

Staff Governance Committee

Tue 14 May 2024, 10:00 - 12:15

via MS Teams

Agenda

10:00 - 10:01 **1. Apologies for Absence: Margo McGurk (Susan Fraser deputising) and Wilma Brown**
1 min

Colin Grieve

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

Colin Grieve

10:03 - 10:06 **3. Minutes of Previous Meeting held on Wednesday 6 March 2024**
3 min

Enclosed *Colin Grieve*

 Item 3 Staff Governance Committee Minute (Unconfirmed) 06.03.24.pdf (12 pages)

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


Enclosed *Colin Grieve*

 Item 04 SGC Table of Actions 14.05.24 .pdf (1 pages)

10:10 - 11:10 **5. GOVERNANCE MATTERS**
60 min

5.1. Whistleblowing Annual Performance Report 2023/2024, incorporating the Quarter 4 Report

Enclosed *Sandra Raynor*


 Item 5.1 Whistleblowing Annual Report 2023-2024, incorporating Q4 14.5.24.pdf (28 pages)

5.2. Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Pharmacy Workforce Overview

Enclosed *David Miller / Fiona Forrest*

 Item 5.2 SBAR Update on Corporate Risks Aligned to SGC on 14.5.24 as at 23.4.24, incl. Deep Dive.pdf (5 pages)

 Item 5.2 Appendix 1 Corporate Risks Aligned to SGC as at 23.4.24.pdf (6 pages)

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

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

5.3. Staff Governance Committee Annual Statement of Assurance 2023/2024

Enclosed *Gillian MacIntosh*

 Item 5.3 SBAR Draft Staff Governance Committee Annual Assurance Statement 2023-2024.pdf (3 pages)

 Item 5.3 Appnedix 1 DRAFT Staff Governance Annual Statement of Assurance 2023-2024.pdf (26 pages)

5.4. Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation

Enclosed Rhona Waugh

- Item 5.4 SGC Update on Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 14.5.24.pdf (5 pages)
- Item 5.4 Appendix 1 DL(2024)6 - Health and Care (Staffing) (Scotland) Act 2019.pdf (7 pages)
- Item 5.4 Appendix 2 DL(2024)05 HCSA.pdf (4 pages)
- Item 5.4 Appendix 3 HCSA Board Reports NHS Fife's Q2 Scottish Government Feedback - 5 March 2024.pdf (13 pages)
- Item 5.4 Appendix 5 Health and Care (Staffing) (Scotland) Act 2019 Assurance Questionnaire.pdf (17 pages)

5.5. Delivery of Annual Workplan 2024/2025

Enclosed David Miller

- Item 5.5 Delivery of Annual Workplan 2024-2025 Report - 14.5.24.pdf (10 pages)

5.6. Protected Learning Time

Enclosed Jenni Jones / Jackie Millen

- Item 5.6 Protected Learning Time 14.5.24.pdf (15 pages)

11:10 - 11:30 6. STRATEGY / PLANNING 20 min

6.1. Draft Annual Delivery Plan 2024/2025

Enclosed Susan Fraser

- Item 6.1 Draft Annual Delivery Plan 2024-2025 SBAR 14.5.24.pdf (4 pages)
- Item 6.1 Draft Annual Delivery Plan 2024-2025 Appendix 1.pdf (58 pages)

6.2. Workforce Planning Audit Report

Enclosed Rhona Waugh

- Item 6.2 Workforce Planning Audit 14.5.24.pdf (5 pages)
- Item 6.2 Workforce Planning Audit Appendix 1 B17-23.pdf (23 pages)

11:30 - 11:40 7. QUALITY / PERFORMANCE 10 min

- Item 7.1 IPQR SBAR SGC 14.5.24.pdf (3 pages)
- Item 7.1 IPQR Position at March 2024 SGC.pdf (11 pages)

7.1. Integrated Performance & Quality Report

Enclosed David Miller

11:40 - 12:00 8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD 20 min

8.1. Well Informed – Communication & Feedback

Enclosed Kirsty MacGregor

- Item 8.1 Well Informed Communication & Feedback SBAR 14.5.24.pdf (4 pages)
- Item 8.1 Corporate Communications Quarterly Activity Report - January-March 2024.pdf (26 pages)

8.2. Wellbeing Champion Update

Verbal John Kemp

8.3. Equality & Diversity Champion Update

Verbal Sinead Braiden

8.4. Whistleblowing Champion Update

Verbal Kirstie MacDonald

12:00 - 12:05 9. LINKED COMMITTEE MINUTES

5 min

9.1. Area Partnership Forum held on 20 March 2024 (unconfirmed)

Enclosed

 Item 9.1 APF Minutes Linked Cover Sheet 20.3.24.pdf (1 pages)

 Item 9.1 APF Minutes (Unconfirmed) 20.3.24.pdf (8 pages)

9.2. Acute Services Division and Corporate Directorate Local Partnership Forum held on 15 February 2024 (unconfirmed)

Enclosed


 Item 9.2 ASD&CD LPF 15.2.24 Cover Sheet.pdf (1 pages)

 Item 9.2 ASD&CD Local Partnership Forum Minute 15.2.24.pdf (12 pages)

9.3. Health and Social Care Partnership Local Partnership Forum held 16 January 2024 (confirmed)

Enclosed

 Item 9.3 HSCP LPF Minutes (Confirmed) 16.1.24 Cover Sheet.pdf (1 pages)

 Item 9.3 HSCP LPF Minutes (Confirmed) 16.1.24.pdf (6 pages)

9.4. Health & Safety Sub Committee held on 8 March 2024 (unconfirmed)

Enclosed

 Item 9.4 H&S Sub Committee 8.3.24 Cover Sheet.pdf (1 pages)

 Item 9.4 H&S Sub Committee Minutes (unconfirmed) 8.3.24.pdf (6 pages)

12:05 - 12:10 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

5 min

10.1. To the Board in the IPQR Summary

Verbal Colin Grieve

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

Verbal Colin Grieve

12:10 - 12:15 11. ANY OTHER BUSINESS

5 min

11.1. Staff Governance Monitoring Return Feedback 2022/2023

Enclosed Sandra Raynor

12:15 - 12:15
0 min

**12. DATE OF NEXT MEETING: Tuesday 9 July 2024 at 10.00 am to 12.25 pm
via MS Teams**

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 6 MARCH 2024 AT 10.00 AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Patricia Kilpatrick, Chairperson, NHS Fife
Brian McKenna, Board Workforce Planning Lead (*for agenda Item 5.7 only*)
Mairi McKinley, Senior Practitioner Advanced Practice and NHS Fife Armed Forces & Veterans Champion (*for agenda Item 5.9 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Maxine Michie, Deputy Director of Finance (*deputising for Margo McGurk*)
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and in particular, the new Chairperson of NHS Fife, Pat Kilpatrick, and Jenni Jones, the Board's new Associate Director of Culture, Development & Wellbeing. The Chair thanked all staff for their continued efforts during the current workforce pressures.

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 Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member, Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), and attendee Margo McGurk, Director of Finance and Strategy.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Thursday 11 January 2024

The minutes of the meeting held on Thursday 11 January 2024 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Staff Governance Committee Self-Assessment Report 2023/2024

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which presented the outcome of the 2023/2024 self-assessment exercise recently undertaken by the Staff Governance Committee. An overview of the themes within the report was provided. Positive comments around the Committee's operation this year, including improvements in its focus on strategic rather than operational detail, the usefulness of the Committee development sessions, as well as feedback that the Committee Chair's update to the Board was deemed helpful in raising the profile of the Committee's work with the wider Board members, were noted. Comments around areas for improvement included suggestions to continue the focus on enhanced agenda management, the need to fill the longstanding Non-Executive vacancy on the Committee, inviting the Board's Staff Health & Wellbeing Champion to be part of the Committee membership, alongside the importance of feedback from clinical and operational leads, to better interpret performance data. The Committee was informed that the April 2024 Board Development session earmarked to focus on general governance would offer an opportunity for further dialogue on the overall performance of Board Committees.

Discussion took place on the actions members would wish to see implemented to address areas identified for improvement in the self-assessment exercise. With a view to supporting more effective evaluation of performance, the Employee Director suggested possibly restructuring the Committee cycle to quarterly meetings, to better reflect the availability of data, on the proviso that any urgent or emerging matters would be tabled as appropriate. The suggestion to include the Board's Health & Wellbeing Champion in the Committee was also supported.

The Director of Workforce agreed with the Employee Director's feedback and commented that it was heartening to note improvements in the Committee's

performance over the past year. The ongoing challenge of providing assurance to the Committee with lagging performance data and the specific need to focus on improvements in this key area was reiterated.

C Grieve, Non-Executive Member, commented on the importance of off-table information briefings, particularly in ensuring the Committee was agile enough to respond to outcomes suggested by transformation groups, such as Re-form Transform Perform (RTP) workstreams. Whilst supporting the inclusion of the Staff Health & Wellbeing Champion in meetings going forward, C Grieve queried whether the suggestion to include the Medical Director in future meetings had been progressed further, noting the value of having the Medical Director's perspective on issues pertaining to this Committee. The Board Secretary agreed to discuss the matter further with the Medical Director and amend the composition of the Committee in the Terms of Reference as appropriate.

Action: Board Secretary

The Committee **discussed** the report and **agreed** actions members wished to see implemented to address areas identified for improvement in the Staff Governance Committee Self-Assessment Report 2023/2024.

5.2 Annual Review of Staff Governance Committee Terms of Reference

The Head of Corporate Governance & Board Secretary advised that amendments to the Committee's Terms of Reference (ToR) had been tracked within the paper and only minor changes were being proposed, to improve clarity and maintain consistency across all Standing Committees. It was highlighted that the substantive changes within the ToR included two outstanding recommendations from Internal Audit requesting specific references within the ToR around workforce planning and whistleblowing.

The Board Secretary invited C Grieve to speak to amendments that had been suggested subsequent to the paper being issued. C Grieve proposed a change to paragraph 1.4 of the ToR, recommending that the remit of the Committee be expanded to oversee and evaluate staff governance and risk management activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of transformative change programmes and new and innovative ways of working. It was explained that these recommendations had been made in line with similar discussions which had taken place at the March 2024 Clinical Governance Committee and with a view to further strengthening the role of the Committee. Furthermore, C Grieve opined that the ToR were not focussed enough and that there was perhaps a need to review them in their entirety at a later date.

The Committee agreed that an updated draft of the ToR, with the proposed changes suggested by C Grieve, be circulated via email for comment and approval by circulation.

Action: Head of Corporate Governance & Board Secretary

The Committee **considered** and **approved** the Staff Governance Committee's Terms of Reference, subject to the changes discussed above.

5.3 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce highlighted the three risks that are aligned to the Staff Governance Committee as at 5 February 2024, referenced in Appendix 1 of the paper, and the associated mitigations in place since the last report was presented at the Committee meeting on 11 January 2024. The Committee noted that the risk scores in relation to the three risks remain unchanged. The rationale for the recommendation to change the description for Risk 11 relating to Workforce Planning & Delivery was also explained.

In the context of the wider risks described in the paper, the Chief Executive drew the Committee's attention to a letter from the Cabinet Secretary to the Co-Chairs of Scottish Terms & Conditions Committee (STAC), notifying of the expectations from government as agreed with Trade Unions for Health Boards to implement the three non-pay aspects of the Agenda for Change (AfC) Pay deal for 2023/2024 with effect from 1 April 2024. It was advised that work is ongoing at pace within NHS Fife to implement the first 30-minute reduction in the working week, in addition to looking at pilots to move to the full reduction from 37.5 hours to 36 hours per week. The Chief Executive emphasised that the two other non-pay elements of the pay deal (namely, the review of Band 5 nursing roles and protected learning time) will also need to be taken into account from a workforce planning perspective. Further guidance is awaited from the Scottish Government on the progressing of their implementation. It was advised that the Director of Workforce will be meeting with the national Human Resource Directors Group and others this week, to discuss how these proposals can be consistently applied across Scotland.

