence data analytics to develop bespoke action plans to target specific areas, a recent example was a multifactorial review that identified factors impacting on attendance at work. As a result, a short life working group is now being established to develop an action plan to mitigate or address identified issues.

Promote and signpost staff to in-house support services such as counselling, occupational health, community listening service and staff peer support. Promote and signpost staff to online resources such as Staff Wellbeing hub, Live Positive tool kit, Stress support and resources guide, Financial Health support guide, Staff Wellbeing handbook, Access Therapies Fife, Mood Cafe, Mind to Mind and Workforce Specialist Services Scotland.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

41.6%

Compliance has decreased slightly to 41.6% in December, a decrease of 0.5% from month prior and +9.3% on the same month in 2022.

This is only the 2nd decrease since January 2023.

Compliance was highest in HSCP, (Complex & Critical) at 53.3% whilst in Acute Services all, except WCCS, saw an increase ranging from 0.2% to 1%.

The number of reviews held in January increased to 210 (from 203).

Performance remains at approximately half of the national standard of 80%, and has remained relatively static for the last 3 months.

Service Narrative

Recovery actions have been identified not only to support an increase by the end of March 2024, but to also improve engagement for the 2024 / 2025 review period beginning on 1 April 2024. These include:

- Direct contact with managers with high engagement levels, to request that they share approaches and experiences that can be shared with low engagement teams.
- Direct contact with managers with low engagement levels to request the provision of team recovery action plans. Supportive actions will be provided by the Workforce Development & Engagement Team, as appropriate with any concerns raised escalated through the appropriate channels.
- Regular provision of Team status reports to managers.
- Development of key messages for managers and staff.
- Cascading support and endorsement of new commitment to PDPR engagement from Senior Managers / Staff Side / Staff Governance Committee.

Reduce the number of vacancies in the following professions:

Vacancies

<i>Medical & Dental (M&D)</i>	9.4%
<i>Nursing & Midwifery (N&M)</i>	6.5%
<i>Allied Health Professionals (AHPs)</i>	8.0%

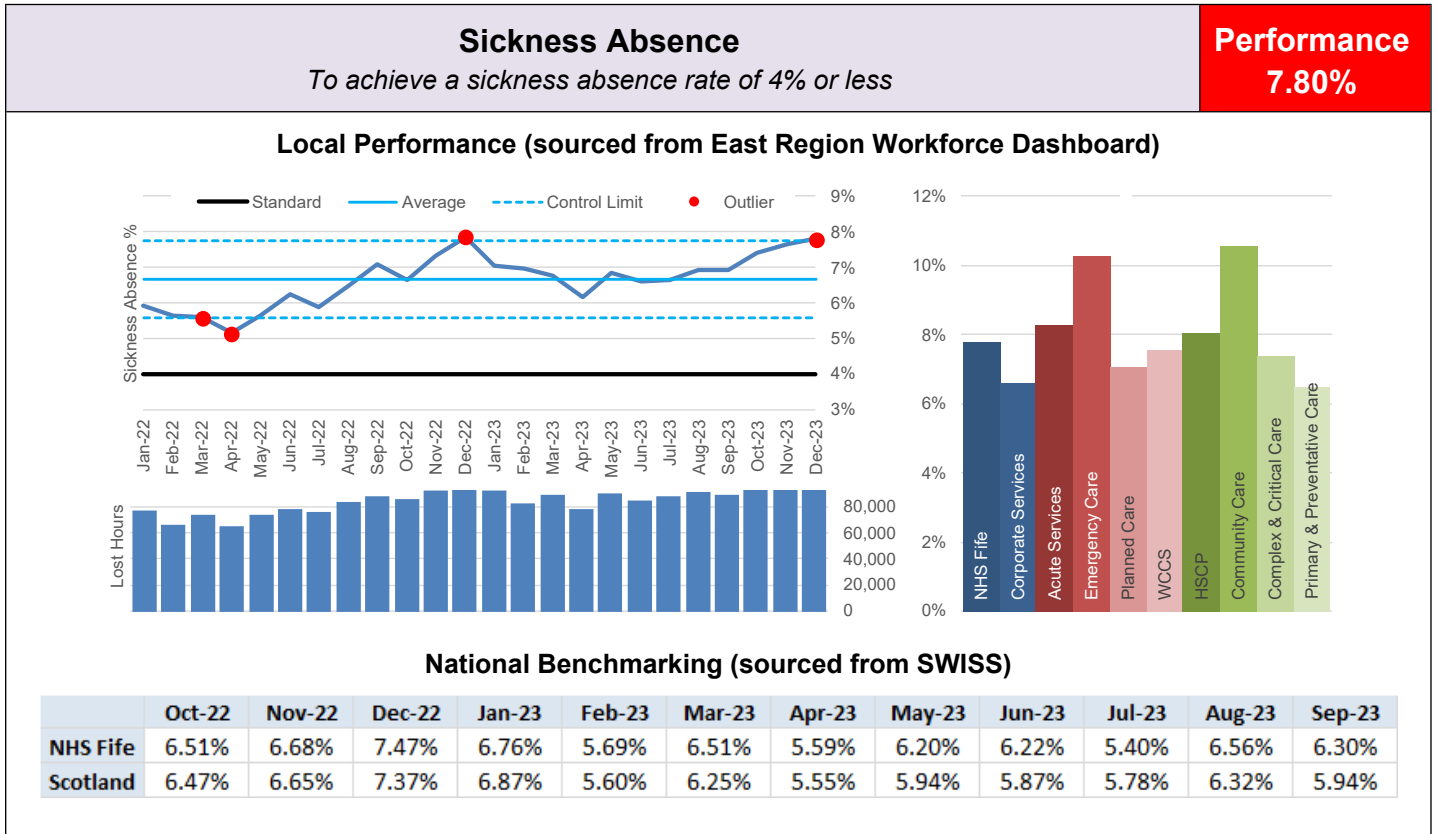
(n.b. we await the most recent data so below is a repeat of the analysis from last month's IPQR)

Medical & Dental WTE vacancies saw no change from the June figure of 30.2. The largest % of vacancies falls within a single area of General Psychiatry at 8.9%.

Nursing & Midwifery WTE vacancies has seen a significant decrease for this reporting quarter dropping from 507.7 WTE to 282.1 WTE. 53% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022 (61.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

e. Performance Exception Reports



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025		Mar-25
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group,NHS Fife Area Partnership Forum,NHS Fife Staff Governance Committee	Jan-24
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targetting 6% in 2023/24.	Mar-24
	Review of Action Plan to inform development of 24/25 aims	Mar-24
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support		Jan-24
Key Milestones	Review and retention of bank and admin fixed term contracts	Mar-24
	Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife	Mar-24
	Examine the effects of diversification of service provision and implications on OH Team resources	Mar-24

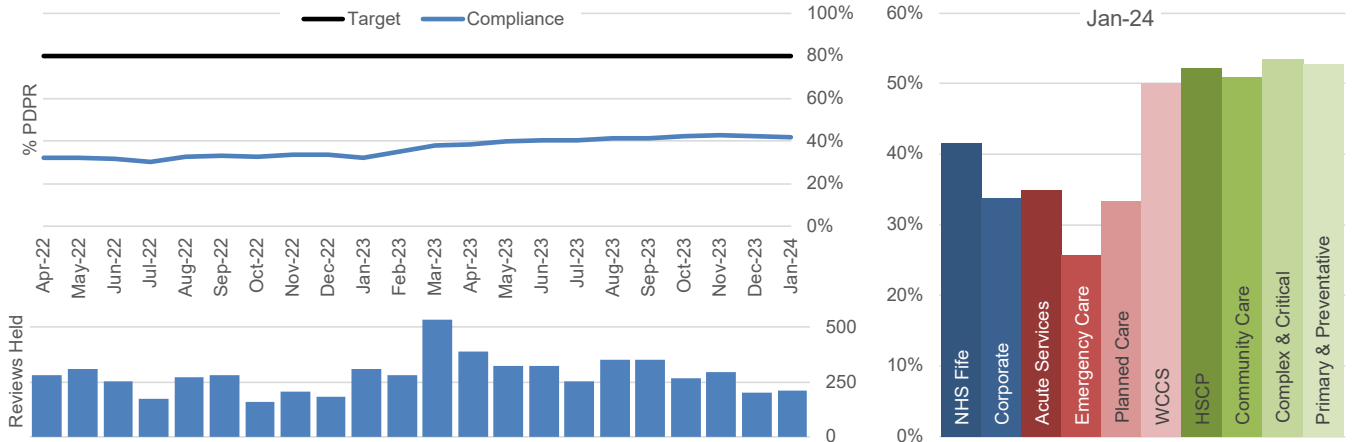
STAFF GOVERNANCE

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance
41.6%

Local Performance

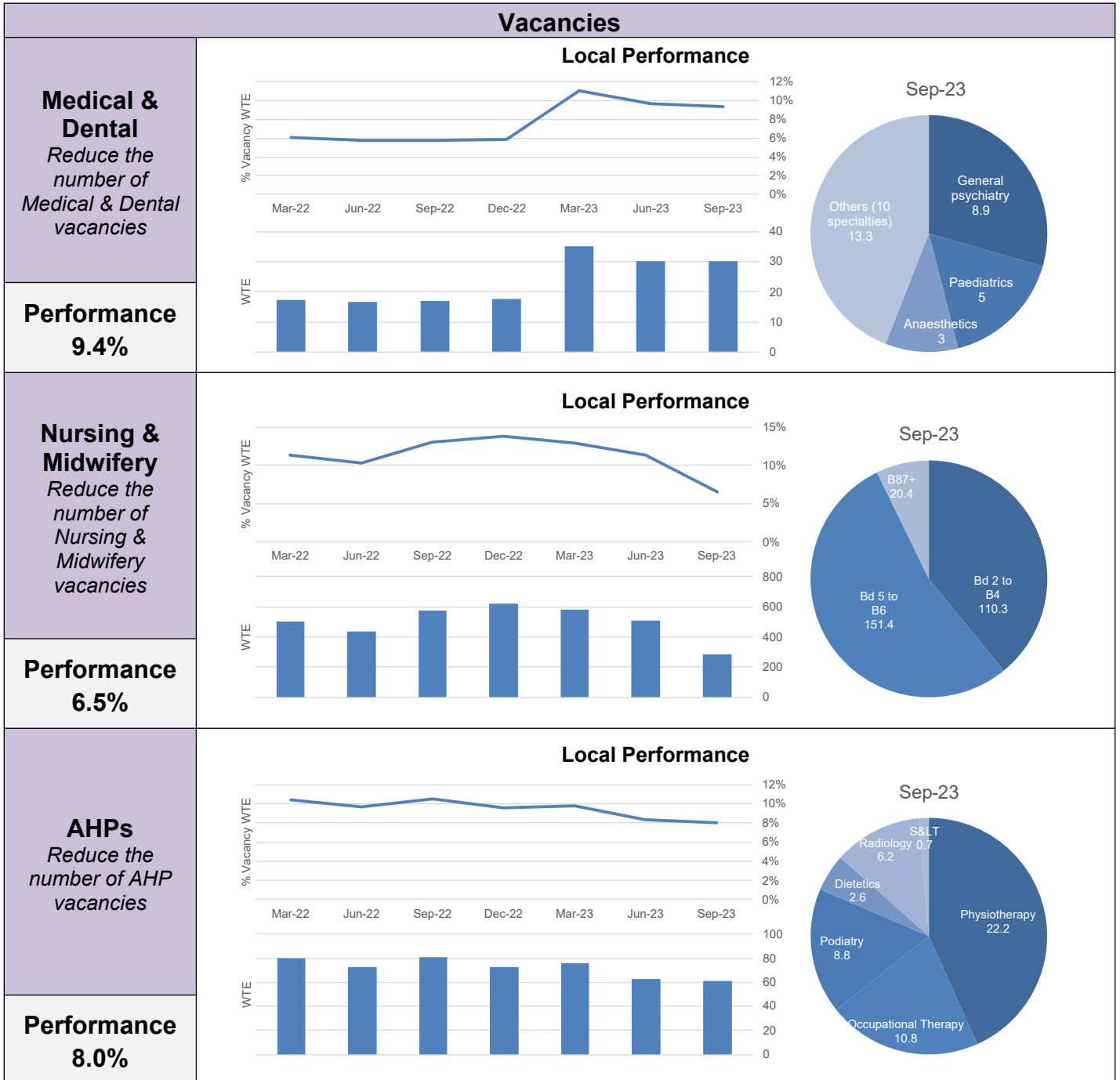


	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
NHS Fife	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%	42.1%	42.6%	42.1%	41.6%
Corp.	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%	32.6%	32.4%	33.2%	33.7%
Acute	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%	34.2%	35.5%	34.7%	34.9%
HSCP	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%	54.4%	54.8%	54.0%	52.2%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Create and Nurture a Culture of Person Centred Care					Mar-26
Key Milestones	Development of Leadership Development framework completed				Mar-24
	Review of OD function delivery as part of Directorate service change proposals completed				Sep-23
	Stakeholder Engagement on the development of a behavioural framework completed				Dec-23
	Proposals developed for a programme to embed a behavioural framework delivered				Mar-24