Responding to a query from the Chair as to whether the impact of the above implementations should be formally recorded as a risk, the Chief Executive acknowledged that they should be considered when conducting a further review of the risks. The Head of Workforce Planning & Staff Wellbeing confirmed that the impact of the planned reduction in the working week had already been added to Risk 11 and further work will be undertaken to incorporate the impact of the two other non-pay elements into the Corporate Risk Register.

Action : Head of Workforce Planning & Staff Wellbeing

C Grieve queried whether the above AfC implementations were being presented to the Committee as an emerging risk or elements of an existing risk that had never been captured before within the Workforce Directorate Risk Register. The Director of Workforce responded that this was as an existing risk as it had been captured in the Risk Register, however, due to the pace at which the risk was developing and information yet to be clarified, there were also elements of an emerging nature within this risk.

Responding to a further query from C Grieve, the Director of Workforce agreed that the implementation of the three non-pay elements of the AfC pay deal should be escalated to the Board as a risk. The Chief Executive affirmed the need for escalation, adding that this is a complex and multi-faceted risk with clinical, workforce, staff wellbeing and financial implications.

Action: Committee Chair

The Committee took a reasonable level of **assurance** 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 **endorsed** the description change for Risk 11: Workforce Planning and Delivery.

5.4 Attendance Management Update

The Director of Workforce invited the Head of Workforce Resourcing & Relations to speak to the report, which presented absence data as at January 2024. It was highlighted that December 2023 had seen the highest absence rate of the year at 7.8% and long term absence continues to rise into 2024. An overview of key absence management initiatives which would continue to be implemented during 2024/2025 was provided. These included standing up of the Attendance Management Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice (VBRP) and promoting the Staff Health and Wellbeing offers. It was acknowledged that this was a complex challenge that required all stakeholders to work together cohesively.

The Employee Director welcomed a targeted approach to manage absence in 'high priority areas' and also an improvement in data analytics which would support efforts. The importance of evaluating the effectiveness of the Staff Health & Wellbeing offering was also emphasised.

The Director of Acute Services advised that the newly appointed General Manager of Women & Childrens Clinical Services, who had a proven track record in absence management, would co-chair the Attendance Management Group, bringing a positive and fresh outlook to supporting improvement across the organisation. In reference to the high absence rate within Ward 32 Medicine of the Elderly (MoE), assurance was provided to the Committee that significant work had been undertaken and was ongoing in this area.

The Director of Health & Social Care provided an overview of the multi-factorial approach that had been adopted towards addressing absence within the Health & Social Care Partnership and illustrated examples such as the importance of Review Panels, one-to-one meetings, working collaboratively with colleagues in Psychology and Occupational Therapy to implement therapeutic interventions in mental health wards to support the nursing team, amongst others.

The Director of Nursing commended the Spiritual Care Service for their role in promoting employee health and wellbeing, whilst recommending that it would be beneficial to capture themes in relation to the reasons for the declining mental health of employees. The Employee Director welcomed this suggestion and commented favourably on the positive feedback received around initiatives such as the Staff Listening Service and Values Based Reflective Practice. A Verrecchia, Co-Chair of the Acute & Corporate LPF, affirmed the invaluable role played by the Spiritual Care Team in the health and wellbeing of employees.

Responding to a query from C Grieve regarding the root causes for psychiatric illnesses amongst employees, which account for a high percentage of overall absence, the Head of Workforce Planning & Staff Wellbeing commented that

although a further breakdown was not available within this absence code, previous deep dives into reasons for absence in this category had attributed the causal factors as multi-faceted, not all of which were work-related.

The Committee **noted** the current absence information detailed within Appendix 1 of the report and the plans on how NHS Fife should approach this complex and long-standing issue.

5.5 Whistleblowing Process Short-term Implementation Plan

The Chair invited the Head of Corporate Governance & Board Secretary and the Head of Workforce Resourcing & Relations to speak to the report, which describes the work underway to progress with a refresh of the process around the governance of Whistleblowing compliance reporting within NHS Fife, in response to Internal Audit recommendations. It is intended that the transition to the new model would take place from 1 April 2024.

A summary of the Board's refreshed approach highlighted in Section 2.3 of the paper included Executive oversight of the Whistleblowing function to move from the Director of Workforce to the Chief Executive, enhanced governance via a Whistleblowing Oversight Group chaired by the Chief Executive, enhanced operational management through introduction of a standalone Whistleblowing Coordinator role, establishment of a cross-functional Whistleblowing Decision Making Team and the introduction of a Speak-Up email and phone line for staff to seek support and advice. It was advised that owing to the current financial pressures, it was not possible to proceed with recruitment to the Whistleblowing Coordinator role at present, however, plans to move forward with the setting up of the Oversight Group and Decision Making Team would still be progressed.

The Head of Workforce Resourcing & Relations advised that an on-going review of the Redeployment Register would be undertaken to examine if there are any suitable individuals within the workforce who could undertake the Whistleblowing Coordinator role in the future.

The Board Chair offered unequivocal support to the Committee in this important area of work, reiterating that the psychological safety of employees was of paramount importance and the organisation needs to do all it can to give staff the confidence that any concerns raised would be addressed and resolved appropriately.

The Employee Director, whilst acknowledging the work that had been done in this area in a relatively short period of time, welcomed the introduction of Confidential Contacts and their ability to signpost and support employees through the Whistleblowing process. The decision to move Executive oversight of the function from the Workforce Directorate and the progression of the Whistleblowing Oversight Group were both heralded as positive steps. The importance of retaining momentum in the areas highlighted was noted. However, the Employee Director expressed that complaints being raised by staff anonymously were an indication that staff did not fully trust the internal processes in place and this was a matter of grave concern.

The Chief Executive acknowledged the Employee Director's feedback whilst affirming that employees need to feel confident to be able to speak up and expressed confidence that management were not complacent in making this evident to staff. Reference was made to feedback within the last iMatter report, which noted that employees felt confident to speak up and had confidence in the culture for doing so.

The Chair acknowledged the efforts of K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion, in progressing the move of Executive oversight in this area to the Chief Executive.

The Director of Workforce assured the Committee that the Workforce Directorate would offer all the necessary support during the transition period and that administrative support for an interim period was in place.

The Committee took **assurance** from the report and noted the content.

5.6 Whistleblowing Quarter 3 Report

The Head of Workforce Resourcing & Relations was invited to speak to the report for the period from 1 October to 31 December 2023. It was noted that no whistleblowing concerns were received during this reporting period, however, two anonymous concerns had been received. Enhancements to the report in response to Internal Audit recommendations were highlighted and were reflected in Appendix 1 of the report, including an update on the status of individual actions identified during 2023/2024 and reported in the Whistleblowing Annual Report and Internal Audit Report.

The Committee was informed that the first meeting of Confidential Contacts was due to take place later in March 2024, where feedback would be gathered as to the support that was required to be put in place to make Confidential Contacts confident and competent in their role.

The Chair thanked the Head of Workforce Resourcing & Relations for the enhancements made to the report, whilst also acknowledging the high uptake of whistleblowing training across the organisation.

The Committee took **assurance** from the report which confirmed that there were no whistleblowing concerns received in Quarter 3; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local press; the whistleblowing training undertaken during Quarter 3 was detailed, along with an update on the status of actions from the previous Whistleblowing Annual Report and Internal Audit Report.

5.7 Workforce Planning Update

The Head of Workforce Planning & Staff Health & Wellbeing and the Workforce Planning Lead were invited to speak to the report, which provides an update on current workforce planning activity within the Board with an update on the actions progressed to address the Scottish Government feedback on the current Workforce Plan 2022/2025, included in Appendix 1.

The Workforce Planning Lead provided a comprehensive overview of the workforce modelling tool developed jointly by NHS National Education for Scotland (NES) and the Centre of Workforce Supply to build a labour supply side platform from available data sources, to allow Health Boards to gather the evidence required to support future workforce planning. It was advised that the tool provides insight into the inflows, outflows and changes within education streams that would impact current staffing levels. It also provides access to training details thereby allowing for an estimation of the expected inflows from Nursing & Midwifery graduate streams and Medical and Dental staff completing their higher specialty training. The analysis of these inflows when considered alongside other data sets would facilitate quantification of any gaps in future workforce capacity.

A summary of the benefits and limitations of the tool was provided to the Committee. It was agreed that a demonstration of the workforce modelling tool would be provided at a future Committee Development session.

Action: Head of Workforce Resourcing & Relations

The Director of Nursing welcomed the use of the workforce planning tool and the positive impact it would have on the Board's ability to forecast ward staffing and develop appropriate models of patient care.

C Grieve commented favourably on the tool and emphasised that projections of future workforce capacity gaps would be crucial for transformation programmes such as the Re-form, Transform, Perform Programme and others. Due consideration would also need to be given as to how NHS Fife could compete effectively on a national level to attract talent in a labour market where demand exceeds supply.

The Director of Workforce commended the Head of Workforce Planning and Staff Wellbeing, the Workforce Planning Lead and the entire team for their efforts in the execution of this important piece of work and welcomed a deeper dive into the workforce planning tool at a future Board Development session.

The Committee **discussed** the report and took **assurance** from the workforce modelling tool published by The Centre of Workforce Supply and NHS National Education for Scotland which will be utilised as part of the wider discussions within the Re-form, Transform and Perform Agenda, as well as within Workforce Planning and Health and Care (Staffing) (Scotland Act) 2019 discussions.

5.8 Bank and Agency Programme Update

The Director of Workforce was invited to speak to the report, which outlines the progress made by the Bank & Agency Programme to date as well as provides an update on how this programme of work will be integrated with the Re-form, Transform & Perform Programme for 2024/2025. An overview of the programme objectives for 2023/2024 as detailed in section 2.2 of the paper was highlighted.

Whilst the level of activity that had taken place to move away from off-framework agencies was acknowledged, it was also advised that the financial impact of actions taken to reduce the reliance on temporary staffing had not yet realised savings to the extent as laid out in the 2023/2024 financial plan. As a consequence, the overall spend on supplementary staffing remains high.

The Director of Workforce commented that initiatives which were continuing at pace in this area offered a degree of confidence in the work being undertaken as the programme transitioned into 2024/2025. These initiatives included exploring a more robust and effective process for managing nurse bank invoicing, implementation of a Direct Engagement model for medical locums which would allow the Board to claim 20% VAT against invoices for all locums engaged via this model, staff bank consolidation and the Workforce Workstream of the Re-form, Transform, Perform Programme which would focus on priorities such as the Junior Doctor Rota Review, Supplementary Staffing Review, Administration and Systems Review, Vacancy Management, and Skill Mix Review.

The Director of Workforce acknowledged the efforts of all colleagues and in particular the support of the Director of Acute Services and the Director of Health of Health & Social Care in the progress that had been made to date to reduce reliance on supplementary staffing.

In response to a query from C Grieve regarding a cost / benefit analysis of staff bank consolidation, the Director of Workforce advised that an options appraisal would be presented to the Executive Directors Group in March 2024 to support the amalgamation of all staff banks into a single resource.

The Chief Executive drew the Committee's attention to the recently established National Medical Locum Task & Finish Group, the remit of which was to ensure consistency of approach across Scotland and best value for public funds where medical locums needed to be engaged. It was noted that the Chief Executive had been appointed as Co-Chair of this group and updates would be shared with the Committee going forward.

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

5.9 Armed Forces / Veterans Update

Mairi McKinley, Senior Practitioner, Advanced Practice and NHS Fife Armed Forces & Veterans Champion, joined the meeting for this agenda item. She was invited to share a presentation which provided insight into the Board's efforts in administering the Armed Forces Covenant in line with statutory obligations, as mandated by the Scottish Government. The role of Dr C McKenna, the Board's Medical Director as Executive Lead, and M McKinley as the Operational Lead in this programme was noted. NHS Fife representation on national groups, such as the Strategic Group chaired by the Chief Medical Officer and the Implementation Group chaired by the National Clinical Director, was highlighted.

From a workforce perspective, reference was made to the provisions of the existing NHS Fife Reserve Forces Training and Mobilisation Policy (HR29), which offers support to employees who are members of, or wish to join the Volunteer Reserve Forces. The role of the Armed Forces Talent Programme established by NES to promote the recruitment of skilled and trained military professionals to healthcare services was also emphasised.

The Director of Workforce expressed his sincere gratitude to M McKinley in recognition of her efforts as the NHS Fife Armed Forces & Veterans Champion,

underscoring that this role was being performed in a voluntary capacity and in addition to her substantive role. The Chair and the Director of Nursing echoed these sentiments.

The Committee **noted** the update.

5.10 Final Annual Workplan 2024/2025

The Director of Workforce was invited to speak to the workplan, which had been previously presented to the Committee for discussion on 11 January 2024. Taking into account deliberations that had taken place earlier at today's meeting, the Director of Workforce recommended that the 2024/2025 Annual Workplan be further updated to include explicit references to workforce workstreams earmarked to feed into the Re-form, Transform, Perform Programme. It was advised that this would facilitate assurance to the Committee on the progress being made within these important transformative areas. The Committee agreed that this update would be captured in future iterations of the rolling workplan.

The Committee **approved** the Annual Workplan 2024/2025, subject to the addition of RTP reporting.

5.11 Delivery of Annual Workplan 2023/2024

The Director of Workforce presented the report, which highlights updates made to the Annual Workplan for 2023/2024 since it was presented to the Committee for discussion on 11 January 2024.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Annual Workplan for 2023/2024.

6. QUALITY / PERFORMANCE

6.1 Integrated Performance & Quality Report

The Director of Workforce spoke to the report, which measures Sickness Absence, PDPR Compliance and Training. It was reported that sickness absence has increased from 7.64% in November to 7.80% in December 2023, whilst PDPR compliance has decreased slightly to 41.6% in December, a decrease of 0.5% from the prior month. Medical & Dental WTE vacancies did not reflect a change from the June figure of 30.2. Nursing & Midwifery WTE vacancies have seen a significant decrease for this reporting quarter, dropping from 507.7 WTE to 282.1 WTE. It was also advised that AHP WTE vacancies have decreased to their lowest level since March 2022. An overview of the mitigating actions in place to improve performance was outlined.

The significance of the Re-form, Transform, Perform Programme as a whole system approach that could potentially effect improvements in IPQR metrics was acknowledged.

C Grieve reiterated the importance of identifying linkages between the individual elements of the performance metrics.

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

7. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

7.1 Training Compliance Report 2022/2023

The Director of Workforce invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provides an update on NHS Fife's Mandatory Core Training Compliance performance as at 22 January 2024. The report features a 56% completion rate across the nine core skills topics and illustrates mitigating actions in place to improve the organisation's position in this area. The relationship between IPQR metrics and the leadership challenge they present to the efforts of fostering a learning and engagement ethos in NHS Fife was recognised.

The Employee Director commented favourably on the comprehensive information detailed in the report and acknowledged improvements in the uptake of manual handling training. It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics. Whilst conceding the challenges faced in this area, the Employee Director stressed that momentum should not be lost, particularly noting the positive impact of a trained workforce on staff and patient health, wellbeing and safety.

In response, the Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The importance of facilitating the transfer of acquired knowledge to the workplace, as well as providing a beneficial learning experience to all staff was acknowledged.

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

7.2 Internal Control Evaluation Report: Staff Governance Standard

The Head of Workforce Planning & Staff Wellbeing advised that this report had been developed in response to a recommendation by Internal Audit to offer assurance that the Staff Governance Committee had met the stipulations of its Terms of Reference in respect of oversight of the Staff Governance Annual Monitoring Return, NHS Scotland Staff Governance Standard compliance and the Annual Whistleblowing Report. Feedback was sought as to whether the Committee was content with the approach that had been adopted in discharging its obligations in these core areas of the Committee's business.

The Chair commented favourably on the comprehensive nature of the report.

The Head of Corporate Governance & Board Secretary acknowledged the value of being able to consider the report as a standalone agenda item, noted that it provided examples of the efforts that had been made to respond to the recommendations of Internal Audit and that additional measures (such as

signposting on agendas which element of the Standard each report relates to), have helped raised visibility of the Committee's coverage across the full reporting year.

The Committee took **assurance** from and **noted** the contents of the report and the evidence provided in Appendix 1 which highlighted evidence towards completion of B08/24 Internal Control Evaluation Report 2023/2024 and B06/24 Internal Audit Annual Report 2022/2023.

8. LINKED COMMITTEE MINUTES

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

- 8.1 Area Partnership Forum held on 24 January 2024 (unconfirmed)
- 8.2 Acute Services Division and Corporate Directorate Local Partnership Forum held on 21 December 2023 (unconfirmed)
- 8.3 Health and Social Care Partnership Local Partnership Forum held on 21 November 2023 (confirmed)
- 8.4 Equality & Human Rights Strategy Group held on 1 February 2024 (confirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 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.

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

The Committee agreed to highlight to the Board the non-pay aspects of the 2023/2024 Agenda for Change Pay Agreement in relation to Protected Learning time, Review of Band 5 Nursing Roles and Reduction in the Working Week, which the Board has recently been advised will be implemented from 1 April 2024, noting the potential impact on current workforce and financial pressures.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

Tuesday, 14 May 2024 at 10.00 am, via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Tuesday 14 May 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	06/03/24	Staff Governance Committee Self-Assessment Report 2023/2024	To invite the Medical Director to attend future Committee Meetings.	GM	Immediate	Medical Director has agreed to attend future meetings.	Closed
2.	06/03/24	Annual Review of Staff Governance Committee Terms of Reference	To amend paragraph 1.4 of the ToR (expanding the remit of the Committee as discussed) and circulate via email for comment and approval.	GM	Immediate	ToR circulated and agreed on 7/3/24.	Closed
3.	06/03/24	Corporate Risks Aligned to Staff Governance Committee	To incorporate the Review of Agenda for Change Band 5 Nursing Roles and Protected Learning Time within the Corporate Risk Register.	RW	Immediate	Risk update completed and detailed within papers for Committee meeting on 14/5/24.	Closed
			To escalate the impact of the implementation of the three non-pay elements of the 2023/2024 Agenda for Change Pay Deal as a risk to the Board.	SB	Immediate	Escalation points provided to NHS Fife Board meeting 26/3/24	Closed
4.	06/03/24	Workforce Planning Update	To arrange a demonstration of the Workforce modelling tool at a future Committee Development Session.	RW	14/5/24	Committee Development Sessions now arranged and will be presented at a future meeting of the SGC Development session.	Closed
5.	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	14/5/24	Committee Development Sessions now arranged and will be presented at a future meeting of the SGC Development session.	Closed
6.	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 will be presented at the Committee meeting on 14 /5/24.	Closed

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 14 May 2024
Title:	Whistleblowing Annual Performance Report 2023/2024, incorporating Whistleblowing Quarter 4 for 2023/2024
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This report is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

- Well Informed
- Appropriately trained & 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

All NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised both quarterly and produce an Annual Performance report.

2.2 Background

This is the third Whistleblowing Annual Performance Report provided to Staff Governance Committee members on whistleblowing concerns received from 1 April 2023 to 31 March 2024, as required by the National Whistleblowing Standards.

This report also provides an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing and data on the training modules undertaken during Quarter 4 (1 January to 31 March 2024).

2.3 Assessment

As part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting, and we anticipate further guidance later in 2024 on this matter.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2023/2024, which details the concerns raised since 1 April 2023 including Quarter 4.

Attached as Appendix 2 is the Whistleblowing Quarter 4 data for 2023/2024 for the period 1 January to 31 March 2024 including actions taken.

2.3.1 Quality, Patient and Value-Based Health & Care

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

Procedures for raising concerns 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 or anonymous 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 NHS Fife 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.

In respect of the implementation of the standards, there is a risk that if the standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, there is on-going communications and training.

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 were 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

This paper has been shared with the Workforce Senior Leadership Team and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2023/2024, incorporating the Whistleblowing Quarter 4 2023/2024 data, is provided to Staff Governance Committee for **Assurance**.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2023/2024

Appendix 2 – Whistleblowing Quarter 4 2023/2024 data

Report Contact:

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

Whistleblowing Annual Performance Report 2023/2024



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1. Introduction

NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. The National Whistleblowing Policy for NHSScotland, which was introduced in April 2021, implements the National Whistleblowing Standards that apply to all providers of NHS services in Scotland. The Standards set out the process for raising concerns and are designed to:

- support an open and learning culture;
- ensure all people providing services for or on behalf of NHS Scotland have recourse to a structured process for raising concerns; and
- provide access to an independent review by the Independent National Whistleblowing Officer (INWO) where local process has not been effective.

Following the introduction of the Whistleblowing Standards, work has continued over the past three years to embed the Standards within NHS Fife and the Health and Social Care Partnership including Primary Care. Looking ahead to 2024/2025, NHS Fife will focus on improvement and learning to foster a Speak Up Culture where everyone providing services on behalf of NHS Fife is able to speak up and be heard.

2. Implementation During 2023/2024

- 2.1 Regular updates on speaking up are provided via our Chief Executive's monthly newsletter. There is also a dedicated Whistleblowing information hub in our employee app, StaffLink, which includes a list of Confidential Contacts who can help guide staff to the most appropriate channel through which to raise concerns. Where staff do not have access to e-mail, publicity information is visible in their place of work and updates are printed and distributed by managers.
- 2.2 Publication of Independent National Whistleblowing Officer materials, such as the Quick Reference Guide for Managers Receiving Concerns; Checklist for Managers Raising Concerns; and a Guide to Whistleblowing for Anyone Delivering NHS Services has been widely publicised on StaffLink and other forms of staff communication.
- 2.3 Quarterly reporting has been reviewed to include progress being made on formal Whistleblowing Concerns, explanation for any senior manager approval of any extensions to prescribed timeframes for response and resolution. Information relating to actions taken following a formal Whistleblowing Concern has been incorporated into quarterly reports.
- 2.4 Quarterly reporting includes anonymous concerns and press articles and describes learning and actions taken to implement changes.
- 2.5 The suite of Whistleblowing Guidance Materials continues to be reviewed, as required. Recently updated versions of the Frequently Asked Questions, Whistleblowing Process Evaluation Form, and Anonymous Concerns Flowchart have been made available to staff on StaffLink.

- 2.6 A Whistleblowing Terms of Reference for Commissioning Officers has been created and publicised on StaffLink. This includes information on the provision of administrative support; target completion date; allocation of management time to undertake the investigation; assurance that the Investigating Officer has completed the appropriate TURAS training modules; and the requirement to update the Board's Non-Executive Whistleblowing Champion monthly to ensure investigations are fully supported.
- 2.7 A Whistleblowing Champion Feedback letter will be sent to all people who have raised concerns under Stage 2 of the Standards. This will offer people the opportunity to provide feedback, in confidence, on their experience of Speaking Up. This information will be used to improve experience and make necessary changes to support an open and learning culture. Anyone involved in the process of raising concerns, whether under the Whistleblowing Standards or as business as usual, are encouraged to provide feedback to support with enhancing our Speak Up Culture.
- 2.8 The Whistleblowing Action Plan continues to be updated and progression is provided within the quarterly reporting through the Board's formal governance structure. The Action Plan and annual review of formal reporting now includes action target dates and Responsible Officers. The Action Plan was presented to the Staff Governance Committee within the Quarter 3 Whistleblowing report, for assurance.
- 2.9 We completed a successful campaign to increase the existing pool of Confidential Contacts. Training took place during October and November 2023 and 22 trained Confidential Contacts are now operating across a range of services and areas within NHS Fife.
- 2.10 NHS Fife's Whistleblowing Confidential Contact posters have been updated, detailing the new list of Confidential Contacts, and have been circulated for display on local Notice Boards and widely publicised on StaffLink.
- 2.11 The first Confidential Contact Network Meeting took place on Tuesday 19 February 2024 and it was agreed that quarterly networking meetings would be held going forward. The next meeting is scheduled to take place in July 2024 which will include a Values-Based Reflective Practice session.
- 2.12 Service Provider Leads have been reminded that Contractors and Primary Care Contractors should have access to Confidential Contacts under the Standards.
- 2.13 Service Provider Leads have also been reminded of the requirement to develop appropriate policies to ensure that Contractors and Primary Care Contractors comply with the Standards.
- 2.14 To assist with the recording of Whistleblowing Concerns by Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed and shared with Service Providers, including Primary Care, with any resultant data to be integrated into the Datix risk management system for analysis and recording purposes.