STAFF GOVERNANCE

Vacancies



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation					Dec-24
Key Milestones	Bank & Agency Programme Board established and project plan developed				Apr-23
	Plans delivered to exit off contract Agency use				Jun-23
	Escalation Process revised to reflect Agency utilisation changes				Jun-23
	Bank Consolidation proposals finalised and implementation commenced				Mar-25
	Bank Model changes fully in place and operating as Business as Usual				Mar-25

STAFF GOVERNANCE

Delivering Anchor Institution workforce aims - Promoting employability priorities		Mar-25
Key Milestones	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	Sep-23
	Review of MA target numbers in line with key stakeholders	Oct-23
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	Mar-24
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		Mar-27
Key Milestones	Performance Oversight Group established to oversee Shared Services Agreement	Apr-23
	Internal Recruitment Performance Reporting established	Sep-23
	Review of International Recruitment programme to inform 24/25 ambitions	Mar-24
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes		Mar-24
Key Milestones	Development of Workforce Dashboard reporting to support Bank & Agency programme	Jul-23
	Creation of on line Workforce information overview accessible within NHS Fife	Mar-24
	Review of Workforce Analytics as part of Directorate service change proposals completed	Mar-24
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Mar-24
	Develop proposals for business as usual support for the eRostering system	Aug-23
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	Mar-24
Development of improved digital processes i.e. online pre-employment and management referrals programmes		Dec-25
Key Milestones	Pilot for pre-employment module live within NHS Fife	Jun-23
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	Sep-23
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	Dec-23
	Evaluation of pre-employment module activity and of initial cohort for management referrals	Mar-24

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Training Compliance Update 2023 / 2024 and Recovery Actions for 2024 / 2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Interim Learning and Development Manager

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- Local policy

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

- Safe, effective and person centred

This report aligns to the following Staff Governance Standard(s):

- Appropriately trained & developed

2. Report Summary

2.1 Situation

The purpose of this report is to provide an update on NHS Fife's Mandatory Core training compliance performance for the position as of 22 January 2024 and assurance on associated recovery actions identified to improve completion levels into 2024 / 2025.

2.2 Background

NHS Fife defines Mandatory core training as any training our employees must complete which complies with statutory legislation, national guidance, and regulatory frameworks.

The Board's workforce is expected to comply with all mandatory core training requirements associated with their role. At the start of employment, this training will be provided via Corporate Induction. This training will then be updated throughout the employee's career in accordance with the required refresh dates for each core skill topic.

The nine subject areas are:



Appendix 1 contains the current Core Skills guidance. The guidance continues to be kept under review as part of our local improvement plan and with reference to work commissioned nationally by the HRD group which will make recommendations in relation to national Statutory and Mandatory standards.

2.3 Assessment

After noting a reduction in completion levels over 2021 / 2022, the organisational aim is to achieve and maintain a compliance level at or above 80% by 31 March 2024. Following the actions to progress improvement to date, the position at 22 January 2024 is 56% with engagement over eight of the subject areas ranging between 49% and 85%.

Due to recent changes where the expectation that all staff have some understanding of all Public Protection topics, these are now reported individually with engagement in these topics ranging between 49% and 59%. All three topics measured under Public Protection have shown a 2% increase in engagement since the reporting metrics were changed in November 2023.

Information Governance, Health and Safety and Violence and Aggression have shown increases of 2% with Manual Handling showing a 9% increase in engagement since November 2023. Decreases in Fire and Resuscitation are 6% and 5% respectively. Infection Prevention & Control and Equality and Diversity engagement remains at the same level as the previous report. Following the slight decrease of 3% in the overall performance figure in November 2023, a second decrease of 4% has been recorded in January reflecting a second decline in engagement since the beginning of 2023.

Appendix 2 provides a breakdown of performance by subject area with Table 2 showing the increase in compliance rates between May 2023 and January 2024.

EDG have made a commitment to Board, SGC and APF that work on improving the training compliance levels would involve the following areas of action:

1. Compliance Improvement trajectories developed across services to target and prioritise activity.
2. Engagement with all training owners to establish delivery plans and improve levels of staff attendance / completion.
3. Roll out of enhanced manager reporting to support compliance monitoring activity.

4. Completion of a full core training compliance review to develop and refine our programme to improve role specific training requirements (aligned with national work as appropriate).

The updated position on these areas of action is outlined below:

1. Compliance Improvement trajectories developed across services to target and prioritise activity

The overall aim is to achieve our 80% target across all areas of the core training areas. However, to manage expectations on staff time and avoid negative impact on service capacity it was agreed that a three-phase approach to this work would be taken.

Phase 1 – prioritisation of the topics relating to organisational statutory responsibility and patient safety to include focus on achievement of 80% target by **October 2023**:

- Resuscitation
- Manual Handling
- Fire Safety

Manual Handling compliance has now reached 85%. Ongoing activity is required to maintain compliance at this level however, it should be acknowledged that ongoing pressures on services may mean this could be difficult to achieve.

Engagement in Resuscitation training has decreased by 5% since November 2023 with the training team reporting a higher level of absences than expected on training sessions during November and December 2023. Fire Safety compliance has also decreased by 6%, with compliance showing as 56% and 51% respectively, it is unlikely that either topic will meet the 80% target level before the end of March 2024.

Both Fire Safety and Resuscitation training teams were informed of the decrease in compliance with the Resuscitation team advising they had experienced a higher level of DNAs on sessions than previously throughout November 2023 to January 2024. Moving forward following a training programme redesign at the beginning of this year, the team have confirmed that attendance on training is now higher. Work has now commenced to raise awareness of role requirements in relation to Resuscitation training. This will inform members of staff who do not work in roles where the practical element of this training is required that they should complete Level 1 Resuscitation eLearning, this should increase engagement in this topic before the end of March 2024.

The Fire Safety training team have also experienced a higher level of DNAs on training sessions than previously. The team also face workforce shortages and the removal of the Cameron training venue in November 2023, although alternatives were made available, have impacted on the training capacity of the team. To support the Fire Safety team to develop a more person-directed recovery plan, a report indicating members of staff who do not meet compliance requirements for this core topic has been issued to the team.

The compliance report will enable the Fire Safety team to identify individual employees who are not currently compliant in this Core Skill topic.

Phase 2 – Ensuring target rate of 80% completion by December 2023:

- Infection Prevention & Control
- Health & Safety
- Violence and Aggression

Infection Prevention & Control compliance remains at 57% with Health and Safety and Violence and Aggression showing an increase of 2% since November 2023 however engagement in the Phase 2 topics have not increased as expected. It is unlikely that these Phase 2 topics will meet the 80% target before the end of March 2024.

Phase 3 – To complete achievement of overall organisational compliance the final phase aims to achieve the overall organisational target of 80% completion by March 2024:

- Information Governance
- Protection for All
- Equality and Diversity

Information Governance continues to be considered a higher priority in corporate and frontline service support functions and will be prioritised accordingly. Compliance has increased to 61% showing a 2% increase since November. Achievement of the 80% target for this topic is now unlikely by the March 2024 deadline.

Child Protection, Adult Protection and Gender Based Violence are now measured as independent Protection for All topics and show engagement levels of 50%, 59% and 49% respectively.

Equality & Diversity compliance has now reached 81% with work ongoing in this area to increase the range of learning materials for this topic to ensure engagement remains high.

The current outcomes for all three phases show that the aim to meet the overall organisational achievement target of 80% by **March 2024** is unlikely without a significant increase in activity across the majority of Core Skills topics.

Compliance reports are now being provided to Managers detailing each employees Core Skills training status across all 9 core skill topics. This report will enable managers to easily identify the Core Skills training requirements for each member of their team resulting in a targeted approach to training provision and an increase in core skills compliance across all 9 subject areas.

2. Engagement with training owners to establish delivery plans and improve levels of staff attendance / completion.

Engagement with all training owners continues to ensure all actions are taken to increase improvement in compliance for each of the mandatory core training subjects. This has included an assessment of delivery capacity, appropriate delivery models, and training accessibility.

Training providers continue to face challenges when sourcing appropriate training rooms and this may continue to impact on the ability to meet the demands for this training delivery method. In addition to the reduction in room availability post-pandemic,

recent changes to the purpose of the Training Centre, Ward 7, Cameron has resulted in a reduction of suitable accommodation on this site.

The NHS Fife weekly Training Bulletin launched at the beginning of January 2024 provides a new platform to inform learners of training available from all training providers in NHS Fife. The bulletin enables training services to raise awareness of individual topics via a spotlight section each week. This Bulletin provides an enhanced method of communication to ensure learners have ongoing access to the various learning opportunities available in the board, offering an effective way to inform learners of requirements and changes associated to Core Skills training topics.

Recent changes to the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019), all employees including non-clinical managers and staff working in healthcare services are now required to complete Child Protection : practice level 1 [informed] eLearning course.

A similar change is also reflected in Adult Protection guidance will all employees required to complete Adult Support and Protection : practice level 1 [informed] eLearning. For all new employees, this learning is included in the NHS Fife Corporate Induction eLearning programme.

Discussions with training providers has identified that communication of this change may not have reached all members of staff and that action is required to increase compliance levels within the Protection for All topic to ensure engagement levels meet those of the other topics.

The Infection Control and Prevention team have recently identified several issues that are directly impacting on their attempts to increase engagement in this core skill topic which are summarised in the next few paragraphs. In some cases, where ward-based training is not available, members of staff are not being released from their work areas to attend training.

Ward-based training is not as effective as classroom-based training with the average number of staff reached during ward-based delivery can be as low as 2. Not only is this delivery method extremely resource intensive and difficult for the ICT trainers to maintain, it does not provided a quality learning experience for the members of staff. Attendees can experience conflict in responsibilities when training is delivered in their area, this can result in members of staff having to leave the training to answer buzzer calls from patients as an example.

Attempts to increase the number of training sessions provided have proved to be difficult. In addition to the limited training venues available, there are additional restrictions caused by situations where accommodation has been booked for events that do not take place as intended, however room reservations have not been cancelled meaning the venue cannot then be used for an alternative purpose.

To improve levels of attendance / completion, guidance will be developed for managers on the benefits of Core Skills learning, training engagement / attendance and the changes to PfA requirements. This guidance will be provided alongside the compliance status reports referred to earlier in this paper, in Section 2.3, under 1. *Compliance Improvement trajectories developed across services to target and prioritise activity.*

Senior Managers will continue to support the release of employees for training purposes within their services to ensure that each member of staff is given the opportunity to engage in training that will deliver a successful and positive learning experience.

In situations where training has been arranged on a ward-based level, the Manual Handling team has previously suggested that it would be beneficial if training attendees were super-numerary to required staffing levels for the area. If this approach were to be supported and were feasible across all relevant core skills topics, this could support effective training via this delivery method.

Regular communications are now being issued via the Weekly Brief reminding users of the demand for bookable accommodation and the importance of cancelling bookings when there is a change in arrangements.

3. Roll out of enhanced manager reporting to support compliance monitoring activity.

To ensure timely compliance monitoring all eESS accounts have been updated to include access to the eESS reporting tool so managers can monitor training compliance locally.

Work will begin in March 2024 in order to provide access to the reporting functionalities in TURAS Learn and eESS OBIEE to training providers. This access will enable training services to provide accurate compliance reports for their own respective topics.

The TURAS Learn reporting function will be made available to Managers later when there is an appropriate level of training history to be considered valuable to teams and services. Currently managers are still being directed to eESS for any training information. Draft guidance to support managers in producing training compliance reports is now in the testing phase. On completion, the guidance will be issued to managers with their Core Skills compliance reports and will provide managers the ability to monitor their own team compliance.

4. Completion of a full core training compliance review to develop and refine our programme to improve role specific training requirements (aligned with national work as appropriate).

As noted above, engagement with training providers and service leads continues to inform the agreed phased approach to achieve organisational training compliance targets. To ensure that the training compliance improvements are given sustained focus ongoing meetings with Senior Learning Leads are directing and informing both the initial improvement priorities and review of our full Core Mandatory Training activity.

This work is currently led by the Interim Learning and Development Manager pending the appointment of the new Associate Director of Culture, Development and Wellbeing role.

Conclusion of this work will result in the development of a Core Skills document that will include clarification of learning events that meet core skills compliance and the associated legislation, guidance and policies where available. Core skills training providers will also be required to outline risks to NHS Fife in instances of non-compliance.

Work continues with managers and training providers to develop a blended Corporate Induction package as an approach to supporting the improvement of core skills compliance. Providing training such as Manual Handling and Resuscitation within the first few days of a new employee commencing employment may be safer and more effective in comparison to current arrangements where managers are expected to arrange appropriate training within the first few weeks of a new employment. This new package would also be enhanced by the provision of Clinical Systems training and raising awareness of Workforce Systems such as TURAS, iMatter and eESS.

In addition to the work detailed above, some core skills training providers have also suggested that providing collaborative Core Skills update training sessions would also be beneficial for employees. Updates could be delivered as a range of half-day sessions and would support more effective arrangement for training release and staff rota management.