3. Key Performance Objectives

3.1 Improvements Identified from Concerns Investigated and Lessons Learned

A Whistleblowing Concern was raised within Quarter 1 of the 2023/2024 reporting period. The key themes identified were: Safe Staffing; Supervision; Care Planning; and Philosophy of Care.

The actions taken were to ensure that the Service Leadership Team supported the daily safe staffing review; implement recruitment processes to optimise recruitment to vacancies; implement NHS Education for Scotland (NES) supervision resources to support supervision delivery; undertake monthly planned supervision and record its delivery; provide ad hoc supervision to support meaningful supervisory culture and record its delivery; implement a documentation audit; and the Ward Management Team to instigate tangible actions to embed safe wards in the team culture.

The lessons identified and learned were that dynamic risk and operational challenges can impact on safe staffing; vacant Mental Health Nursing posts were impacting on staff morale and the function of the ward environment; supervisory support was sub-optimal within the staff team, impacting on staff morale and confidence in the role; there was a need to ensure all care plans evidence patient involvement in care planning; and there was also a need to strengthen person-centred culture.

3.2 Awareness and Training

National Training materials from the INWO are promoted, such as Investigation training for senior managers involved with receiving, responding to, and reporting on Whistleblowing Concerns to the Board.

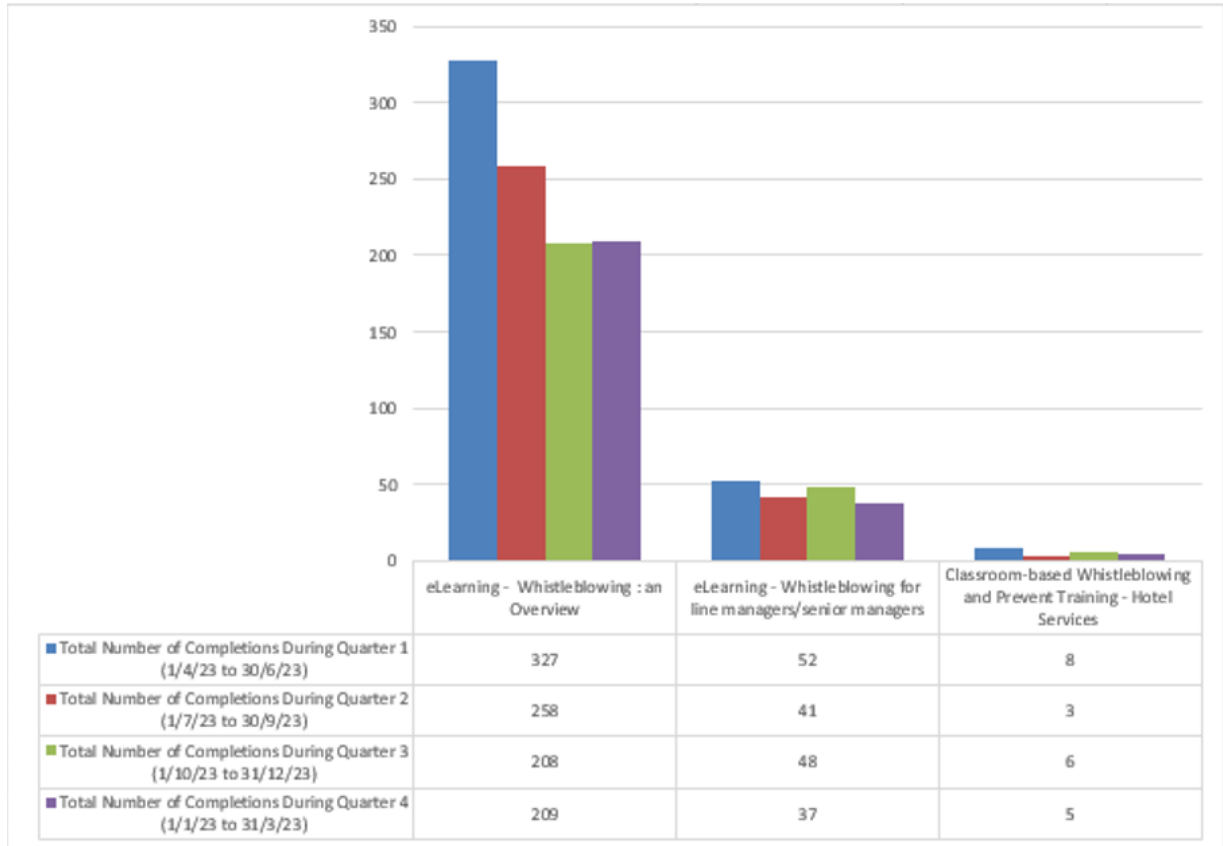
TURAS learning modules continue to be publicised on StaffLink, together with articles on how staff can raise Whistleblowing Concerns effectively within NHS Fife and within the mandatory training section of the TURAS Learn platform.

All members of staff are encouraged to complete the TURAS learning programme relevant to and required for their role and we continue to monitor uptake, effectiveness, and appropriateness of training available. We review and refine training and courses, as appropriate.

We raise awareness of relevant training during all organisational learning events and managers are encouraged to ensure that their teams comply with training requirements.

Overall, compliance for the mandatory Whistleblowing TURAS modules is 50.76%. The training undertaken per quarter between 1 April 2023 and 31 March 2024 is summarised below:

Whistleblowing Training Undertaken During 2023/2024



Information outlining the Whistleblowing training requirements for all new members of staff are included within NHS Fife’s Corporate Induction materials.

The existing suite of Whistleblowing materials, including managers and staff guidance, has been updated and additional supporting materials have been incorporated to help support managers and staff, which can be accessed 24/7 via StaffLink.

4. Number of Concerns Received

4.1 Whistleblowing Concerns Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	1	0	0	0	1
Reviewed at Stage 1 (5 days)	0	0	0	0	0
Reviewed at Stage 2 (20 days)	1	0	0	0	1

Anonymous / Unnamed Concerns Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Anonymous Concerns Received	0	2	2	2	6
Number of Unnamed Concerns Received	0	0	0	0	0

Whilst anonymous concerns cannot be investigated under the Standards, nor can they be considered by the INWO, NHS Fife has adopted good practice and follows the Whistleblowing Standard Principles as far as practicable in investigation of Anonymous / Unnamed Concerns.

NHS Fife has agreed 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 are not 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).

NHS Fife received six Anonymous Concerns during 2023/2024; two respectively in each of Quarters 2, 3, and 4 of the annual reporting period.

All six of the Anonymous Concerns were received within the Fife Health and Social Care Partnership and related to Bullying; Alleged Bullying; Behaviours; Potential Fraud; Alleged Bullying Behaviours; and Alleged Culture of Bullying.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and form part of the reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee, and the Board to share lessons learned and provide assurance on actions.

Press Articles Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Press Articles Received and Responded To	0	0	0	0	0

Primary Care and Contractors Concerns Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Contractors Concerns Received	0	0	0	0	0

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

The Primary Care Manager continues to remind all practices and community pharmacies that they are required to have their own procedures in place that meets with the requirements of the Whistleblowing Standards.

Each contractor group is provided with dedicated support from within NHS Fife to help with any concerns regarding the delivery of an NHS Service. Primary Care Contractors and Contractors are required to report using the same key performance information as NHS Fife, i.e., quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

4.2 Concerns Closed at Stage 1 and Stage 2

The one Whistleblowing Concern received during Quarter 1 of the annual reporting period was dealt with at Stage 2 of the Standards and reached a conclusion and was subsequently closed in Datix.

Whistleblowing Concerns Closed by Stage as a Percentage of all Whistleblowing Concerns Closed

Stage 1 Concerns	
0	Total number of Stage 1 Concerns received
N/A	Percentage of Stage 1 Concerns that were closed
N/A	Percentage of Stage 1 Concerns closed within five working days target
Stage 2 Concerns	
1	Total number of Stage 2 Concerns received
100%	Percentage of Stage 2 Concerns that were closed
0%	Percentage of Stage 2 Concerns closed within twenty working days target

4.3 Concerns Upheld, Partially Upheld and Not Upheld

The definition of a Stage 1 Concern: Early Resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 Concern: Investigation is for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response, ideally within 20 working days.

The Whistleblowing Concern received during Quarter 1 of the 2023/2024 reporting cycle was Not Upheld at Stage 2 of the Whistleblowing procedure, as detailed below:

Outcome of all Whistleblowing Concerns Closed

	Not Upheld		Partially Upheld		Fully Upheld		Total
	No	%	No	%	No	%	
Stage 1	-	-	-	-	-	-	0
Stage 2	1	100%	-	-	-	-	1

4.4 The Average Time in Working Days for a Full Response

The average time, in working days, by Division to provide a full response to Whistleblowing Concerns raised at each stage of the Whistleblowing procedure is detailed below:

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	-	-	-	-
Stage 2	-	-	112	112

4.5 Number of Concerns Closed in Full Within Set Timescales

The number (and percentage) of Whistleblowing Concerns at each stage which were closed in full within the set timescales of 5 and 20 working days are detailed below:

Total (and Percentage) of Whistleblowing Concerns Closed within the Set Timescale, by Quarter

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage 1 (5 days)	Average time in working days for responses	-	-	-	-
	No of cases closed at Stage 1 within timescale	-	-	-	-
	Percentage of cases closed at Stage 1 within timescale	-	-	-	-
	No of Stage 1 cases extended	-	-	-	-
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage 2 (20 days)	Average time in working days for responses	112	-	-	-
	No of cases closed at Stage 1 within timescale	0	-	-	-

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Percentage of cases closed at Stage 1 within timescale	0%	-	-	-
	No of Stage 1 cases extended	1	-	-	-

4.6 Concerns Where an Extension Was Authorised

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances (for example staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.

An extension was approved for the Stage 2 Whistleblowing Concern received during Quarter 1 of the reporting cycle due to the complexities of the investigation and the number of witness interviews, authorised by the Head of Complex & Clinical Care Services. The Whistleblower was advised of the need to extend the timescales and was kept up-to-date with the progress of the investigation into their concerns throughout.

The number of Whistleblowing Concerns at Stage 1 and Stage 2 where an extension was authorised as a percentage of all concerns received is detailed below:

Whistleblowing Concerns Closed where an Extension was Authorised

	Number Received	Extension Authorised	As Percentage of All Concerns
Stage 1	-	-	-
Stage 2	1	1	100%

4.7 Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to INWO during 2023/2024.



Whistleblowing 2023-2024

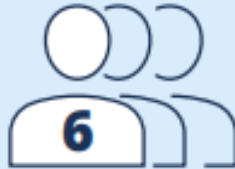
At a glance

Concerns received



1 whistleblowing concern raised

resulting in one closed concern not being upheld.



6 anonymous and unnamed concerns.



No press articles were received.