Implementing these proposals will support the aim to continuously improve staff experience and ensure a well-informed and appropriately trained workforce.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

The continuing implementation of TURAS Learn as our new booking system for training during 2024 will not have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work.

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

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

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with Training Leads and Senior Service representatives and the paper was revised by the Director of Workforce.

2.3.8 Route to the Meeting

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

- The Core Training Compliance update and Improvement Plan was previously considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle.

2.4 Recommendation

This paper is provided to Staff Governance members for:

- **Assurance** – For Members' information.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Core Skills Topics, Target Audience and Refresh dates
- Appendix 2: Performance breakdown by subject area

Report Contact

Jackie Millen
Workforce Development and Engagement Officer
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Appendix 1: Core Skills Topics, Target Audience and Refresh dates

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Manual Handling	Manual Handling (Non-Patient Handling): NHS Fife <ul style="list-style-type: none"> Manual handling (non-patient handling) theory Manual handling (non-patient handling) videos 	Manual Handling (non-patient handling)	2 years	ALL staff who are not responsible for physically lifting, moving or supporting patients.
	Manual Handling (Patient Handling): NHS Fife <ul style="list-style-type: none"> Manual handling (patient handling) theory Manual handling (patient handling) videos 	Manual Handling (patient handling)	Annual	ALL Clinical and Key non-Clinical Staff who are responsible for physically lifting, moving or supporting patients.
Fire Safety	Fire Training NHS Fire Training Video	Fire Training Provided by Fire Safety Team	Annual	ALL
Resuscitation	Level 1 Adult Resuscitation Level 2 Adult Resuscitation Level 2 Paediatric Resuscitation	Level 1 Adult Resuscitation Level 2 Adult Resuscitation Level 2 Paediatric Resuscitation	Annual	All staff who do not deliver direct patient care or therapies. All staff who deliver direct patient care or therapies. All staff who deliver direct patient care or therapies to children (excludes neonates).
Health & Safety	NHS Fife: Health and Safety	Health & safety eLearning	3 years	ALL
Infection Control	SIPCEP Foundation Layer (NES Scottish IPC Education Pathway – Foundation (15 individual courses))	Infection Control eLearning	Annual	ALL
Equality & Diversity	Equality and diversity: equality and human rights (NES content)	Equality and Diversity eLearning	3 Years	ALL

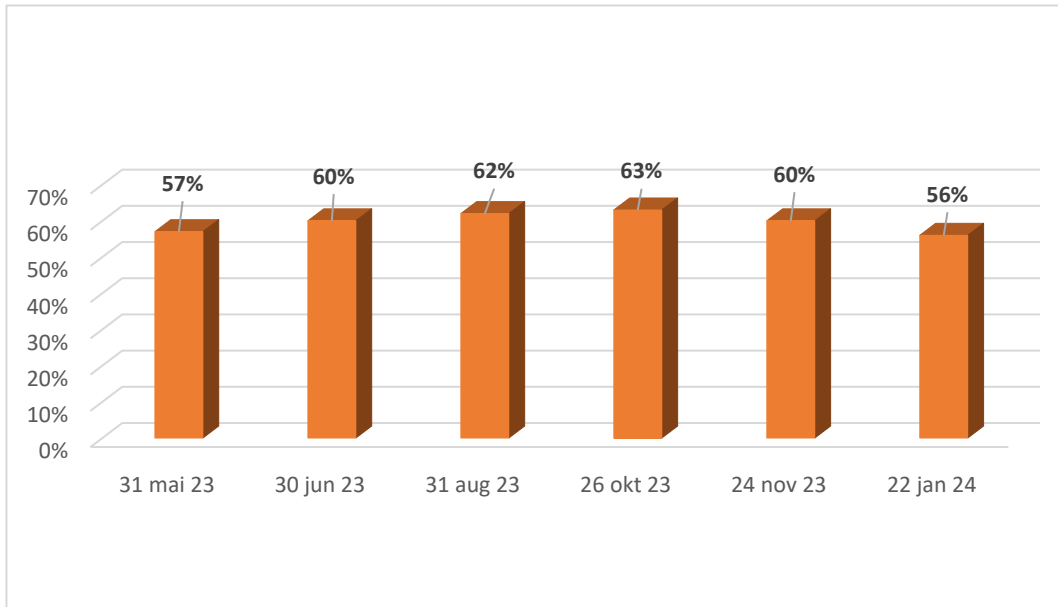
Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Information Governance	NHS Fife: Information Governance Information governance: safe information handling (NES content)	Information Governance eLearning Information governance: safe information handling	3 Years	ALL
Protection for All	NHS Fife: Protecting Children in Scotland NHS Fife: Adult Protection NHS Fife: Gender-based Violence NES: Human Trafficking (NES content) Prevent	Protecting Children in Scotland eLearning Adult Protection eLearning Gender Based Violence eLearning Human-trafficking eLearning Prevent eLearning	3 Years (Prevent – is a one-time completion with no refresh required)	ALL Clinical and Key non-Clinical Staff
Violence & Aggression	NHS Fife: Violence and Aggression Awareness	Violence and Aggression Awareness eLearning	3 Years	ALL Clinical and Key non-Clinical Staff

Appendix 2: Performance Breakdown by subject area

Table 1: NHS FIFE – Core Skills Compliance as of 22 January 2024

Subject area		Refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %age	H&SCP Compliance %age	Corporate Compliance %age
Manual Handling		1	all clinical staff (2 years for non-clinical staff)	85	83)	83	90
Fire Safety		1	All staff	51	49	57	45
Resuscitation		1	All staff	56	57	66	38
Infection Prevention & Control		1	All staff	57	55	66	47
Information Governance		3	All staff	61	62	67	47
Health & Safety		3	All staff	65	64	69	58
(PfA) Child Protection		3	All staff	50	47	60	39
(PfA) Adult Protection		3	All staff	59	59	67	45
(PfA) Gender-Based Violence		3	All staff	49	47	56	39
Equality & Diversity		One time	All staff	81	81	81	79
Violence & Aggression		3	all clinical + key non-clinical staff in priority areas	57	56	63	44
TOTAL				56	55	62	48

Table 2: Rolling Compliance Performance



This table provides information on compliance performance over the last 9 months.

Meeting:	Staff Governance Committee
Meeting Date:	Wednesday 6 March 2024
Title:	Internal Control Evaluation Report: NHS Scotland Staff Governance Standard
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

This report aligns to the Staff Governance Standard requirement that staff are:

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

2. Report Summary

2.1 Situation

While all formal Committees of the NHS Board are required to provide an Annual Statement of Assurance to Fife NHS Board, detailing their business throughout the year and providing assurance that each committee has met its Terms of Reference, the Internal Control Evaluation 2023/2024 and 2022/2023 (Refs: B08/24 and B06/24), produced by Internal Audit, has suggested that the Staff Governance Committee should also consider the following points, as summarised below:

Internal Audit Report – Internal Control Evaluation 2023/2024 B08/24

3. Update on Staff Governance Committee Annual Monitoring Return and actions from previous years.

Internal Audit Report – Internal Control Evaluation 2022/2023 B06/24

- 2a. Assurance on NHS Scotland Staff Governance Standard Compliance.
- 2b. Annual Conclusion on Staff Governance Standard Compliance.
3. Annual Whistleblowing Report, with inclusion of Whistleblowing Champion's statement of opinion.

2.2 Background

The following detail provides an overview of actions in respect of the points outlined above:

Internal Control Evaluation 2023/2024 B08/24

3. Update on Staff Governance Monitoring Return and actions from previous years

A report was provided to the Staff Governance Committee on 20 July 2023 providing feedback on the 2021/2022 Staff Governance Monitoring Return actions, together with the template for the 2022/2023 Staff Governance Monitoring Return.

The final version of the 2022/2023 Staff Governance Monitoring Return was presented to the Staff Governance Committee on 9 November 2023, prior to submission to the Scottish Government on 1 December 2023. The Scottish Government feedback is awaited.

In addition, the Acute Services Division and Corporate Directorates and Health and Social Care Partnership Forum Annual Report 2022/2023 were both presented to the Staff Governance Committee on 14 September 2023 and 9 November 2023 respectively. These both encompass significant detail on coverage of the respective strands of the Staff Governance Standard within these fora.

Internal Control Evaluation 2022/2023 B06/24

2a. Assurance on NHS Scotland Staff Governance Standard Compliance

The Staff Governance Committee considers its proposed Annual Report / Statement of Assurance at the first Committee meeting of the new financial year, in line with the Committee's workplan. The Annual Statement provides an overview of items considered at the Staff Governance Committee during the reporting year, including those aligned to the NHSScotland Staff Governance Standard. It is subsequently submitted to both the Audit & Risk Committee and the Board for review.

Staff Governance Committee members also have the opportunity to review the content of the Annual Workplan when this is presented at each meeting and when the new proposed Annual Workplan is presented to ensure relevant coverage of agenda items under the purview of the Committee. Items for the Committee's Development Sessions may also be suggested directly by members and covered under the Committee's workplan, aligned to the Staff Governance Standard.

In addition to the Staff Governance Committee's Annual Workplan, from a review of the agenda and papers, the following items (not an exhaustive list) have contributed to coverage of the strands of the Staff Governance Standard during the past year:

All Strands

- Annual Report / Statement of Assurance 2022/2023 (11 May 2023)
- Corporate Risks Aligned to Staff Governance Committee (every meeting)
- Integrated Performance & Quality Report (every meeting)

Well Informed

- Equal Pay Audit 2023 (11 May 2023)
- Population Health and Wellbeing Strategy 2023/2024 Mid-Year Review (11 January 2024)

Appropriately Trained & Developed

- Training Compliance Report 2022/2023 (20 July 2023 and 9 November 2023)
- Medical Appraisal & Revalidation Annual Report 2022/2023 (11 January 2024)
- Nursing & Midwifery and Allied Health Professionals Annual Reports 2022/2023 (9 November 2023)

Involved in Decisions

- Corporate Objectives 2023/2024 (11 May 2023)
- iMatter Report (14 September 2023 and 11 January 2024)

Treated Fairly & Consistently, with dignity & respect, in an environment where diversity is valued

- Workforce Policies Update (9 November 2023)
- Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background (20 July 2023 and 11 January 2024)

Provided with a Continuously Improving & Safe Working Environment, promoting the health & wellbeing of staff, patients and the wider community

- Improved and Safe Working Environment (11 May 2023)
- Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 (14 September 2023)
- Staff Health and Wellbeing Action Plan (11 November 2023)

2b. Annual Conclusion on Staff Governance Standard Compliance

The content of this report is provided for consideration by members, to provide assurance on appropriate coverage of all strands of the Staff Governance Standard during this financial year. It will be complemented by the Annual Assurance Statement report and feedback on the Staff Governance Committee Workplan 2024/2025 at the meeting planned for 14 May 2024.

3. Annual Whistleblowing Report, with inclusion of Whistleblowing Champion's statement of opinion

The Annual Whistleblowing Report for 2022/2023 was presented to the Staff Governance Committee on 9 November 2023. Following discussion at the Staff Governance Committee, this was updated to incorporate the Whistleblowing Champion's approved statement of opinion and was subsequently re-circulated to members on 9 November 2023 and to the Board at the end of that month. Further reflection on the Committee's consideration of Whistleblowing matters will be included in the Committee's Annual Statement of Assurance.

2.3 Assessment

This report, together with the response attached at Appendix 1 to the Internal Control Evaluation report and the respective linkage to the NHSScotland Staff Governance Standard, have been prepared with a view to providing a comprehensive level of assurance given to the Staff Governance Committee in respect of the Standard.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards. Compliance with the Standard's strand 'Appropriately Trained and Developed' is an important means of ensuring patient care is safe and of high quality.

2.3.2 Workforce

The content of the Staff Governance Committee Workplan, the content of Staff Governance Committee Development Sessions, the Staff Governance Monitoring Return, alongside the Annual Statement of Assurance, ensures the organisation gives appropriate consideration to all strands of the Staff Governance Standard, which aims to provide a system of corporate accountability for the fair and effective management of all staff.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Details of the risks aligned to the Staff Governance Committee's remit are provided at each Committee meeting, under a separate agenda item.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and members of the Workforce Senior Leadership Team. The Committee is the first group to formally consider the report's content.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and members are asked to:

- **Note** the content of this report and the evidence provided at Appendix 1 to show completion of B08/24 Internal Control Evaluation Report 2023/2024 and B06/24 Internal Audit Annual Report 2022/2023

3. List of Appendices

Appendix 1 – Evidence provided to show completion of B08/24 Internal Control Evaluation Report 2023/2024 and B06/24 Internal Audit Annual Report 2022/2023

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
Email:rhona.waugh2@nhs.scot

Appendix 1 – Evidence Provided to Show Completion of B08/24 Internal Control Evaluation Report 2023/2024 and B06/24 Internal Audit Annual Report 2022/2023

B08/24 Internal Control Evaluation 2023/24

Ref.	Evidence Required	Evidence Provided
B08/24 3	The updates to the Staff Governance Committee within the Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years.	<p>Update</p> <p>Report to SGC on 20 July 2023 provided feedback on 2021/2022 Staff Governance Monitoring Return, actions and template for 2022/2023 Staff Governance Monitoring Return.</p> <p>Final 2022/2023 Staff Governance Monitoring Return presented to SGC on 9 September 2023, prior to submission to the Scottish Government on 1 December 2023.</p> <p>Scottish Government feedback awaited.</p>

B06/24 Internal Audit Annual Report 2022/23

Ref.	Evidence Required	Evidence Provided
B06/24 2a	<p>Paper to the Staff Governance Committee providing specific year-end feedback on:</p> <ul style="list-style-type: none"> The action taken on each strand of the Staff Governance Standards during 2023/24. Reflection on how successfully and effectively these have been implemented. What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. 	<p>Update</p> <p>Paper on agenda for SGC meeting on 6 March 2024, alongside Annual Report / Annual Statement of Assurance. The proposed SGC 2024/2025 Workplan was provided for review at the SGC meeting on 11 January 2024. No further comments were received and the final version will be presented to the SGC on 6 March 2024.</p> <p>Update October 2023</p> <p>The Internal Audit Annual Report for 2022/23 (B06/24) was presented to SGC on 20 July 2023 (SBAR and Appendix) and the minutes record</p>

Ref.	Evidence Required	Evidence Provided
		<p><i>'The Director of Finance & Strategy highlighted the Staff Governance section within the report and was pleased to advise that there were only two recommendations, both in the lower category, which merit attention'.</i></p> <p>And see SGC Development Session Agenda 6 October 2023.</p>
B06/24 2b	The Staff Governance Committee Annual Report and Statement of Assurance including a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above.	<p>Update</p> <p>The report referenced above covering compliance with the NHS Scotland Staff Governance Standard, will be provided for consideration at the SGC meeting due to be held on 6 March 2024. This will be complemented by the content of the SGC Workplan and the Annual Statement of Assurance report to be provided at the SGC meeting planned for 14 May 2024. The LPF Annual Reports and SGC Development Sessions also provide additional focus on the Standard and the respective strands. The Acute Services Division and Health & Social Care Partnership Local Partnership Fora Annual Reports for 2022/2023 were presented to the SGC on 14 September 2023 and 9 November 2023 respectively.</p> <p>Update October 2023</p> <p>As per 2a above. And see HSE Stress Toolkit.</p>
B06/24 3	The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion's opinion on the adequacy NHS Fife's whistleblowing arrangements.	<p>Update</p> <p>The Whistleblowing Annual Report 2022/2023 was presented to the SGC on 9 November 2023. The Annual Report for 2023/2024 is on the SGC Workplan for consideration at the SGC meeting planned for 3 September 2024.</p> <p>Update October 2023</p> <p>As per 2a above. And see Whistleblowing Annual Performance Report 2022-23.</p>

STAFF GOVERNANCE COMMITTEE
(Meeting on Wednesday 6 March 2024)

The format of Area Partnership Forum meeting held on Wednesday 24th January was slightly different from normal with a lighter agenda to allow a discussion on Reform, Transform and Perform for the financial year 2024 / 25 given the continuing financial and workforce challenges.

In addition to standing items, topics also discussed included the Population Health & Wellbeing Strategy Mid-Year Update, the draft Staff Wellbeing Action Plan, the Agenda for Change Reduced Working Week – Pilot Areas, Job Evaluation Performance Data and Reinforced Autoclaved Aerated Concrete (RAAC).

No issues were raised for escalation to the Staff Governance Committee.

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 24TH JANUARY 2024 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: Carol Potter, Chief Executive

Present:

Sharon Adamson, Royal College of Nursing	Neil McCormick, Director of Property & Asset Management
Vicki Bennett, British Dietetic Association	Margo McGurk, Director of Finance & Strategy
Wilma Brown, UNISON	Chris McKenna, Medical Director
Nicky Connor, Director of Health & Social Care	David Miller, Director of Workforce
Claire Dobson, Director of Acute Services	Ben Morrison, Royal College of Podiatry
Ben Hannan, Director of Pharmacy & Medicines	Louise Noble, UNISON
Paul Hayter, UNISON	Lynne Parsons, Employee Director
Joy Johnstone, Federation of Clinical Scientists	Sandra Raynor, Head of Workforce Resourcing & Relations
Janette Keenan, Director of Nursing	Caroline Somerville, UNISON
Kirsty MacGregor, Associate Director of Communications	Andrew Verrecchia, UNISON
Liam Mackie, Royal College of Nursing	
Wendy McConville, UNISON	

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

C Potter welcomed everyone to, and explained the slightly different format for, this Area Partnership Forum (APF) meeting.

Apologies were noted from N Groat, W Rowbotham, J Tomlinson and R Waugh.

C Potter acknowledged, and thanked colleagues for, their continued efforts during the challenging winter period, although the situation is perhaps not as severe as last year.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The minutes of the meeting held on 22nd November 2023 were accepted as a true and accurate record.

The Action List was reviewed, and an update on the open action was provided by S Raynor: the Employee Relations work is 'in progress'. It was agreed at the recent Partnership Group the need to develop KPIs (Key Performance Indicators) with RAG (Red/ Amber/ Green) status to elicit more meaningful data. S Raynor requested a staff side representative to assist with this work. S Raynor proposed that she share when available data to the APF, in March 2024.

SR

03. MATTERS ARISING

File Name: APF 240124
Originator: Janet Melville

Issue: V0.3
Page 1 of 8

Review Date:

C Potter invited updates on matters arising:

03.1 Agenda for Change Reduced Working Week – Pilot Areas

D Miller reminded members that at the last APF, in November 2023, it was noted that Boards had a short deadline to advise the Scottish Government (SG) of areas that would pilot the reduced working week (as part of the 2023 / 2024 pay deal); within NHS Fife they are:

- Porters (Victoria Hospital) – Estates & Facilities
- Pharmacy & Medicines – Clinical
- Primary Care Contracting – Fife Health & Social Care Partnership

SG has recommended nominating two additional areas from Acute Services – which was explored but unable to be agreed due to capacity pressures. W Brown indicated that a meeting is scheduled with the Cabinet Secretary: national staff side colleagues are pushing for the pilot to commence in 2023 / 2024 as originally agreed.

In response to W Brown's query, D Miller explained that many departments within the Nursing job family in NHS Fife are under extreme pressure and do not have capacity to pilot a reduced working week at this time, but that we would continue to explore where we can to support the pilot.

03.2 Job Evaluation Performance Data

S Raynor informed colleagues that work is underway to develop a Job Evaluation (JE) database from the current spreadsheet to be able to interrogate, analyse and produce meaningful and robust performance data more readily. There are currently 37 live new posts since 2023 requiring evaluation and 50 live significant change requests (SCRs), some awaiting review since 2022. S Raynor offered to bring a sample performance report to the next APF in March 2024.

SR

W Brown stressed the need to support and guide staff rather than simply focussing on numbers; as C McKenna had highlighted at the last APF meeting, JE can be a lengthy and anxious process for those involved. D Miller drew attention to the reducing backlog of JE requests, in part due to working more closely with and supporting managers and staff through the process. C Potter emphasised the need to keep managers and staff regularly informed of progress, to give assurance. S Raynor explained the system automatically has the potential to generate communications to the postholder and manager as part of a wider support package.

A Verrecchia acknowledged the challenge of arranging Job Matching Panels and for Job Matchers to be released from their substantive role. L Parsons advised a baseline of activities is being established to ensure sufficient staff side coverage. It was suggested it would be beneficial to set aside regular dates / times, arranged well in advance for JE panels.

04. INVOLVED IN DECISIONS

04.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

A Verrecchia reported that the ASD&CD LPF last met on 21 December 2023, and drew attention to:

The re-established Acute Services Division & Corporate Directorates Health & Safety Committee which met on 29 November 2023 and again on 22 January 2024. The Terms of Reference have been agreed and dates are in the diary

for future meetings; A Verrecchia welcomed new members to join the group. C Dobson and A Verrecchia are currently the Co-Chairs, however, the plan is to elect others to the role in the summer 2024.

Melanie Jorgensen, Interim HR Team Leader presented the Interim National Menopause and Menstrual Health Policy for NHSScotland, important for all to be aware of the document as around 80% of the NHS Fife workforce is female.

N McCormick discussed concerns in terms of Reinforced Autoclaved Aerated Concrete (RAAC) – see item 06.2.

It was noted there is currently no finance representative on the ASD&CD LPF: a nominee is sought to address this gap in membership.

APF **noted** the update.

04.2 Health & Social Care Partnership Local Partnership Forum Update

W Brown summarised the topics discussed at the recent H&SCP LPF meeting:

- There was good feedback around Health & Safety matters, as detailed in the report.
- It was helpful to have Council colleagues and M Jorgensen attend to update on HR matters, workforce, and absence management.
- The success in reducing the use of supplementary staffing was discussed and recognised, although still using agency staff to cover last minute gaps.
- Service pressures.
- M Jorgensen updated on Employee Relations.
- iMatter – how successful it has been this year and the action plans being prepared, all very positive.
- The ‘deep dive’ into the IJB workforce risk.
- Finance – a difficult message from the H&SCP Director of Finance.
- Transformation – a positive discussion which highlighted it is not only about saving monies but also improving services.
- W Brown and R Lawrence are meeting to discuss the H&SCP Annual Report 2023 / 2024.
- Communications – and the importance of getting messaging right.

W Brown confirmed good discussions, there is nothing to escalate.

APF **noted** the update.

05. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

05.1 Acute Services Health & Safety Committee Update

N McCormick was pleased to confirm that the Committee, which reports to the Health & Safety Sub Committee, has been successfully resurrected and suggested the minutes of the meetings are shared with the APF, amongst other groups, to ensure all are aware of ongoing activity.

APF **noted** the update.

05.2 Draft Staff Wellbeing Action Plan

D Miller reported, on R Waugh's behalf, that we have previously spoken of the work being undertaken to develop the Staff Health & Wellbeing Action Plan for the Board, which will sit alongside and complement the existing Health & Wellbeing Framework.

The attached draft - which is brought to APF for approval - has been developed in partnership and in conjunction with our Staff Health & Wellbeing Group, with the input of our resident experts from Occupational Health, Psychology and Health Promotion. The Action Plan sets out in a balanced measured way, and taking account of current resources and pathways, how we will achieve our ambitions and commitments in terms of staff health & wellbeing, recognising how important this support is for staff. Happy to take any feedback/ questions or for R Waugh to receive comments separately.

L Parsons indicated the document was a good read, well laid out and shows we have been successful. W Brown recognised that NHS Fife has been at the forefront in the provision of staff health and wellbeing support; however, recommended that more obvious signposting would be beneficial to ensure all staff are aware of the opportunities and interventions on offer.

D Miller informed colleagues that SG is withdrawing funding for Psychology Support Services which is extremely disappointing as the support is instrumental in helping staff to stay at work/ return to work. It was agreed to circulate the note from HRDs outlining the decision.

DM

APF **approved** the Action Plan.

06. WELL INFORMED

06.1 Population Health & Wellbeing Strategy Mid-Year Update

M McGurk explained that a long time was spent developing the strategy to show we are committed as a Board to achieving and delivering our strategic priorities and ambitions. This is the first mid-year review, which details progress and changes made to date; a full review will follow evaluating the impact and achievements of key outcomes. M McGurk conceded it was not as easy as first anticipated to draw out information for a mid-year report: any suggestions/ comments to improve the presentation of this first iteration and what to focus on are welcomed. Progress reports are based on perceptions of the strategy and feedback received, here is what we will do. The paper has been well-received by governance committees and is going to the Board on 30 January 2024. M McGurk suggested the main focus specifically for APF members is the section starting on page 25 in relation to Priority 3, Staff Health & Wellbeing and the range of activity and key actions. M McGurk indicated she is keen to receive feedback on the report.

C Potter confirmed a year-end report will be prepared, outlining key points. W Brown welcomed the strategy in order to raise awareness for staff and the public to know what NHS Fife has to offer. L Parsons agreed it was an easy read, well laid out, a comprehensive report. J Keenan acknowledged the Communications Team for their design of the document.

APF **noted** the report.

06.2 Reinforced Autoclaved Aerated Concrete (RAAC)

N McCormick explained that the concerns with Reinforced Autoclaved Aerated Concrete (RAAC) started in England with school estate that had not been properly maintained.

Within NHS Scotland, a national programme was initiated to discover RAAC: surveyors and a consultancy company are examining all the areas which each Health Board advised to test and then instructing them on how to take forward. NHS Fife estate was looked at in terms of drawings, design information and date when built and any identified as medium or high risk of RAAC were physically checked by the surveyors. Of the twenty-one areas rated a medium or high risk within NHS Fife, sixteen have no RAAC and the remaining five, one is derelict; the other areas will be checked annually/ risk assessments undertaken/ remedial work carried out/ an ongoing programme established to minimise risk and to ensure the buildings are safe for staff and patients. Areas rated low likelihood of risk will be checked at a later date. A website with relevant and up-to-date information on RAAC within NHS Fife has been developed.