Whistleblowing Training

Whistleblowing training was provided to over **1000** staff and **178** managers.



Whistleblowing Champion

A Whistleblowing Terms of Reference for Commissioning Officers has been developed to include the requirement to update the Whistleblowing Champion on a monthly basis to ensure investigations are fully supported.



Confidential Contacts

The campaign to increase the existing pool of Confidential Contacts is complete. There are now 22 trained Confidential Contacts available to provide support to staff.



Whistleblowing materials

The suite of Whistleblowing Materials have been reviewed and updated and are available on StaffLink to support managers and staff.

5. Learning, Changes or Improvements to Services or Procedures

Managers must record all Whistleblowing Concerns in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the Action Plan will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An update on the learning, changes and improvements to services in relation to the one Whistleblowing Concern received during Quarter 1 of 2023/2024 is detailed within Section 3.1.

For the Whistleblowing Concern that has been received, a documented Action Plan has been put in place to address any shortcomings or apply the identified learning acknowledged during the investigation. The Action Plan is agreed and overseen by the Head of Service responsible for commissioning the investigation under the Standards and they will have the opportunity to agree and advise how best this will be shared.

All recommendations identified from the investigations received to date have resulted in improvements being made within the respective areas of the Board. Any learning identified has also been considered when actioning improvements being made, as detailed within Section 3.1 of this report.

6. Experience of Individuals Raising Concerns

All those who raise concerns or are involved in the Whistleblowing process should be given the opportunity to feedback on their experience of using the Board's Whistleblowing procedures in order that we can learn and make any improvements in our processes, without compromising confidentiality.

Whilst no formal feedback has been received from those members of staff who have raised concerns during 2023/2024, we recognise and encourage the importance of receiving feedback from individuals who have used the standards. To support this going forward, 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, for staff to share their thoughts on the process.

The Whistleblowing Champion has shared some informal feedback she has received directly from a staff member involved in raising a recent concern. Their feedback has provided assurance that the Board's Whistleblowing processes overall helped identify issues to be addressed and was likely to improve oversight and patient care in the service in question. However, the staff member also indicated that, for them, the process was extremely stressful and ultimately resulted in them choosing to leave the Board to take up employment elsewhere. The honest and open reflection of those directly impacted by concerns raised during the Whistleblowing process helps the Board identify areas where further improvement may be needed.

As part of the iMatter Survey, for the first-time staff were asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to. Work continues through the local operational group and Chief Executive newsletters to promote speaking up across the Board.

An overview of the NHS Fife and H&SCP iMatter Raising Concerns responses are provided below, for information:



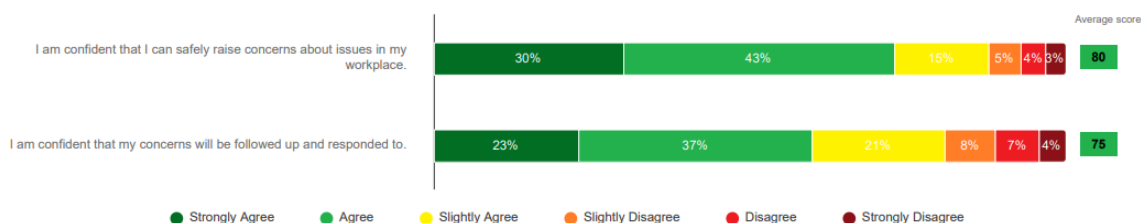
Raising Concerns Report

NHS Fife

Total number of respondents: 7710

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7578



7. Future Planning for 2024/2025

NHS Fife is committed to on-going learning and improvement, and we will make several enhancements to our Whistleblowing arrangements in the year ahead, as follows:

- A new Whistleblowing Oversight Group and Decision-Making Team is to be established, with broad representation from across a range of professional services, including the Board's Whistleblowing Champion, to drive forward improvements in our processes and ensure implementation of INWO best practice and guidance.
- Whistleblowing responsibility will move from Director of Workforce to the Board's Chief Executive, as per good practice from the INWO.
- Plans for a dedicated staff resource, in the form of a Speak Up Co-Ordinator, to enhance our outreach work across the organisation, support training and provide administrative support for Whistleblowing reporting and tracking of concerns.
- A process for Confidential Contacts to capture activity to allow the Board to understand themes of staff contact and experiences with this group.
- A Whistleblowing Activity Tracker to ensure that a single point of recording on Datix is maintained is currently being considered to enhance our Governance reporting processes.
- The provision of recording Anonymous Concerns in Datix and any adjustments required to support this change is to be considered to aid reporting.
- Continual monitoring and review of Speaking Up Guidance and informational materials.
- Focussed work to gather feedback from those involved in Speaking Up processes.
- Review of internal systems and build on digital solutions to capture the experiences of those involved and data reporting.
- Communications Strategy will include introduction of a user-friendly infographic on the many ways to speak up in NHS Fife and Speak Up week engagement events.

8. Whistleblowing Champion Statement

Ms Kirstie Macdonald was appointed by Scottish Government in 2021 as Whistleblowing Champion and Non-Executive Member of the NHS Fife Board. Ms Macdonald has offered the following comments relating to whistleblowing work and the implementation of the National Whistleblowing Standards during 2023/2024.

The Standards provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.

The Standards are part of the greater remit to ensure an open, responsive and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. Feedback from those involved in concerns and from Internal Audit have identified key areas for improvement, which have been acknowledged and agreed by the leadership team. This year many more staff in NHS Fife have kindly agreed to act as Confidential Contacts. The Board is grateful to the commitment Confidential Contacts have made to supporting colleagues. Further work needs to be carried out at pace to implement recommendations and to ensure everyone knows how to raise concerns, that there are no barriers to speaking up for certain groups and that nobody feels that they will suffer any form of detriment when Speaking Up. This is all the more important during this period of reform and transformation.

I am pleased to report that NHS Fife and Fife Council have carried out extensive work to ensure a robust shared process and reporting for concerns raised within the Health & Social Care Partnership.

Looking to the year 2024/2025, important developments will include:

- *Improved tracking of concerns and triangulation with Quality and Patient Safety;*
- *Improved reporting to include feedback from anyone involved in any part of the concerns process;*
- *Review of Governance arrangements to move Whistleblowing oversight away from the Workforce Directorate;*
- *Renewed communication on all channels through which people can raise concerns and how people will be supported;*
- *Increased support for Confidential Contacts; and*
- *Launch of a new Whistleblowing Oversight Group.*

Appendix 2 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Whistleblowing Training Undertaken During Quarter 4, along with an update on the status of actions from previous Whistleblowing Annual Reports and Internal Audit Reports

1. Whistleblowing Concerns Received During Quarter 4

There were no Whistleblowing Concerns received during Quarter 4.

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
Nil			

2. Anonymous / Unnamed Concerns Received During Quarter 4

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. 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 4:

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
Anonymous Complaint 1	Alleged Bullying Behaviours	HSCP – Primary & Preventative Care
Anonymous Complaint 2	Alleged Culture of Bullying	HSCP – Primary & Preventative Care

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

Both Anonymous Complaints lodged during Quarter 4 were progressed as business as usual. As both complaints were too general in nature, a survey was undertaken by Senior Managers outwith the Service and responses are currently being collated. Any update on the Themes, Actions Taken and Lessons Learned will be provided in future quarterly reporting.

4. Local Press Coverage During Quarter 4

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		Nil	

5. 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.

During Quarter 4, 2.38% of employees completed the Whistleblowing: An Overview eLearning training; 6% of Line Managers have completed the Whistleblowing for Line

Managers training; and 6.33% of Senior Managers have completed the Whistleblowing for Senior Managers.

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.

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 March 2024.

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
2023/2024 Actions				
Process for Confidential Contacts to capture activity, i.e. themes and experiences	Developing a meeting form to identify themes and a guidance form for Confidential Contacts to use and complete.	Sandra Raynor	30 June 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 December 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		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		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		On Hold

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
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	Complete
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
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

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
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				
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 / Gillian MacIntosh	December 2024	In progress
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
2021/2022 Actions				
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

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
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
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:	Tuesday 14 May 2024
Title:	Update on Corporate Risks Aligned to the Staff Governance Committee, incorporating Deep Dive: Pharmacy Workforce Overview
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 6 March 2024. Members are invited to:

- Note details of the Corporate Risks as at 23/04/2024 set out at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2 and the Risk Matrix at Appendix 3;
- Consider and be assured on the mitigating actions to improve the Risk levels;
- Conclude and comment on the assurance derived from the report.
- Discuss the Pharmacy Workforce Deep Dive.

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 current 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	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
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	<div style="display: flex; justify-content: space-around;"> 2 - - - </div>	◀▶	<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	<div style="display: flex; justify-content: space-around;"> - 1 - - </div>	◀▶	<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 11 – Workforce Planning and Delivery

Following previous discussion at Operational and Strategic Workforce Planning meetings, at its meeting on 6 March 2024, the Staff Governance Committee endorsed the proposal to revise the wording of the risk description to more accurately reflect the specific nature of the workforce challenges facing the Board. This is reflected in Appendix 1.

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

Work continues on HCSA implementation. This includes preparing to be in a position to formally report on progress to Scottish Government from 1 April 2025. A separate update on HCSA preparations is on the agenda for the Staff Governance Committee meeting on 14 May 2024. The target timescale has been adjusted from 1/4/24 to 22/7/24 by which point the Board will have received Scottish Government feedback on the final quarterly report for 2023/2024.

Deep Dive Reviews

A Pharmacy Workforce Review, in the form of a Deep Dive, will be provided as a presentation to the Staff Governance Committee on 14 May 2024.

Next Steps

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

assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position.

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

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 20 March 2024, the NHS Fife HCSA Local Reference Group on 22 March and 18 April 2023 and the NHS Fife Staff Health & Wellbeing Group on 24 April 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.

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 23 April 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 23 April 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	<p>Workforce Planning and Delivery</p> <p>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.</p>	<p>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 and now aligning to new RTP Programme.</p> <p>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.</p> <p>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 and new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, offering up to 15 places for pupils interested in health related careers.</p> <p>Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between</p>	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>supply, demand, the financial envelope and identifying workforce and non workforce solutions services are progressing to mitigate workforce risks and balance service delivery.</p> <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>Consideration of impact of non pay elements of Agenda for Change staff pay award for 2023/2024 in respect of Band 5 review.</p> <p>Consideration of impact of non pay elements of Agenda for Change staff pay award for 2023/2024 in respect of protected learning time.</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>						



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>Recruitment of 104 Registered Nurses and Radiographers as part of International recruitment initiative to support workforce resilience.</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, 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>A HSCP reference group has also been established, with multi service representation including named CI registered managers. Sector leads from 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>						



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	<p>Staff Health and Wellbeing</p> <p>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>	<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 and review 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 promote staff wellbeing. This includes commencing multifactorial reviews within targeted areas to develop bespoke support to both staff and managers in these areas as part of the 2024 / 2025 initiatives, overseen by a new Board wide assurance group.</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, is now well established. Frequency of meetings increased to monthly from September 2023.</p> <p>Nationally led Chapter Guidance testing and monthly national Chapter Testing Group and fortnightly monitoring meetings have now concluded. Five SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness, three remaining SWOTs to be shared and logged with national team.</p> <p>N&M Workforce Lead in post since March 2021, with SG funding provided.</p> <p>HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p> <p>Quarterly progress returns submitted to SG. Enhanced local engagement and reporting achieved via introduction of MS Forms to capture latest activity in respect of Act requirements. Feedback informs local action plan.</p>	<p>Moderate 12</p> <p>(L4x C3)</p>	<p>Mod 9 (L3x C3) by 22/07/24</p>	<p>◀ ▶</p>	<p>Within</p>	<p>Director of Workforce</p>	<p>Staff Governance (SGC)</p>

		<p>Regular updates provided to APF, EDG and SGC.</p> <p>Board participation in national SG /HIS event on 12 March 2024, Speech & Language Therapy service recorded HIS podcast to support shared learning.</p> <p>This risk on the preparations for HCSA implementation is monitored via the NHS Fife HCSA Local Reference Group.</p>						
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Risk Movement Key

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

Appendix 2 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 3 - 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:	Tuesday 14 May 2024
Title:	Draft Staff Governance Committee Annual Statement of Assurance 2023-2024
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1. Purpose

This is presented for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

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

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Staff Governance Committee is invited to review the draft of this year's report and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes

account of initial comments received from the Committee Chair and members of the Workforce Senior Leadership Team.