W Brown recognised the extremely thorough work to date and thanked N McCormick and his team for their prompt actions.

APF **noted** the report.

06.3 Finance Update

M McGurk stated that the financial position as at 30 November 2023 was an overspend of £19.4m with a forecast overspend of £23m (including assumptions) by year end which is £12m higher than originally anticipated. Challenges include not achieving against savings target; non-recurring slippage; unable to reduce supplementary staffing and surge costs as planned; non-compliant Junior Doctors rotas.

Following our quarter two financial performance review in November 2023, SG has advised of their concern about our adverse position, particularly after receipt of additional NRAC, sustainability and new medicine funding and indicated that a Board-wide effort is required to reduce and manage the deficit. SG has recently assessed all NHS Boards financial performance: NHS Fife has been escalated from level one to level two of the support framework due to the relative scale of deficit being reported and variation from plan. Level two is an informal support stage, where SG is providing support and guidance, but not intervening in the Board.

The Financial Improvement & Sustainability Programme Board is working with the SG team and shared that Bank & Agency interventions have not made the desired impact on overall costs and welcomed suggestions on what else could be done.

M McGurk advised that Finance colleagues are undertaking an in-depth analysis of what are the key things driving our overspend position which is likely to double next financial year. M McGurk emphasised the extremely difficult in-year position and ongoing significant financial pressures.

APF **noted** the update.

06.4 Communications Update

K MacGregor was pleased to report that the migration of the NHS Fife website was now complete with a few snagging issues to address, but essentially there was no disruption to service.

Winter communications are focussing on 'right care, right place' messaging. In addition, severe weather warnings and condition specific advice e.g., Noravirus. There was an increase of 261% traffic to the flu and immunisation

web pages.

K MacGregor talked to the quarterly Corporate Communications Update October-December 2023 (previously circulated) drawing attention to a 10% increase in overall traffic to the NHS Fife website. Mobile devices (Apple) are the most popular access route, at 126,500, almost double that of desktop. The RAAC web page has had 125 views. There have been 810 posts on social media with 190,000 followers on Facebook the most popular platform, and Linked In usage has increased which is encouraging in terms of recruitment messaging.

A 'deep dive' will be undertaken to explore the 13% fall in NHS Fife activity in social media posts mentioning "NHS Fife", including public posts from sources such as news organisations, partner agencies and individuals.

StaffLink has 8892 active users; there have been 698 staff posts; there is a steady increase in Hubs information opened. 'Staff Room' continues to be the most popular section followed by Business Systems then the Health & Wellbeing pages. In terms of Press and Media activity, human interest stories such as celebrating staff achievements trend most.

It was noted that straw polls to date have been light-hearted but have the potential to gather useful information.

APF **noted** the update.

06.5 06.5 Proposed Area Partnership Forum Workplan 2024/ 25

S Raynor referred to the paper, indicating that the current 2023 / 2024 APF Workplan had been updated to give assurance that we do the work we say we are going to do; and to share proposed plans for 2024 / 2025 for which feedback is welcomed.

APF **noted** the 2023/24 workplan and **discussed** the 2024 / 2025 workplan.

07. ITEMS FOR NOTING

The following item was **noted** by APF:

- 07.1 H&SCP LPF – Minutes of 26th July 2023 and Minutes of 21st November 2023
- 07.2 ASD&CS LPF – Minutes of 9th November 2023
- 07.3 NHS Fife Staff Health & Wellbeing Group – Minutes of 24th October 2023

08. AOB

In response to W Brown's query, the staff side view was noted, that it was not supportive of rolling out the ability for all staff to opt out of receiving electronic payslips. CP noted this and said that the work had not yet been scoped out but had been raised at FIS Board. Any work in this space would require partnership and also recognising that not all staff have an NHS Fife email account.

There was no other business to discuss.

09. Presentation/ Discussion: 2024/25 Plans

C Potter introduced the discussion and delivered her presentation on future plans for NHS Fife for 2024 / 2025: Reform, Transform, Perform – Empowering

Change.

C Potter recapped on NHS Fife Strategic Priorities and confirmed NHS Fife must deliver against all of SG's (often conflicting) policies and priorities. C Potter reflected on what was achieved when the COVID-19 pandemic struck almost 4 years ago: NHS Fife staff showed great tenacity and worked at pace to reconfigure services and adapt to new working methods that were 'good enough' in the emergency. The current environment includes ongoing, extremely challenging workforce pressures and a deteriorating financial position. However, the issue is not purely about finance, the Board must also continue to deliver safe effective health care and to support the workforce. There is a forecast overspend as at 31 March 2024; Fife must deliver a breakeven position at the end of 2024 / 2025. The scale of the challenge is immense: taking all factors into account, the funding gap is £59m: this equates to around 7% of all NHS Fife health services. SG is ceasing all major projects and business cases across NHS Scotland. A whole system response is required to Reform (how do we change the way we work, what services do we deliver); Transform (what changes do we make to our services, structure and care); Perform (demonstrate sustainable improvements to financial performance). C Potter advised that at the Systems Leadership workshop tomorrow, 25 January 2024, the same presentation will be delivered to leadership teams and the staff side LPF co-chairs and ED; topics being discussed will include new medicines funding, efficiencies, supply, infrastructure, and business enabling corporate administrative functions; the ultimate goal being to protect patient care and clinical services. Next steps include harnessing the skills and innovative thinking from multiple teams and staff side colleagues within NHS Fife to collectively address the challenges we face.

In the discussion that followed, J Keenan suggested the NHS may go from being perceived as pandemic 'hero' to everyday 'villain' as we may no longer so freely offer timeous healthcare at any cost. D Miller emphasised the huge challenge ahead, the need to empower the workforce to come up with original solutions and embrace change to make Fife financially secure again.

C McKenna suggested the challenge is the perception that the Board may have 'cried wolf' one too many times: this time there really is no money, and individuals will find this hard to understand. Senior leaders need to convey the seriousness of the situation while also looking at it positively, there is opportunity in adversity to truly reform into something more sustainable. W Brown disagreed that we have cried wolf too often, finances have always been difficult. W Brown acknowledged the enormity of the situation but suggested it would not come as such a huge shock to staff - whose finances are a daily challenge during this cost-of-living crisis - they are aware, and as always, would rise to the challenge. W Brown intimated that Boards will not receive additional support from SG and will not allow cuts to clinical services but expect money saving solutions. We must work collaboratively, with clear messaging and EDG visible to staff, explaining how difficult the challenge is but we will face it together e.g., look what we achieved during COVID-19.

M McGurk explained that she joined NHS Fife in February 2020 and for 3 years, teams have been delivering services through COVID-19 with a 'just do it' way of working, with significant funding from SG, focussing on getting through the pandemic rather than on costs which has built up a legacy that staff are not used to such discussion and financial constraint. The £60m funding gap has not happened overnight, the deficit position has accumulated over the years due to inadequate funding for the level of spend commitment. The forthcoming

flat cash settlement together with inflationary pressures and new medicines costs is adding to the difficulties. Also, the SG agreed pay deal which is not fully implemented yet, will put significant financial pressure on Boards. One proposal is a regional approach: there are huge decisions to make in terms of what we can sustainably deliver. W Brown agreed in terms of additional staffing and turnover of staff during COVID-19: new members of staff may think this is simply the way we always work.

C Potter stressed the importance of making decisions in an informed way. An analysis of job families since 2019 indicates the overall NHS Fife workforce has greatly increased as well as movement across job families. D Miller confirmed the workforce has grown by 31% in the last 5 years; further analysis will help us to understand these workforce changes.

N McCormick informed colleagues that in terms of infrastructure the situation is extremely difficult as we cannot build anything new for two years and there is no external funding forthcoming. Energy costs have risen dramatically, and rates are increasing. We need to make radical changes to reduce our footprint while keeping people safe, with little to invest.

C Potter confirmed that ultimately, she as Chief Executive together with EDG colleagues, will have to make some uncomfortable and difficult decisions given the circumstances. C Potter assured colleagues that they would only do so with the best of intentions, having considered what are all the alternatives, decisions will not be taken lightly but openly and transparently.

B Hannan was asked as part of a recent interview panel, what the culture of NHS Fife is: the response was we really care about services, we are proud of the NHS and to serve the people of Fife, there is a 'can do' culture, so much potential. B Hannan agreed we need to think about how we do things differently, help people to do 'different', an appetite exists to explore, to be radical and bold, there is an element of the challenge 'exciting' to make changes to services. W McConville stated it all sounds doom and gloom, but NHS Fife staff do want to succeed, starting with small steps.

C Potter indicated she, and EDG colleagues, are happy to speak to individuals and teams out with the meeting and take onboard their ideas and suggestions.

C Potter proposed arranging a workshop for mid / end February 2024 for a more fulsome discussion which will inform the plans for 2024 / 2025, to be finalised by end March 2024.

CP / LP

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 20th March 2024 at 13:30 hrs.

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM**

(Thursday 21 December 2023)

No issues were raised for escalation to the Staff Governance Committee.

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 21 DECEMBER 2023 AT 2.00 PM VIA MS TEAMS

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Norma Beveridge (NB), Director of Nursing (Acute Services)
 Miriam Watts (MW), General Manager – Planned Care
 Belinda Morgan (BM), General Manager – Emergency Care
 Neil McCormick (NM), Director of Property & Asset Management
 Benjamin Hannan (BH), Director of Pharmacy & Medicines
 Sally Tyson (ST), Head of Pharmacy – Development & Innovation
 William Nixon (WN), Health & Safety Manager
 Louise Noble (LN), Unison
 Joy Johnstone (JJ), FCS
 Melanie Jorgensen (MJ), Interim HR Team Leader

	Action
<p>1 WELCOME & APOLOGIES</p> <p>AV opened the meeting and welcomed everyone.</p> <p>Apologies were received from Claire Dobson, Donna Galloway, Neil Groat and Caroline Somerville.</p>	
<p>2 MINUTE OF PREVIOUS MEETING – 9 NOVEMBER 2023</p> <p>The Minutes of the Meeting held on 9 November 2023 were accepted as an accurate record.</p>	
<p>3 ACTION LIST & MATTERS ARISING</p> <p>3.1 <u>Attendance Management Update</u></p> <p>From the information available it appears that Security at VHK was a hot spot area at 23% absence but as a relatively small department (HC 15) a small number of absences could create this high %. There were no other hot spots for estates, so it is likely that the rest of the increased absence is spread across the service. The HR Advisor noted that two staff with long term absence are in the</p>	

process of concluding and this should improve the figure. Noted that rate for October has decreased to 6.63%. Close action.

GMcK

3.2 **Attendance Management Update**

Within the tableau reports the hot spot areas identify department, absence rate and whole time equivalent. Whilst not available in all aspects of the report managers access to tableau enables greater manipulation of the data, which will provide number and WTE. Close action.

GMcK

3.3 **Training Update**

The Training Update Report was shared with LPF colleagues via email on 13/11/23. Close action.

GMcK

3.4 **Staff Health & Wellbeing & Issues for Next Meeting**

Menopause Policy added to 21/12/23 Agenda. Close action.

GMcK

4 **HEALTH & SAFETY:**

4.1 **Health & Safety Incident Report**

The Health & Safety Incident Report for the period October to November 2023 was distributed and noted, for information.

WN advised for the period October/November 2023 there have been 157 staff incidents with 599 incidents since April 2023.

WN advised there were 14 sharps (staff) incidents reported in October/November 2023, 64 incidents since April 2023. There were a couple of sharps incidents with no SBAR attached. Discussions are ongoing regarding the reporting tabs for near misses. There were 6 no harm, 7 minor harm and 1 moderate harm.

WN advised there have been 7 slips, trips and falls (staff) incidents reported in October/November 2023, 26 incidents since April 2023. There were 2 no harm, 4 minor harm, 1 moderate harm.

WN advised there have been 33 violence and aggression (staff) incidents reported in October/November 2023, 113 incidents since April 2023. There were 15 no harm, 13 minor harm, 5 moderate harm. Physical assault was the highest reporting category. A comparison between HSCP and Acute Division shows Acute with 13% and HSCP with 87%. There were 4 incidents reported to the police. 3 incidents were considered hate crimes.

WN advised there have been 5 musculoskeletal (staff) incidents reported in October/November 2023, 21 incidents since April 2023. There were 3 minor harm, 1 moderate harm, 1 major harm. The moderate harm related to a staff member experiencing pain while assisting in repositioning a patient in bed. The major harm related to a staff member's foot becoming trapped when the height adjustment was released on a chair which became a RIDDOR reportable injury.

WN advised the moving and handling training summary outlines 500 staff attended, 156 staff did not attend and 1 withdrew. In terms of scheduled courses, there were 77 delivered for that period and only 2 cancelled due to trainer illness. There were an additional 17 added to the scheduled training. There is a high rate of DNAs, and this information is being provided to managers for their awareness.

WN advised there has been 1 self-harm (patients) incident reported in October/November 2023, 18 incidents since April 2023.

WN advised there have been 5 RIDDOR (all) incidents reported in October/November 2023, 11 incidents since April 2023. There are 2 minor harm, 1 moderate harm and 2 major harm. The 2 major harm related to a nurse's foot being crushed when height adjustment was released and the other related to a patient fall resulting in 3 fractures attributed to the lack of call bells, no bed alarm as classed as restraint and require patient consent. The moderate harm related to a staff member slip, trip injury resulting in pin becoming displaced in their foot. The 2 minor harm related to a staff member burned both arms while cleaning an oven resulting in an over 7-day absence and the other related to a staff member struck their head against a safe while cleaning resulting in an over 7-day absence. There were 8 incidents not categorised and not yet known.

LN asked about the DNAs for moving and handling and asked if we were aware if those staff were due to be on shift or whether they were on a day off. WN advised he would discuss this further with Anne-Marie Marshall to ascertain if this was something that could be expanded on further for the next report.

WN

NB advised she had met with Lesley Harrison, Manual Handling Co-ordinator at the end of November 2023 together with the Clinical Nurse Managers and Heads of Nursing to look at our manual handling training figures. A useful discussion had taken place around things that we could do to improve compliance. These included reintroducing link practitioners for manual handling for training to be undertaken in areas as opposed to taking staff from clinical areas. It is recognised staff in an outpatient area would require different manual handling techniques than a care of the elderly ward or ICU.

NB advised the Clinical Nurse Managers and Heads of Nursing were supportive of ward-based trainers but agreed to look at high-risk areas for all mandatory training and looking at the possibilities of holding a manual handling day which covered BLS and fire training in one day.

NB advised it had been highlighted that it was difficult for the Senior Charge Nurses and Clinical Nurse Managers to know which staff were due to go on training as they did not have access to staff training records on Turas. This is something that we need to look at further as there is a discrepancy between the information held on Turas and what is held at ward/directorate level.

NB advised there were a number of things from the meeting that we can implement that will make it easier for staff to comply with training. WN confirmed the Health & Safety Team maintain their own personal database of training to ensure they are collecting training information.

BM confirmed we do need some focussed work on moving to a single system of reliable record keeping as information was being held in a number of different places. As an organisation we also need to ensure we are capturing data that actually identifies how many staff have completed or have not completed training to ensure we are delivering a safe service.

ST advised she agreed with BM comments in terms of the number of different sources of information. Within their directorate they have spent time making sure they manually record information. Although information is available in Turas the issue is the reporting function is not particularly good or user friendly. Operationally we need to invest more time to get to that single source of reporting information.

LN advised it would be interesting to ascertain whether it was the same staff that are continually not turning up for training and whether there was a competency issue/barrier which staff may require more support to undertake the training and further discussion with their line manager.

AV advised he liked the format and layout of the Health & Safety Incident Report but asked if the format of the graphs could be changed to make them uniform across the different sections. WN advised for the next report he would standardise the axis on the graphs.

WN

5 STAFF GOVERNANCE:

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

Emergency Care

BM advised we have just completed a national government benchmarking exercise across all boards for unscheduled care. This compared us to all boards across 25 metrics. We performed really well in some areas and not so well in others with 2 areas which we were outstanding.

BM advised we were above average for our ED performance, we had low minor and major breaches, low admission rates from ED, low length of stay between 4-14 days and were the lowest in Scotland for our length of stay for 14 days. We had average readmissions. We had one of the lowest consultant numbers in Scotland and one of the lowest sites for hospital beds.

BM advised 3 improvement actions have been suggested for us, and one of the actions was to increase our bed base. We had the highest care home attendances and admissions and when that cohort of patient were admitted they had a very high length of stay. Work around this has already been taken forward and a SLWG has been set up with partnership colleagues and Fife Council's partners.

BM advised as part of an EDP process we have 9 improvement actions with trajectories against them. For all of those 9 we are above average and above where we thought we would be in December for Fife. We are seeing patient outcomes improve.

BM advised when comparing our site performance from this year to last year we have a reduced number of patients boarding, increased flow and an improved OPEL position.

Planned Care

MW advised since the beginning of November 2023 there have been no cancellations in planned care due to bed capacity issues. As a directorate there is a focus on our inpatient and day case waits to pull the 104-week waits to zero by end of March 2024. We continue to have minimum use of agency and we do not have any regular locum use. Our boarding list remains high, but we have a stable site the week before Christmas. We have a comprehensive staffing festive plan.

AV asked if we were comfortable that have adequate staffing levels over the festive period. MW advised last year we were running with 2 trained staff per ward, and we now have a much more stable workforce that can support the activity. The newly qualified

practitioners (NQPs) are bolstering our workforce and AU2 and Ward 52 currently have no vacancies. AU1 has the best staffing position for a number of years.

NB confirmed we have a robust real-time staffing resource and associated OPEL score that we run at numerous times during the day. We have good escalation and most of our NQPs are now in post. Our Assistant Practitioners Cohort 4 is just about to start, and our Modern Apprenticeship 2-4 is underway. Our workforce is in a far better place than it was 18 months/2 years ago. We are confident we have the workforce to meet operational demand.

5.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

Acute Services Division

MJ advised the sickness absence figure for the Acute Services Division was 7.80% in October 2023 which was an increase on September's rate. In November 2023 there was a slight decrease to 7.70%. COVID special leave was 0.29% and has continued to remain fairly steady. Emergency Care had the highest sickness absence rate in November 2023 at 8.81% followed by Women, Children and Clinical Services at 7.52% and Planned Care at 6.88%.

MJ advised as we have seen in previous months the highest number of episodes and hours lost related to anxiety/stress/depression followed by unknown causes/not specified. Further work will be undertaken at Review and Improvement Panels to ensure absence was being recorded correctly. Short-term absence had increased but long-term absence had decreased during November 2023.

Corporate Services Directorate

MJ advised the sickness absence figure for the Corporate Services Directorate was 6.73% in October and 7.03% in November 2023. COVID special leave remained at 0.30%. The Facilities Directorate had the highest level of sickness absence followed by the Estates Directorate then Corporate Services. Within the Clinical Division the Nurse Director had the highest sickness absence rate followed by Pharmacy Services. It was noted there was a sharp increase from the October 2023 figure and for the Nurse Director this may be because of the numbers and a small changes can impact the figure quite significantly.

MJ advised as we have seen in previous months the highest number of episodes and hours lost related to anxiety/stress/depression followed by other musculoskeletal problems. Short-term absence had increased but long-term absence had decreased during November 2023.

LN advised the information contained within the report was helpful however it was still hard to get a picture of how many staff the numbers equate to. MJ advised the report is run off Lothian's Turas system however each of the managers who have access can manipulate the report and pick out those numbers. MJ/LN to pick up a further conversation about this outside the meeting.

MJ/LN

5.3 Feedback from NHS Fife Board & Executive Directors

NHS Fife Board Meeting

BH advised:

Since our last Local Partnership Forum meeting the NHS Fife Board has met twice, once as a formal Board meeting and once as a Development Session. At the November 2023 Board meeting Lynne Parson had attended her first meeting as the newly appointed Employee Director and a welcome to the Board was extended to Councillor Graeme Downie, who joined the Board as Fife Council representative.

Thanks, and congratulations were given to all staff who had won in the NHS Fife Staff Awards 2023 and at the Scottish Health Awards. Congratulations were given to the Practice and Professional Development staff who were invited to a reception held by King Charles at Buckingham Palace and the NHS Fife staff who have recently graduated as Scottish Improvements Leaders. The Chair celebrated the opening of the new £2m Procedure Unit at Queen Margaret Hospital.

The Chief Executive presented her update report and talked about the current pressures, challenges and discussed some of her activities with regards to walk round. There is a significant change happening within the Board and Patricia Kilpatrick has been appointed as Chair of the NHS Fife Board and will take up post on 1 February 2024. Patricia is currently Vice-Chair of NHS Tayside and has worked in the health service for about 40-years. Thanks were given to Alistair Morris, Acting Chair.

It was noted NHS Fife has officially been accredited as a living wage employer and a staff story was given to the Board from the Older Adults Community Mental Health Team.

The Chief Executive gave a presentation on the whole system pressures facing NHS Fife. The Director of Acute Services and the Director of Health & Social Care gave an update on the challenges and our performance as we move into winter.

The Integrated Performance & Quality Report (IPQR) was discussed. Under the staff governance section, it was recognised the PDPR compliance had increased to 41.3% and improvements were being made. It was noted it was the highest position since being included in the IPQR.

There was significant discussion with regard to our financial performance and sustainability. Going into the New Year it was noted it would be helpful to have a finance representative attend each meeting.

The Whistleblowing Annual Performance Report was presented and was well received. The Pharmaceutical Care Services Report 2022/23 was also presented.

The NHS Fife Annual Review took place on 13 November 2023 at the Rothes Halls, Glenrothes and had been well attended.

NHS Fife Board Development Session

BH advised:

The Board Development Session took place on 19 December 2023 and focussed on staff experience and wellbeing.

There was a presentation on the Gateway Doctors and Widening Access to Medicine from Dr Kim Steel. We also heard from some of the gateway doctors around some of the welcoming aspects of how they had been looked after in NHS Fife.

There was then a presentation from Lynne Innes on Values Based Reflective Practice and the success it has had across the whole organisation before moving into 4 round table discussions. Lynne Parsons and Sandra Raynor led one discussion on the role of the confidential contact and whistleblowing. One discussion was led by Ian Campbell looking at the role of spiritual care and support for staff after an adverse event. One discussion focussed on joint work by the community occupational therapy teams. One discussion focussed on peer support by Marcia McDougall. These discussions were helpful but noted there is further work to be undertaken to join these all together to improve staff experience and wellbeing.

Executive Directors Group

NM advised:

The Scottish Government have asked us to prepare an annual delivery plan for next year. This requires to be completed in January 2024 to go through the appropriate committee routes.

At the EDG meeting today there was an update on the LIMS Programme Implementation and the Decarbonisation of the NHS Fife Fleet to meet the government's target of 2025. The Annual Climate & Sustainability Report was discussed which will go to the NHS Fife Board in January 2024. This shows steady progress towards meeting the requirements of reducing our carbon dioxide footprint and reducing energy and the work done by colleagues in pharmacy in conjunction with estates and others in reducing the impact of anaesthetic gases on the environment. We need to work further on waste management and inhalers.

There was a lot of discussion on risk and following the PFI re-financing which had been undertaken on 1 December 2023 this has given us significant savings this year and recurring savings up until 2041.

There was an interesting presentation from Isla Bumba on Diversity, Ethnicity, Equality and Human Rights that was quite thought provoking and how we can effectively appear to our diverse workforce in terms of how they feel comfortable and valued in that space.

We talked about a lack of stability and sustainability within Paediatrics workforce and a difficult decision to be made around that.

It was noted a number of general policies/procedures have been updated, approved and republished.

5.4 Interim National Menopause and Menstrual Health Policy for NHSScotland

MJ advised the Interim National Menopause and Menstrual Health Policy was launched at the end of October 2023. The policy is interim and will be reviewed under the rest of the Once for Scotland Workforce Policies however not due to be reviewed until 2025. This replaces our internal policy and is implemented with immediate effect.

MJ advised the policy was developed in accordance with the Women's Health Plan and also developed in partnership with the University of Glasgow following research and new evidence based on women's experiences working in NHSScotland. The report was published on 31 October 2023 and can be found on the University of Glasgow website.

MJ advised the policy sits on the National Wellbeing Hub and is slightly different from our normal workforce policies. It also has supporting documents which includes a line managers guide and provides guidance on how to support employees who are experiencing menstrual health or menopause symptoms and where it is impacting on their ability to work comfortably. There is also a workplace adjustments guide which highlights all the different adjustments that can be considered.

MJ advised the aims of the policy specifically are around supporting employees and their experiences of the menopause and menstrual health, creating an environment where employees feel confident in raising issues, fostering a good culture of good menstrual health and having that positive menopausal awareness and reducing sickness absence.

MJ advised the policy outlines the roles and responsibilities of managers, employees and occupational health and outlines the procedure that should be followed by employees who are experiencing the impact of the menopause or menstrual health and what a supportive conversation should look like.

MJ advised there was a follow-up webinar for those that had participated in the research and key strands have been developed for consideration. The acronym given was 'Maple':

M – Micro leave
A – Allyship
P – Physical environment
L – Line management
E – Education and awareness

MJ advised the Scottish Government next steps include the policy being promoted and supported within boards together with external promotion to other sectors, including the private sectors and other public sectors linking with occupational health leads to highlight the adjustments. Further education and training are available via NES.

BH advised we are in a good position within NHS Fife as we have had the Menopause Policy for some time. It is about recognising all aspects of issues that affect staff health and wellbeing and understanding adjustments. We need to be mindful as to how this is communicated in terms of understanding and exploring adjustments on an individual basis whilst meeting the needs of the service.

ST advised she was pleased to see this but was not sure that all of our workforce was confident in raising menopausal issues with their line manager as they do not necessarily see it always as a health

condition or a condition related to their health. It is important to give women that voice and give them the confidence to raise issues within the terms of the policy and meet service needs.