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2023-24, including linkage to the Staff Governance Standard, with a view to improving the level of assurance given to the NHS Board.

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

The Staff Governance Committee 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 on the Committee's discussions on risks aligned to its remit is detailed within the report.

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

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

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and 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:

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

3. List of Appendices

Appendix 1 – Annual Statement of Assurance for NHS Fife Staff Governance Committee for 2023/2024

Report Contact:

Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2023/24**

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, is built upon partnership and collaboration, and within the direction provided by the NHS Scotland Staff Governance Standard.
- 1.2 To assure the NHS Fife Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.
- 1.4 To oversee and evaluate staff governance activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the staff governance and related risk management aspects of transformative change programmes and new and innovative ways of working.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Staff Governance Committee comprised: -

Sinead Braiden	Chair / Non-Executive Member
Wilma Brown	Employee Director (until October 2023) / Interim Co-Chair, Health & Social Care Partnership Local Partnership Forum (from November 2023)
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum (until October 2023)
Colin Grieve	Non-Executive Member
Janette Keenan	Director of Nursing
Kirstie Macdonald	Non-Executive Member & Whistleblowing Champion
Mansoor Mahmood	Non-Executive Member (until December 2023)
Lynne Parsons	Employee Director (from October 2023)
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Director of Acute Services, Director of Health & Social Care, Heads of Service for the Workforce Directorate, and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2024, on the undernoted dates:

- Thursday 11 May 2023
- Thursday 13 July 2023
- Thursday 14 September 2023
- Friday 6 October 2023 (Development Session)
- Thursday 9 November 2023
- Thursday 11 January 2024
- Wednesday 6 March 2024

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 The Staff Governance Committee's first meeting of the 2023/24 reporting year took place in May 2023. To address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'), the Committee considered the biennial report on the Equal Pay Audit, which addresses the legislative requirement to publish data on the Board's pay gap, highlighting the percentage difference in the average basic hourly earnings between male and female employees. The report also contains the pay gap information for disabled employees and employees from a Diverse Ethnic background. The Committee took assurance from the data within the report, which highlighted an improved position for the gender and race pay gap, and noted the explanation regarding an increase in the disabled employees' pay gap (this largely due to the number of employees registering their protected characteristic and some in-band amendments to reduce the number of scale points within the Agenda for Change pay scale). In July 2023, supporting further information being made available to the Committee on this strand of the Standard, members received an update on the range of work underway to support Equality, Diversity and Human Rights. In early 2024, NHS Fife introduced its first full-time British Sign Language (BSL) Interpreter, who can support Deaf BSL users across all aspects of NHS Fife services, including primary and community care. This post has enabled NHS Fife to have a significant increase in the number of appointments with BSL interpretation support compared to previous years, and it also enables fewer delays in care and improved communication by continued support to individual patients from the same interpreter.

4.2 As part of the equality workstreams, the development of a Trans Policy is progressing and plans to reinvigorate the Diverse Ethnicity Network were discussed by members in July 2023, noting that learning from other Boards in relation to their successful operation of groups to support minorities in the workplace should be undertaken, to ensure that staff on the ground feel supported and have the opportunity to influence the organisation's policies and values in these areas. In January 2024, the results of a survey that aimed to understand the experiences of NHS Fife's ethnically diverse staff members in relation to racism and discrimination was considered by the Committee, including if (and how) staff record these incidents, and the opinions and understanding of the NHS Fife Diverse Ethnicity Network. Members considered the feedback within the survey, discussing what further work is required to support staff, particularly around communication to patients and their families around standards of expected behaviour with staff. A recognition that another tool than DATIX for recording of racist and discriminatory incidents would be beneficial was supported by the Committee, to make reporting unwanted behaviours as easy as possible. Members commended the plans to take forward the action points from the survey via the Equality & Human Rights Strategy Group and supported the planned activity with newly appointed international recruits to support their leadership development and assistance with adapting to the culture of their new country.

4.3 At its September 2023 meeting, members reviewed the updates on NHS Fife's Three-Year Workforce Plan 2022-25 and Fife Health & Social Care Partnership's Workforce Strategy

and Plan covering the same period. Both documents have been written with due acknowledgement of the current service pressure backdrop and legacy challenges of the pandemic. The content covers the main professional groups and details the demands and challenges these areas are respectively facing over the period of the plans. It was reported that updates to Scottish Government on the delivery of these plans were now being captured in the Board's Annual Delivery Plan submission. The Committee noted that the Board's Annual Internal Audit report for 2022/23, and also the Internal Control Evaluation report considered by members in January 2024, had both highlighted that it is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level, which itself appears optimistic in the current circumstances. Given the challenges faced across the Health & Social Care Sector, it was highlighted that further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled. The Committee therefore discussed proposals to strengthen the planning process locally, in addition to risk identification and mitigation, assisted by Scottish Government feedback on the original plan submission. Members noted the need for regular updates to the Committee on the delivery of the action plan, to address both the governmental feedback and the recommendations from Internal Audit. The potential benefits of a new workforce modelling tool were recognised at the Committee's March 2024 meeting. This 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. Trialling of the tool across a number of specific services thus far indicates it will be an extremely useful addition to the planning process, helping to prioritise recruitment and training activity to best effect. A Committee Development Session will be held in the new reporting year to support the fuller understanding of members of this initiative.

- 4.4 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. The Plan includes specific sections on workforce, including exploring sustainable actions aimed at addressing workforce shortages, with a separate section on the Board's workforce plan. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A performance report on the delivery of the various improvement actions was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery, noting that for Staff Governance's area of remit, these related to challenges with staff bank reconciliation, promoting employability priorities linked to the workforce ambitions within the Anchor strategy, and creating and nurturing a culture of person-centred care through the development and implementation of a leadership framework. The Committee noted that slower-than-anticipated progress in terms of Employability was impacted by staff shortages in this team and the Associate Director of Culture, Development & Wellbeing vacancy, which were due to be resolved in the near future.
- 4.5 Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. An Annual Report, to be produced in May 2024, will include a refreshed set of deliverables, reflecting organisational priorities and the commitments made within the Annual Delivery Plan. Since formal Board approval of the new Population Health & Wellbeing Strategy in March 2023, the Committee has had a role

in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within, and, going forward, will have a particular focus on Staff Governance related aspects of the delivery actions. The Committee commented favourably on the assurances provided by the mid-year report, offering commentary on the areas that could be strengthened in follow-up reporting, by the inclusion of additional metrics and contextual information.

- 4.6 A comprehensive Action Plan created to detail the Board's ambitions to support staff health and wellbeing activities, including work around promoting attendance, was reviewed by members in January 2024. The Action Plan aligns to the commitments set out in the Board's three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey. Detail was given within on the services available to help support staff during this time of continuing high levels of activity on all services (including Mindfulness training, peer support and Values Based Reflective Practice® to help support returning staff and their managers), outlining also the permanent staff hubs opened across NHS Fife sites following support from Fife Health Charity. The Committee received assurance that the current commitment to staff health and wellbeing activities, including investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term. Members also welcomed the information given on the various offers of support available to staff and the positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee.
- 4.7 In January 2024, the Committee received a detailed assurance report highlighting that the risk to staff and building users from the presence of Reinforced Autoclaved Aerated Concrete (RAAC) identified for further assessment within the NHS Fife estate was being fully mitigated against, noting that any potential building areas requiring further investigation are not in high footfall areas or are generally accessible, and will be subject to ongoing condition monitoring and inspection. Longer term, members noted that repair of these sites would form part of a Scottish Government programme of repair and maintenance. The Committee was able to take a robust level of assurance from the mitigating actions put in place to ensure any risks to staff working within the relevant buildings had been fully addressed.
- 4.8 An update on the implementation of safe staffing legislation, The Health and Care (Staffing) (Scotland) Act 2019, was considered by members at the Committee's September 2023 meeting, detailing the timetable in place to support the sequence of actions required for full implementation of the legislation by April 2024. The Strategic Workforce Planning Group has been providing oversight at an operational level. The Committee recognised that meeting the commitments outlined in the legislation will be challenging, given that services have operated below these at times of high activity, with potential implications for patient safety. New service models require development and enhanced systems, governance and risk management processes put in place before the legislation comes into operation. The Committee took assurance from the work being undertaken to prepare for the Act's implementation, recognising the challenges to be addressed as the Board undertakes Guidance Chapter testing and Workload Tool runs. Further updates have been given to the Executive Directors' Group and the Fife NHS Board, to provide assurance that NHS Fife is undertaking all the appropriate readiness actions needed to support the roll-out of compliance activities.
- 4.9 The Board has implemented the National Whistleblowing Standards, which apply across all NHS Scotland Boards. Since their introduction, the Committee has since 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 as a Board member, 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. 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. Beyond the services delivered directly by each NHS Board, the Whistleblowing Champion also has responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly (including primary care services, contracted services and those delivered by HSCPs) are meeting the requirements of the Standards.

- 4.10 Further enhancement to the format of quarterly Whistleblowing reports has taken place, in particular to detail lessons learned from cases, to evidence an open and learning culture. An action plan has been created to address a number of Internal Audit recommendations outlined in the Whistleblowing Internal Audit Report B18/23 (tabled to the Committee's July 2023 meeting), which indicated that there was a reasonable level of assurance able to be reported to the Board from work in this area. Delivery of the supporting action plan has been successfully completed in the reporting year, to help address the auditors' recommendations.
- 4.11 Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing firm assurance of the organisation's culture and values overall remains a work-in-progress within the formal reporting mechanism. In September 2023, members were pleased to note the positive staff feedback in the iMatter survey, which indicated that around 80% of respondents felt able to raise any concerns internally. In November 2023, details on expanding the group of Confidential Contacts, plus enhancing the support available for them, was considered. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been strengthened in ongoing reporting to the Staff Governance Committee and the Board. A third online training module for managers responsible for recording and reporting Whistleblowing concerns has been introduced, details on the uptake of which are contained in the reports to the Committee.
- 4.12 It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff stories in future reporting, to provide a more nuanced reflection of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its November 2023 meeting, which included an assurance statement from the Whistleblowing Champion. One Whistleblowing concern was raised during 2022-23, with two anonymous concerns (recorded for management purposes) submitted also during the year. The Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases, work which will continue into this financial year via a refreshed approach that will seek to introduce separation of Whistleblowing governance and oversight from the Workforce directorate. Further details on this were provided in a briefing to the Committee at their March 2024 meeting.
- 4.13 The Board's Non-Executive Whistleblowing Champion, Kirstie Macdonald, has provided the following statement in support of the information above:

The Standards provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.

The Standards are part of the greater remit to ensure an open, responsive and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. Feedback from those involved in concerns and from Internal Audit have identified key areas for improvement, which have been acknowledged and agreed by the leadership team. This year more staff in NHS Fife have kindly agreed to act as Confidential Contacts. The Board is grateful to the commitment Confidential Contacts have made to supporting colleagues. Further work needs to be carried out at pace to implement recommendations and to ensure everyone knows how to raise concerns, that there are no barriers to speaking up for certain groups, and that nobody feels that they will suffer any form of detriment when Speaking Up. This is all the more important during this period of reform and transformation.

I am pleased to report that NHS Fife and Fife Council have carried out extensive work to ensure a robust shared process and reporting for concerns raised within the Health & Social Care Partnership.

Looking to the year 2024/25, important developments will include:

- Improved tracking of concerns and triangulation with Quality and Patient Safety;*
- Improved reporting to include feedback from anyone involved in any part of the concerns process;*
- Review of Governance arrangements to move Whistleblowing oversight away from the Workforce Directorate;*
- Renewed communication on all channels through which people can raise concerns and how people will be supported;*
- Increased support for Confidential Contacts; and*
- Launch of a new Whistleblowing Oversight Group.*

4.14 The Board held a dedicated discussion at its April 2023 Development Session on behaviours and values, which has helped set the scene for this year's initiatives. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Datix incidents and Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board. The Committee welcomed the nationally-led 'Speak Up' week for staff, including the widespread promotion of the 'Know Who To Talk To' campaign, noting this reflects an organisation that is open, wants to learn from concerns or issues and, importantly, values the opportunity to address them. This campaign will be run again in this reporting year and learning from previous work will be incorporated to make the outreach to staff more robust.

4.15 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director, which are further discussed via the Remuneration Committee. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. For the Staff Governance Committee's areas of remit, particular objectives related to supporting the implementation of safe staffing legislation, developing a sustainability plan for the nursing and midwifery workforce, and creating a leadership programme to increase team performance. Each of the objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference

the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.

- 4.16 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered both the planning for and the results of the most recent iMatter staff survey in the reporting year. In September 2023, members welcomed the improved position evident from the survey part of the process (the action planning stage then ongoing at that point in the year). The Committee recognised that the NHS Fife response rate (of 66%) continues to be higher than the NHSScotland average of 59%. The employee engagement index for 2023 was 77, an increase of 2 points compared to 2022. The overall experience of working for NHS Fife was 7.0, up 0.2 from 2022. A report delivered to members in January 2024 reviewed the survey's findings in more detail. Members warmly welcomed the news that Fife's response rate and action plan engagement rate (67%) was the highest achieved across all of the 14 territorial Boards in Scotland, reflecting the large amount of preparatory work and ongoing engagement activity by the Workforce Development team. Further improvement actions are planned to support the transfer of team results into meaningful action plans, particularly around the administration of these, which will be a focus in the next assessment exercise. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented to the Committee in future.
- 4.17 In relation to the general issue of Primary Care sustainability, in March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process had recently been concluded, with notes of interest currently being assessed before the formal decision-making process was undertaken. The proposal was assessed by the Committee at its May 2023 meeting, noting the recommendation made regarding a preferred bidder. Members of the Committee, including staff-side colleagues, took assurance from the detailed engagement and communication with staff affected by the changes to the practices, particularly in relation to the Transfer of Undertakings Protection of Employment Regulations (TUPE).
- 4.18 In July 2023, the Committee considered the new Primary Care Strategy covering the period 2023 to 2026, noting its alignment to the Fife Health & Social Care Partnership's Strategic Plan and NHS Fife's Population Health & Wellbeing Strategy, particularly around addressing health inequalities and equitable access to services. Supported by a three-year delivery plan outlining actions to support recovery of and improve quality and sustainability of primary care services, members endorsed the plan for formal approval through the Fife Integration Joint Board.
- 4.19 In November 2023, the Committee was able to take assurance from their review of the Primary Care Improvement Plan update for 2023/24, which underpins the Board's delivery of the General Medical Services contract and is closely aligned to the ambitions of the Population Health & Wellbeing and Anchor strategies. Discussion focused on the planned commitment to progress new service delivery through the continued development of the Primary Care workforce as robust multidisciplinary teams and in support of GP Practice sustainability. Noting the general workforce challenges across Scotland, members were supportive of a focus on growth and development of staff, agreeing that opportunities for career progression will support with recruitment and retention of the Primary Care workforce and translate into sustainable delivery in the long-term.
- 4.20 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the Committee's November 2023 meeting. The approval and introduction of the national

Supporting Work / Life Balance suite of policies was outlined. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement. The group also considers any new policies required and has commissioned some work to develop new local guidance on Grief in the Workplace, Agile Working and Exit Interviews.

- 4.21 At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated trajectory (this remaining above the national 4% standard throughout the year, ranging across the period from c.6.95% to 7.85%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage.
- 4.22 In May and July 2023, the Committee discussed an Attendance Management Update, outlining the various activities underway to help support staff stay healthy. Noting that supporting resources are limited, both the Director of Workforce and EDG have been considering how best to take forward plans and actions to address performance, recognising linkages to the Bank and Agency programme of work, the establishment gap and the number of vacancies, particularly within certain areas and specialities. In March 2024, plans aimed at improving absence trends for 2024/25 were scrutinised by members. These included the reestablishment of the Attendance Management Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice and promoting the Staff Health and Wellbeing offers. It was acknowledged that addressing performance in this area was a complex challenge that required all stakeholders to work together cohesively. Members look forward to having input to this work in the year ahead.
- 4.23 The Committee has been assigned additional performance metrics, following an overall review of the IPQR content in the last reporting year. Noting that not all workforce metrics lend themselves to routine performance reporting, it was agreed that three additional measures are to be monitored by the Committee. These are Personal Development Planning & Performance Review (PDP), core training compliance and data on the Workforce Establishment Gap. In November 2023, the number of vacancies was added to the report as an additional metric to track and this received initial scrutiny at the Committee's January 2024 meeting (members welcoming the reduction in vacancies across medicine job families). Further performance-related measures continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics currently captured in the Committee's quarterly Workforce Information Overview report (such as reasons for and destination of leavers from NHS Fife, to help support retention-related work).
- 4.24 In relation to PDP performance and mandatory training uptake, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Stubbornly reduced levels of current performance reflect the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal. In July 2023, a detailed update on training compliance for the period as at May 2023 was reviewed by members. After noting a reduction in mandatory training completion levels over 2021/22, the

organisational aim is to achieve and maintain a compliance level at or above 80% by 31 March 2024. The June 2023 position was 60%, with the prioritisation of resuscitation, manual handling, and fire safety training being undertaken as part of the improvement activity.

- 4.25 As reported to the Committee in November 2023, the end of October position saw a small improvement to 63%. As reported in March 2024, the January position had reduced to 56%, indicating that further significant work was required to meet the target. PDPR performance continues to similarly fluctuate across the year and is also some way off target (41% against the required 80%, at January 2024). Details on some of the operational actions being led by the Area and Local Partnership Forums were given, in addition to the cross-service work across departments that is underway to help secure time for staff learning and development, whilst very high system pressures continue. The Committee will continue to keep these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area.
- 4.26 The Committee has considered during the year a regular Workforce Information Overview report tabled on a quarterly basis, containing enhanced data, which is intended to provide added context to the Committee in support of their role. Utilising the Tableau visualisation tool, this seeks to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis to reports. In July 2023, it was reported that further improvements to the format of the report were to be undertaken, to present the information in a more meaningful way. Specific updates have also been given at meetings on areas such as staff wellbeing activity and occupational health referrals, number of employee relations cases, and spiritual care services activity. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.
- 4.27 Members considered the annual Staff Governance Monitoring Return draft submission for 2022/23 at the Committee's meetings in September and November 2023, the national template for which is constructed around the five Staff Governance Standard strands and seeks to gather information on staff experience and culture. Members were assured that close engagement has been undertaken with a variety of stakeholder groups and staff-side colleagues to help gather the information and data used to populate the return, prior to its formal submission to Scottish Government in December 2023. The feedback from Scottish Government from the previous year's exercise was also considered, which identified particular areas of focus for subsequent plans. Delegated authority for formal approval of the final return was given to the Committee Chair and Employee Director, in order to meet the Scottish Government's deadline of 4 December 2023.
- 4.28 As part of its work in addressing across its agenda items, the Staff Governance Standard, the Committee has received a number of presentations and papers on the strand 'Provided with an improved and safe working environment', promoting the health and wellbeing of staff, patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management for these items. In May 2023, members heard details of two pilot projects (within an inpatient ward area and a community team each within the wider Learning Disability Service) of the Health & Safety Executive's 'Talking Toolkit', which aims to alleviate workplace-related stress. Feedback indicated that the participants found this a helpful initiative and, as such, there were plans to make this available to other teams through an organisational roll-out. The Committee took assurance from the pilot work, noting the importance of creating dedicated space and time for staff to engage with programmes such as this, especially in pressured areas.
- 4.29 Updates such as this to the Committee have detailed the work being undertaken by the Estates & Facilities, Health & Safety, Property and Capital Development teams within the wider directorate to provide a continuously improving working environment for staff. The

Health & Safety Sub-Committee, which reports formally into the Clinical Governance Committee, is the standing governance committee leading on this work. A range of risk-specific groups (such as the Water Safety Group, Decontamination Group, etc.) provide specialist oversight, with close working with a number of Fife-wide services such as Infection Prevention & Control.

- 4.30 The Committee has held one dedicated Development Session over the course of the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In October 2023, the Committee received a presentation on the Health & Safety Executive's Talking Toolkit, outlining the pilot of a tool to help improve Mental Health and Stress in the workplace (as described further in paragraph 4.23). A second presentation was delivered at the same session on staff experience across NHS Fife and the Fife Health & Social Care Partnership, utilising the data from the recent iMatter survey. This has helped support the regular reporting on this workstream to members over the course of the year. Regrettably, the Committee Development Session scheduled for February 2024 was cancelled due to service pressures, but a schedule for 2024/24 are to be arranged to ensure these opportunities for members continue.
- 4.31 Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing the breadth of activity undertaken by the service in support of staff health and wellbeing); (ii) Volunteering (outlining the work done within the team to support c.80 volunteers within clinical areas and settings); (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2022/23 and the priority actions underway by both staff-side groups. The Committee has also received a presentation on work underway supporting staff who also serve in the Armed Forces, offering members insight into the Board's efforts in administering the Armed Forces Covenant, in line with statutory obligations.
- 4.32 The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2023, the Committee received the Annual Internal Audit report for 2022/23, with members noting the auditors' low-risk recommendations related to Staff Governance, these being including a statement from the Whistleblowing Champion in the Committee's year-end report and evidencing adequate coverage of the Staff Governance Standard throughout the Committee's yearly workplan. In relation to the latter, improvements have been made to the categorisation of agenda papers to make explicit which Staff Governance Standard each is addressing, as reflected also in the Committee's annual workplan, which is considered at each meeting. This signposting gives members improved assurance that the Committee's coverage of agenda items throughout the year delivers on the respective strands of the Standard.
- 4.33 Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas of the NHS Scotland Staff Governance Standard gives assurance to the Board that the Committee's agendas are delivering on all aspects of its remit. A stand-alone paper evidencing the Committee's full coverage of addressing the Standard was considered by the Committee at year-end, in March 2024. This detailed the number of agenda items considered by members across the 2023/24 year that addressed each of the five strands of the Staff Governance Standard. Additionally, the regular review of delivery of business against the Committee's workplan ensures that the annual agenda is suitably robust in its coverage and items are promptly rescheduled should any slippage arise. The delivery of Committee Development Sessions is a further way to capture members' input into the

business covered across the year, with topics scheduled to address any member requests for greater understanding or training in a particular topic.