MJ advised for a very long-time menopausal systems and menstrual health issues have not been dealt with in the same way other illnesses would be dealt with. The policy will help support staff experiencing those difficulties and have the confidence to raise issues with their line manager.

BH asked whether there were any other health and time of life aspects that we need to think about and consider. AV noted this was a very good point however not something that we could answer right now.

AV thanked MJ for bringing this important update to colleagues and confirmed his ongoing support.

6 B Appropriately Trained

6.1 Training Update

NB advised we have been advertising for a Cascade Trainer to support with BLS compliance up to end of March 2024. A member of staff has expressed an interest in this role, and it is hoped this will make an impact on our high-risk priority areas.

AV was pleased to note we have a member of staff interested in this post and perhaps this would be something that we could consider continuing depending on an appropriate funding source.

6.2 Turas Update

There was no update and no issues raised.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

AV advised monthly walk rounds with CD continue. Lynne Parsons, Employee Director had accompanied them on their last walk round around the VHK site.

AV advised he would not propose to make any changes to the current arrangements and felt that the current walk rounds continued to work well and were well received by staff.

7.2 iMatter

MJ advised for NHS Fife our questionnaire response rate was 66% and was the highest out of the 14 geographical boards and is also the highest rate we have ever achieved since the survey commenced. Our questionnaire response rate also exceeded the national response rate of 59% and increased our 2022 response rate by 6%. Our employee engagement index (EEI) increased by 2 points to 77 and matched the national EEI. This is the highest national EEI ever recorded and also the highest for NHS Fife to date.

MJ advised 67% of team action plans were in place before the end of the 8-week deadline meaning we were the highest geographical board for this stage. It was also 12% above the national outcome and an 18% increase on 2022.

MJ advised for the question related to recommending NHS Fife as a good place to work there has been an increase of 2 points from 2022 from 74 to 76.

MJ advised for the question related to recommending an employee's team as a good one to be part of there has been an increase in 1 point from 84 to 85 since 2022.

MJ advised in total 2316 social care staff and 3669 healthcare staff participated in iMatter in 2023.

MJ advised for Acute Services 218 teams were invited to engage in the questionnaire this year from 211 in 2022. The questionnaire response rate was 56% which is a 1% increase on 2022. To date, 103 team action plans have been recorded. In 2022, 87 teams recorded an action plan over the entire period. The EEI level increased by 3 points in 2023 to 76.

MJ advised for Corporate Services there were 172 teams invited to engage in the questionnaire this year, which is up from 2022 where it was 167 teams. The questionnaire response rate for both 2022 and 2023 was 61% and to date 132 team action plans have been recorded. In 2022 114 teams recorded an action plan over the entire period. The EEI level is not available for Corporate Services as each individual directorate has its own entity within iMatter.

MJ advised actions taken from the 2023 iMatter campaign included:

- engaging on a higher level with Health & Social Care colleagues by appointing 2 directorate admins.
- distributing awareness raising and progress updates throughout every stage via organisation wide communications and direct communications to team managers.

- service specific communications encouraging areas where paper-based questionnaires have been used in the past to move to emails or SMS.
- weekly communications and briefs via StaffLink and Local Partnership Forums to highlight key facts and support increased engagement.
- providing a manager pack with resources applicable to all stages of the process.
- providing online questionnaire drop-in sessions during the manager team confirmation stage.
- attending individual team meetings to discuss iMatter and the benefits of it.

MJ confirmed we have made some significant improvements and it was important to note the engagement number is increasing.

BM advised she felt this year the manager training sessions were very good and helped in the completion of action plans.

AV advised the Local Partnership Forum formally thanked Jackie Millen for all the work and input that she has undertaken and all the work that she continues to do in relation to iMatter.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

There was no update and no issues raised.

8.2 Hospital Pharmacy at Weekend

BH advised there had been full Local Partnership Forum support for the plan and the consultation begins in January and should be concluded by April 2024. Colleagues will be kept up to date with progress.

ST advised to avoid confusion in terms of the messaging to staff we are moving away from the reference to 7-day working to weekend working.

AV advised himself and LN had dates in their diaries to talk and brief staff.

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

The Staff Health and Wellbeing Update Report was noted for information.

MJ advised the Values Based Reflective Practice (VBRP) is a model of reflective practice that aims to provide staff with space to reflect on the relationship between their own values, motivations and purposes and their day-to-day experiences of practice. The Spiritual Care Department have 7 new facilitators that are working towards registration which means we will have more teams that can access the VBRP training.

MJ advised NHS Fife's draft Staff Health and Wellbeing Action Plan has been circulated. Colleagues are invited to provide any comments to Rhona Waugh.

MJ advised if anyone was interested in joining the Staff Health and Wellbeing (Well at Work) Group they would be very welcome.

AV advised at the last Area Partnership Forum he had discussed the changes to the pricing structure for the Fife Sport and Leisure Trust. The corporate discount has been reduced from 20% to 10% for NHS staff, however the price for a full membership has almost halved to £27 per month. Promotional literature regarding the corporate changes will be publicised.

9.2 **Capital Projects Report**

The November 2023 Capital Projects Report was noted for information.

NM advised we receive about £7.5m of formula capital per year. We have allocated just under £5m to Acute schemes and are making good progress with all of them.

NM advised Ward 5 will cost around £750,000 and the ward will look very different to when the Healthcare Improvement Scotland (HIS) Inspectors came in earlier this year. We are taking the opportunity to bring that area up to specification including new ventilation for the treatment rooms and are looking at an Audiology booth in an area adjacent to Ward 5.

NM advised the other big project we are working on is the acute mental health estate (Ward 3, QMH) which is due to finish around May 2024.

NM advised there are a number of other funding streams which gives us a total of £12m in terms of capital and we are projecting that we will spend all by the year-end.

9.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period December 2022 to November 2023 was noted, for information.

NM/WN to look into the sharps incidents in the service yard.

NM/WN

9.4 **Reinforced Autoclaved Aerated Concrete (RAAC)**

NM advised work is underway across Scotland to survey all NHS buildings which may potentially contain Reinforced Autoclaved Aerated Concrete (RAAC).

NM advised every block that we have has gone through a table-top exercise of identifying whether we think it might contain RAAC. A firm of consulting engineers then rate it in terms of high, medium and low likelihood to contain RAAC. All those that are in the high and medium likelihood have been physically assessed by a survey on the building.

NM advised the buildings in Table 1 have been surveyed and do not contain RAAC. We have found 5 areas which have RAAC including Kirkcaldy Health Centre, a number of blocks in Lynebank Hospital and one of the blocks in the main block at Queen Margaret Hospital. The linen room at Cameron Hospital has been removed as it is not used. We have a number of low likelihood areas which have not yet been assessed by a surveyor.

NM advised where RAAC has been discovered, 2 of the blocks have been found to be in good condition and will require annual checks. There are no immediate problems with the other 3 blocks but will require further investigation to determine what we might need to do over the medium to long-term. In the meantime, a health and safety risk assessment has been undertaken at Lynebank and Kirkcaldy Health Centre, which have resulted in several mitigating actions which have now been carried out.

NM advised a number of the areas are not patient areas and are not areas that are significantly used but where they are we have identified them, and staff have been made aware.

NM advised there are 3 more blocks in Adamson Hospital, Cupar Health Centre and Glenrothes Hospital where we have asked for the assessors to come in and specifically look at those areas.

NM advised the paper has been brought to Local Partnership Forum colleagues for assurance and will go forward through the NHS Fife Clinical Governance Committee, Staff Governance Committee and Area Partnership Forum.

AV asked NM if he was as comfortable as he can be with the information that we have. NM confirmed he was comfortable and assured that most of the RAAC was in good condition, but we would need to look at it over the next 5-10 years.

10 ISSUES FROM STAFF-SIDE

There were no new issues raised from staff-side colleagues.

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

The Minutes of the Capital Equipment Management Group meetings held on 7 September and 2 November 2023 were noted, for information.

11.2 ASD & CD Health & Safety Committee

The Minutes of the ASD & CD Health & Safety Committee meeting held on 9 November 2023 was noted, for information.

12 FUTURE MEETING DATES – 2024

The 2024 meeting dates were noted, for information.

13 FESTIVE NEWSLETTER

AV thanked colleagues for their contributions and in particular to GMcK for collating this year's Festive Newsletter.

14 HOW WAS TODAY'S MEETING?

14.1 Issues for Next Meeting

Colleagues agreed a Finance Update should be included as an Agenda item. AV/CD to discuss further.

AV/CD

14.2 Issues for Escalation to Area Partnership Forum

There were no issues for escalation to the Area Partnership Forum.

15 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

16 DATE OF NEXT MEETING

Thursday 15 February 2024 at 2.00 pm via MS Teams.

Local Partnership Forum held on 21 November 2023

Local Partnership Forum held on 21 November 2023

No issues were raised for escalation to the Staff Governance Committee.



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 21 NOVEMBER 2023 AT 9.00 AM VIA TEAMS

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Wilma Brown, Interim Staff Side Representative, NHS Fife
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Ben Morrison, Royal College of Podiatry, NHS Fife
Billy Nixon, Health & Safety, NHS Fife
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elizabeth Crighton, Organisational Development and Culture Specialist (Wellbeing)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Jennifer Rezendes, Principal Social Work Officer
Kenny McCallum, UNISON
Kirsty Cairns, UNISON, NHS Fife
Lee-Anne French (for Elaine Jordan)
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing - HSCP.
Lynne Garvey, Head of Community Care Services
Melanie Jorgensen, HR Team Leader, NHS Fife
Paul Hayter, NHS Fife
Rona Laskowski, Head of Complex & Critical Care Services
Sharon Adamson, RCN
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Elaine Jordan, HR Business Partner, Fife Council
Eleanor Hagggett, Staff Side Representative, Fife Council
Helen Hellewell, Deputy Medical Director, H&SC
Lynne Parsons, Employee Director / Society of Chiropodists and Podiatrists
Morag Stenhouse, H&S Adviser, Fife Council
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Robertson, UNITE
Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 26 JULY 2023	
	The Minute and Action Log from the meeting held on 26 July 2023 were both approved as accurate records of the meeting.	

NO	HEADING	ACTION
3	<p>JOINT CHAIRS UPDATE</p> <p>There were no items raised by co-chairs.</p>	
4	<p>iMATTER UPDATE</p> <p>Nicky Connor provided this update on behalf of Roy Lawrence. To date 87.5% of teams within the partnership have completed an Action Plan following this year's iMatter survey. Nicky expressed her thanks to Diane Roth who promoted and championed iMatter this year.</p>	
5	<p>FEEDBACK FROM LPF DEVELOPMENT SESSION</p> <p>An Action Note had been circulated with the papers for the meeting and those present agreed it was an accurate reflection of the session.</p>	
6	<p>ANNUAL REVIEW OF LPF AGREEMENT</p> <p>This has been updated to replace Simon Fevre with Wilma Brown and the LPF members were content that it be finalised, signatures added and circulated to LPF members.</p>	WA
7	<p>SUSTAINABLE WORKFORCE AND SUPPLEMENTARY STAFFING</p> <p>Lynn Barker outlined the content of this report which was being brought to the LPF for awareness and assurance. There has been a good reduction in the use of non-framework agency staff although these can be used if the need arises. Wilma Brown asked about the situation at Queen Margaret Hospital where wards were amongst the top users of agency staff. Surge wards are still in use and staffing is considered on a whole system basis. Transformation plans should have an impact on the use of surge beds moving forward. Recruitment continues to be an ongoing challenge.</p>	
8	<p>YEAR ONE WORKFORCE ANNUAL REPORT & YEAR TWO WORKFORCE PLAN</p> <p>Nicky Connor provided this update on behalf of Roy Lawrence and the report was seeking endorsement for the work undertaken over the past year as well as the plan for the coming year.</p> <p>An Internal Audit Report is at the final draft stage and information from this has been captured in the Workforce report. The final Audit Report will be brought to a future LPF meeting. The report shows that a huge range of activity has taken place and this is testament to the efforts of the partnership workforce. Appendix 2 gives a summary of short-term actions, the vast majority of which have been completed.</p>	
	<p>Debbie Fyfe requested to meet with Roy Lawrence out with the meeting to discuss the Workforce Strategy in more detail.</p> <p>The LPF supported and endorsed the report whilst recognising the ongoing workforce pressures within the partnership.</p>	RLaw/DF

9 HEALTH & WELLBEING**Attendance Information**

Melanie Jorgensen updated from an NHS perspective which showed absence increased slightly in September 2023, which is the 14th consecutive month with a sickness absence rate above 6%. Short term absence is up whilst long term absence has reduced. There are 29 areas with an absence rate of over 10%. Attendance Panels continue to focus on hot spots working with HR and staff.

Lee-Anne French provided an update from a Fife Council perspective which showed the absence rate reduced to 12.9% in September and further reduced in October, to 11.6% which is the lowest level over 2023 to date, and since reporting commenced in January 2021. There has been a slight rise in short term absence and a reduction in long term absence is partly attributed to capability hearings taking place.

Debbie Fyfe asked about strategies which are being looked at for reducing sickness absence and also about flexible retirement in the care sector, which is a Fife Council Policy but is having issues in this area. It was agreed that there is definitely no blanket ban on flexible retirement and this requires further investigation.

Staff Health & Wellbeing

Melanie Jorgenson updated on the latest staff hub to be opened at Whyteman's Brae in Kirkcaldy and also a staff chill out area within phase 1 at Victoria Hospital, which were both possible due to funding from Fife Health Charity.

Manager information sessions are available to showcase the range of local and national staff support which is available. Stafflink has details of yoga classes which are taking place at Queen Margaret. Staff can join Team Fife in their Race for Recipients to support organ donation. Once for Scotland has provided menopause support information. The staff health and wellbeing plan is up for renewal and staff are encouraged to get involved.

Wilma Brown raised the issue of a staff hub at Cameron Hospital which has been on the cards for a while, but progress has been slow. Lynne Garvey have staff who are involved in this and will connect them with Wilma to try and get this progressed.

Lee-Anne had no update as this was normally done in conjunction with Elizabeth Crighton who has just returned to the partnership.

Employee Relations Update

Melanie Jorgenson advised that NHS activity has increased slightly recently. Cases which have been ongoing for over 7 months continue to be reviewed and progressed to conclusion as quickly as possible. Delays impacting the investigations include the health and wellbeing of the staff involved, the complexity of the investigation, awaiting medical advice, high numbers of witnesses and linked criminal proceedings. Managers continue to be encouraged to utilise early resolution where possible. Turas Policy modules can be accessed by managers and a comprehensive suite of supporting documents is available.

9 **HEALTH & WELLBEING (CONT)**

Employee Relations Update (Cont)

Last quarter there were 22 disciplinary cases, this has reduced to 19. An overview was provided. workshops have been arranged for Service Managers using a lessons learned approach.

Nicky Connor reminded those present of the confidential nature of the information being provided in this report and all agreed a higher-level summary will be the approach used in the future.

Recruitment Update

Melanie Jorgenson and Lee-Anne French both provided updates from their respective organisations and outlined the areas with the highest vacancy rates.

Within NHS Fife an experience survey has been carried out for internationally recruited staff which has had positive feedback.

A jobs fair for hard to fill roles was held recently and over 500 people attended on the day, interviews were held on the day and information on the number of people recruited from this should be available in the near future.

An Open Day is planned for 1 February 2024, a working group has been established to support this.

Nicky Connor thanked Melanie and Lee-Anne for all of their reports which continue to highlight to challenges faced by the partnership and the proactive approach being taken to address.

10 **HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)**

Mandatory Training Update

Rona Laskowski advised that SLT continue to focus on this at regular meetings and the dashboard was circulated with the papers for the meeting. The target for the end of the calendar year was 90% compliance and whilst progress is being made, this target is unlikely to be reached. This continues to be proactively promoted and to work with staff to support addressing mandatory training needs. Clarity has been sought on the range of mandatory courses within NHS Fife and Fife Council and there continue to be challenges with the accuracy of information as a digital solution is sought for recording Fife Council data.

It was discussed that there is greater oversight on mandatory training and this is being monitored closely. There will be challenges during winter which may delay staff being able to undertake training and novel ideas will be needed to try and ensure this can happen.

H&S Updates – NHS and Fife Council

Billy Nixon had provided a written update which had been circulated with the papers for the meeting. He gave a quick overview of the content of his paper and advised that there are no areas within the report which concerned him. It is hoped that Violence and Aggression Training could become a mandatory course for some groups of NHS staff.

10 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP) (CONT)

H&S Updates – NHS and Fife Council (Cont)

Morag Stenhouse had given her apologies for the meeting but had provided a written update which had been circulated prior to the meeting.

Wilma Brown raised safety concerns around the Ceres Centre at Stratheden Hospital which staff had brought to her attention. It was agreed there would be a follow up discussion with Rona Laskowski.

11 FINANCE UPDATE / BUDGET

Finance Update

Audrey Valente advised that the forecast overspend as at September was £1.468m, recovery actions and the use of reserves have reduced this from £4.8m in July. Key areas of overspend are Hospital & Long-Term Care, GP Prescribing, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placements. These overspends are offset by the underspends in Community Services, Older People Fife Wide / Hospital Discharge, Adults Fife Wide and Adults Supported Living.

A report on recovery actions will be brought to the first IJB meeting on 2024 (2 February 2024).

The Reserves carry forward at year end is forecast to be approx £7.2m which is below the 2% policy level, but this is under review.

The transformation cases being brought to the November 2023 and 2024 IJB meetings will assist with the delivery of savings.

Nicky Connor acknowledged the complex challenges faced by Audrey and her team and thanked them for this report.

Transformation Update

Four booklets had been provided with the papers for the meeting. Two of these transformations (Care at Home and Reimagining the Third Sector) are being taken to the IJB on 24 November 2023. The two remaining cases (Community Rehabilitation and Care Model and Transforming Overnight Care) will be taken to the IJB in 2024. These were discussed at an LPF session on 10 November 2023 and the LPF supported these going forward to IJB meetings.

Nicky Connor thanked all LPF members the valued engagement to date on these and this will continue.

12 SERVICE PRESSURES & WORKFORCE UPDATE

System Pressures

Lynne Garvey updated on behalf of Lisa Cooper and advised that a strategic oversight group has been set up to look at primary care sustainability. This involved staff side representatives. Recruitment continues to be a challenge. Access to dentistry is also challenging.

12 SERVICE PRESSURES & WORKFORCE UPDATE (CONT)

System Pressures (Cont)

Lynne Garvey advised that a lot of what she was going to raise under this item has already been discussed during the meeting. Care at Home is still running with considerable vacancies and absence. Absence panels continue to try and address issues.

Rona Laskowski advised that vacancies and sickness absence continue to be bring pressure in her area, with a 30% vacancy rate in mental health roles. An early intervention pilot is starting within Adult Resources – Supported Accommodation to improve attendance levels.

Update on Industrial Action

This was a legacy item from previous LPF meetings when there were potential school strikes planned. Currently no industrial action forecast.

Supporting Work/Life Balance

Melanie Jorgenson advised that several workforce policies of NHSScotland, aimed at supporting work-life balance, have been recently updated and refreshed. This comprises the following workforce policies:

- Flexible Work Location
- Flexible Work Pattern
- Retirement
- Career Break
- Special Leave
- Maternity
- New Parent Support
- Shared Maternity and Shared Adoption
- Parental Leave
- Breastfeeding
- Adoption, Fostering and Kinship

Briefing sessions for managers and trade union reps are planned for December 2023.

13 UPDATE ON NATIONAL CARE SERVICE

Eleanor Haggett had given her apologies for this meeting so was unable to provide an update.

NO	HEADING	ACTION
14	LPF MEETING DATES JANUARY 2024 – MARCH 2025	
	The proposed dates were accepted and appointments will be circulated shortly.	WA
15	ITEMS FOR BRIEFING STAFF	
	Agreed to put an article in the Director’s Brief welcoming Wilma Brown to the IJB and LPF as Interim Staff Side Representative. It was agreed to issues a co-chairs festive message.	
16	AOCB	
	Nothing was raised under this item.	
17	DATE OF NEXT MEETING	
	16 January 2024 – LPF Meeting - 9.00 am – 11.00 am	

NHS Fife Staff Governance Committee

(06/03/2024)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Strategy Group that met on 01.01.24. Discussion points within this meeting are: BSL/Interpreter Awareness Session, Trans Policy, BSL Local Plan, UNCRC presentation.

CONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP HELD ON 1ST FEBRUARY AT 2 PM VIA TEAMS

Co-Chairs:

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and Isla Bumba, Equality and Human Rights Lead

Present:

Anne McKinnon	Quality Improvement Midwife Advisor	AM
Bill Coyne	Violence and Aggression Advisor	BC
Brian McKenna	Human Resources Manager	BM
Elric Honoré	Chief Executive, Fife Centre for Equalities	EH
Gordon Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IB
Janette Keenan	Director of Nursing	JK
John Smith	Porter Manager	JS
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Lorna Watson	Consultant in Public Health Medicine	LW
Mhairi Gilmour	Research and Development Officer	MG
Paul Bishop	Head of Estates	PB
Torfinn Thorbjornsen	Head of Information Management	TT
Yvonne Batehup	Support Services Manager, Catering Services	YB

In Attendance:

Mandy McCreadie, In-house BSL Interpreter, NHS Fife
 Heather Kirkbride, Senior Administrator Equality and Human Rights Team (Minutes)

Apologies:

Alan White	Clinical Services Manager, Medical Learning Disabilities
Aileen Lawrie	Director of Midwifery
Angela Swift	Clinical Service Manager Addiction Services
Catherine Gilvear	Fife HSCP Quality, Clinical & Care Governance Lead
Heather Bett	Senior Manager, Children's Services Projects
Jamie Doyle	Head of Nursing (Corporate Acute)
Jo-Anne Valentine	Public Health Manager (Health Improvement)
Karen Whatton	Lead Nurse – Care Home Assurance and Support
Kimberley Steel	Consultant in Palliative Care
Louise Noble	Staff Side Representative
Matt Valenti	Information Governance & Security Lead
Nicola White	Interim FNP & Deputy Service Manager Lead Nurse School Nursing
Rebecca Saunders	Child Protection Team Learning and Development Coordinator
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead
Samantha Honeyman	Estates Information Services Officer
Sinead Braiden	None Executive Board Member
Siobhan Mcilory	Head of Person-Centred Care
Zahida Ramzan	Policy Co-ordinator, Fife Council

1. BSL/INTERPRETER AWARENESS SESSION

JK mentioned that the BSL the patient story video was well received at the recent NHS Fife Board meeting.

MM gave a presentation to the group on BSL/Interpreter Awareness.



Interpreter
Awareness Presenta

IB shared figures which compared costs so far of new model compared with costs if the same provisions had been provided through previous model of external providers. The in-house interpreter has been much busier than anticipated and is so far well received.

IB explained fees for Week 1 of new model came to estimated £1,369 but if previous model was applied, costs could have been approx. £2,000. In addition to potential cost savings, previous model's external providers would not have been able to meet the demand, specifically for short notice, emergency and inpatient scenarios, to the extent of the in-house model.

2. TRANS POLICY

IB requested feedback, comments and approval from the group on the 'NHS Fife Wide Trans, Non-binary and Gender Non-conforming Patient's Policy'.

MG provided feedback on use of language, particularly use of 'security' in 4.3 'In-patient Accommodation'. IB to review and make amendments accordingly. Discussion followed around confidentiality of trans patients on wards, e.g. a trans man on a male bay may get asked questions that can be overheard, such as 'when was the date of your last period', which may result in accidental subsequent disclosure of Trans Status to patients in neighbouring beds.

JK stated that feedback from the NHS Fife communications team was to keep the policy as succinct as possible therefore appendices have been removed and will be contained in one supporting document accessible through Stafflink.

EH queried NHS Fife's stance in relation to intersex patients. IB stated that in terms of the policy, we would treat intersex people in the gender they are presenting in, similar to how we would treat and manage non-binary patients, unless informed otherwise. JK informed the group that there will be staff awareness training which will include use of language and understanding terminology.

GS asked is there any data around preferences from Trans people within a patient care setting that could be shared. IB to check for any relevant recent publications. IB advised Terrence Higgins Trust had reviewed and approved policy from a Trans-community perspective.

Group provided approval of Trans policy on the assurance above listed action points will be considered.

3. BSL LOCAL PLAN

IB gave the group the background to the BSL Local Plan. This included:

- BSL Act Scotland 2015

- The current National and Local plans are coming to completion and therefore new plans must be developed.

The group were asked to review the priorities for the new local plan. MG enquired about including a priority around BSL data for the local plan. IB explained NHS Fife does not currently hold accurate data on BSL users and the previous Scottish census also did not collect accurate data regarding the number of people who use BSL as their preferred language. The most recent census should rectify this issue however.

TT, IB and MG to meet to discuss BSL data this further.

4. UNCRC PRESENTATION

LW gave a presentation on the UNCRC and Children's Rights. Link to sway here:
[UNCRC Incorporation: NHS Education for Scotland Newsletter January 2024 \(cloud.microsoft\)](#)

Discussion Included:

- NHS Fife next steps: Explore child friendly complaints processes, incorporation of Children's Rights and Wellbeing Impact Assessment to the EQIA process, the Child Health and Management Team working subgroup to explore relationship to the ERH Steering Group. Also, March 6th has a UNCRC Workshop planned which could include members of the ERH Steering Group.
- NES are running information sessions between middle of February to middle of March 2024.

IB and LW to discuss EQIA process.

5. MINUTE AND ACTION TRACKER

Action Tracker updated accordingly.



E&HR Meeting
Tracker Feb 24

6. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

The group have agreed to amend group name from 'Equality and Human Rights Strategy Group' to the 'Equality and Human Rights Steering Group'.

No other business.

7. DATE OF NEXT MEETING

The next meeting will take place on Thursday 2nd May at 2.30pm via MS Teams