- 4.34 Minutes of Staff Governance Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2023/24.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the areas of the Corporate Risk Register aligned to it for regular monitoring. These Corporate risks relate to Workforce Planning & Delivery and Staff Health & Wellbeing, and both of these have remained rated as 'High' over the course of the year, with each aiming for a target rating of 'Moderate'. Progress with appropriate mitigating actions were duly noted at each meeting. For Workforce Planning, the risk remains beyond appetite, reflecting the generally pressured situation across all NHS Boards, particularly in relation to high vacancy levels, recruitment challenges for registrants and within certain specialities, and an overreliance on Bank & Agency staffing. Local initiatives aimed at addressing these included a Rapid Recruitment event, further International Recruitment activity, preparation for the April 2024 implementation of the Health & Care Safe Staffing Act, and specific workforce actions aimed at the Nursing and Midwifery job families. In relation to Staff Health & Wellbeing, a focus on Promoting Attendance and working in close partnership with staff-side colleagues to further develop wellbeing opportunities, to support recruitment, development and retention of staff, are some of the mitigation actions underway. The Committee has requested further detail around the effectiveness and timescales for completion of these, noting that the risk profile for the Committee remains stubbornly outwith appetite and target.
- 6.2 In November 2023, the Committee agreed to proposals to include with the Corporate Risk Register a dedicated risk concerning the risk of non-compliance with the Health & Care Staffing Act, coming into force in April 2024, and reflecting the preparatory work required to meet the terms of the legislation. This was subsequently approved by the Board and added to the Committee's risk monitoring activity from the January 2024 meeting. In March 2024, amendments to the Workforce Planning and Delivery risk were proposed, to explicitly reflect the emergent potential impact of the non-pay elements of the Agenda for Change reform (i.e. reduction of the standard working week, protected learning time for staff and re-grading opportunities for Band 5 nursing staff).
- 6.3 In addition to the summary presentation of the aligned risks, members have received deep-dive information on individual aspects of the overall risk. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is

expected to continue to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions. In May 2023, the Committee undertook a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. The Director of Workforce delivered a presentation, outlining the establishment of a Bank & Agency Programme Board, to work with services to deliver an improved model of operation and reduce spend in this area. The Programme Board also aims to deliver the Scottish Government's Supplementary Staffing Agency Controls directive, which removes the use of off-framework agencies from 1 June 2023. The complexity of the issue is recognised by the Committee, reflecting the need to ensure safe staffing levels remain in place, whilst vacancy challenges are also addressed.

A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The use of off-framework agencies has reduced significantly, though spend with framework agencies has increased to compensate. On a positive note, the bank has not increased in line with the reduction in off-framework agency use, which provides some indication of less reliance on supplementary staffing. The Committee discussed the need for rigour around requests for bank and agency staff, complemented by realistic plans for appropriate staffing to allow delivery of services. The reduction on locum doctors was welcomed, noting the conversion of some of the Junior doctor locums into Gateway doctor posts, which has resulted in significant savings in that area. The Committee recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. This was the conclusion of the report tabled to the Committee's March 2024 meeting, with members noting that the initiatives that were continuing at pace in this area offered a degree of confidence in the work realising its planned impact, as the programme transitioned into 2024/2025


- 6.4 The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including recruitment initiatives (such as the Band 4 Assistant Practitioner roles and support for local employment programmes, as part of the Board's Anchor Institution ambitions) and detail on the raft of staff health and wellbeing activities put in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be achieved without use of supplementary staff, which is a position similar to many other territorial boards across Scotland. The deep-dive exercises undertaken by the Committee is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. As a result of these pressures, the Committee is only in a position to provide a reasonable level of assurance to the Board that that all actions within the control of the organisation are being taken to mitigate the risks highlighted to Committee members throughout the year, as far as it is possible to do so.

7. Self Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2023/24 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

- 8.1 As Chair of the Staff Governance Committee during financial year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see periods of exceptional demand. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff to deliver the best quality of care despite ongoing pressures.



Signed:

Date: ** May 2024

Sinead Braiden, Chair

On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2023 – 31 MARCH 2024**

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
S Braiden , Non-Executive Member (Chair)	✓	✓	✓	✓	x	✓
W Brown , Employee Director	✓	✓	x			
W Brown , Interim Co-Chair, H&SCP Local Partnership Forum				✓	✓	x
S Fevre , Co-Chair, H&SCP Local Partnership Forum	✓	✓	x			
C Grieve , Non-Executive Member	✓	✓	✓	✓	✓	✓
K Macdonald , Non-Executive Member	✓	✓	✓	✓	✓	x
M Mahmood , Non-Executive Member	x	x	x	✓		
J Kennan , Director of Nursing	✓	✓	x	x	✓	✓
L Parsons , Employee Director				✓	✓	✓
C Potter , Chief Executive	✓	x	✓	✓	✓	✓
A Verrecchia , Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	✓	x	✓	✓
In attendance						
L Barker , Associate Director of Nursing				✓		
I Bumba , Equality & Human Rights Lead					✓ Item 5.4	
N Connor , Director of Health & Social Care	x	x	✓	x	✓	✓
L Cooper , Head of Primary & Preventative Care Services	✓ Deputising	✓ Deputising				
C Dobson , Director of Acute Services	✓	✓	✓	✓	✓	✓
S Fraser , Associate Director of Planning & Performance		✓ Item 6.1	✓	✓	✓ Item 6.1	
L Garvey , Head of Community Care Services				✓ Deputising		
J Jones , Associate Director of Culture, Development & Wellbeing						✓
R Lawrence , Principal Lead for Organisational Development & Culture, Health & Social Care Partnership			✓ Item 6.2			
J Lyall , Chief Internal Auditor					✓ Item 9.2	
P Kilpatrick , Board Chair						✓ Observing
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
N McCormick , Director of Property & Asset Management	✓	✓			✓ Item 7.1	

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
M McGurk , Director of Finance & Strategy and Deputy Chief Executive	✓	✓	x	✓	x	x
B McKenna , Workforce Planning, Workforce Systems and Data Intelligence Lead	✓ Item 7.2					✓ Item 5.7
C McKenna , Medical Director					✓	
M McKinley , Senior Practitioner Advanced Practice and NHS Fife Armed Forces & Veterans Champion						✓ Item 5.9
M Michie , Deputy Director of Finance						✓ Deputising
J Millen , Workforce Development Officer		✓ Item 7.4	✓ Item 7.2		✓ Item 10.2	
D Miller , Director of Workforce (Exec. Lead)	✓	✓	✓	✓	✓	✓
L Parsons , Health & Social Care Local Partnership Forum (LPF) Representative			✓ Deputising			
S Raynor , Head of Workforce Resourcing and Relations	x	✓	✓	✓	✓	✓
K Reith , Deputy Director of Workforce	✓	x	✓			
R Waugh , Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

Best Value Framework

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Whistleblowing Standards Code of Corporate Governance	BOARD STAFF GOVERNANCE COMMITTEE	Annual	Whistleblowing Champion appointed as a Board member and a member of this Committee Regular quarterly and annual reporting on Whistleblowing activity and actions underway on how this reporting can be enhanced and expanded Model Code of Conduct included in annually reviewed Code of Corporate Governance

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Delivery Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance & Quality Report

GOVERNANCE AND ACCOUNTABILITY

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available.	BOARD COMMITTEES	Ongoing	Board section on NHS website, containing papers and instructions for those wishing to join meetings as public observers
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.</p>	Annual feedback	<p>CLINICAL GOVERNANCE COMMITTEE</p>	Annual	Annual Review with Ministers
	Individual feedback		Ongoing	Care Opinion
		<p>STAFF GOVERNANCE COMMITTEE</p>	Quarterly	Regular meetings with MPs/MSPs
			Bi-monthly	Integrated Performance & Quality Report
			Annual	iMatter survey (local and national) Reports
			Ongoing	Adverse Event reporting (Datix) and review.
			Quarterly and Annually	Whistleblowing Reporting
			Ongoing	Workforce Information Overview

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.</p>	<p>AfC appraisal process and Executive and Senior Manager Performance reporting.</p> <p>Medical performance appraisal (also reported to Clinical Governance Committee).</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	<p>Annual and as required</p> <p>Bi-monthly</p>	<p>Appraisal, Personal Development and Reviews & iMatter reports</p> <p>Integrated Performance & Quality Report</p>
<p>NHS Fife understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.</p>	<p>Core Training compliance reported</p> <p>Medical revalidation report and monitoring</p> <p>Nursing revalidation.</p>	<p>STAFF GOVERNANCE COMMITTEE</p>	<p>Ongoing</p>	<p>Minutes of Staff Governance Committee</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	<p>Service Improvement and Quality are core dimensions of AfC appraisal process.</p> <p>Executive and Senior Manager Objectives – core collective objectives include performance and leadership.</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	Ongoing	Minutes of Staff Governance Committee & Remuneration Committee

PERFORMANCE MANAGEMENT

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

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

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife promotes personal well-being, social cohesion and inclusion.	Healthy workforce	STAFF GOVERNANCE COMMITTEE BOARD	Ongoing	Healthy Working Lives Gold Award Equality Outcomes reporting

CROSS-CUTTING THEME – EQUALITY

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Equality Reporting	BOARD COMMITTEES	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA section on all reports
NHS Fife's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		CLINICAL GOVERNANCE COMMITTEE	Ongoing	Minutes

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife ensures that all members of staff are aware of its equality objectives.</p>	<p>Induction</p> <p>Equality and Diversity is core dimension in KSF (Knowledge and Skills Framework) that underpins the appraisal process for AfC staff</p> <p>Equality and Diversity Learn Pro Module</p>	<p>STAFF GOVERNANCE</p>	<p>Ongoing</p>	<p>iMatter reports</p> <p>Minutes</p>
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p>BOARD</p> <p>COMMITTEES</p>	<p>Ongoing</p>	<p>Strategy Development process</p> <p>EQIA section on reports</p>
<p>Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</p>	<p>BOARD</p> <p>COMMITTEES</p>	<p>Ongoing</p>	<p>EQIA section on reports</p>

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 14 May 2024
Title:	Update on Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019
Responsible Executive:	David Miller, Director of Workforce / Janette Keenan, Executive Director of Nursing
Report Authors:	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

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 Staff Governance Standard requirement that staff are:

- 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

Further to the report provided to the Staff Governance Committee in September 2023, the purpose of this paper is to provide an update on current progress in respect of Board wide preparations for the implementation of the Health and Care (Staffing) (Scotland) Act 2019, which came into effect from 1 April 2024.

There are also three specific areas for the Staff Governance Committee's information, the first is in relation to the implementation of eRostering, specifically the access to the SafeCare module and the benefits associated with the built-in reporting and risk escalation processes of this module. The alternative would be for in-scope services not utilising one of the existing profession specific Realtime Staffing resources to move to the Generic Health Improvement Scotland (HIS) Realtime Staffing Tool in the meantime and then to eRostering and SafeCare. It is noted this option would involve a duplication of effort and cost when eRostering is subsequently implemented, which ideally we would like to avoid as part of the Reform, Transform, Perform agenda.

It has been acknowledged that SafeCare will make the Real Time Staffing Tools obsolete for those Health Boards who have implemented the SafeCare module as part of the eRostering solution, as it offers similar functionality as the HIS developed Tools. It is also understood the SafeCare module can also run independently from the wider eRostering solution and this requires to be followed up with eRostering Programme colleagues, as a potential interim step.

The second issue is in relation to future internal reporting, pending formal annual reports, the recommendation set out within NHS Circular DL(2024)6, attached at Appendix 1, is for quarterly internal reporting and there is a means in place to provide this via the HCSA Local Reference Group, using a modified version of the Scottish Government reporting template.

The third issue is in respect of the process for workforce risk escalation. While all services have indicated that they use Datix or other means, such as the OPEL framework, to record workforce risks, a formal overview of the workforce risks, their escalation and feedback to staff in terms on any severe and recurrent risks identified and the steps taken to address these, is required on an ongoing basis to support the evidence for meeting the requirements of the Act.

2.2 Background

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) came into effect on 1 April 2024. The commencement of monitoring and governance will also commence from 1 April 2024, with the first Board reports due to the Scottish Government by 31 March 2025. NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how we have met the specific duties of the Act.

For clarity, it is anticipated that all of the clinical functions within NHS Fife and commissioned clinical services are covered by the Act. Following recent discussions, it was identified that Call Handlers within the Urgent Care Services Fife would not be covered by the Act, as they do not provide clinical advice.

The HCSA stipulates that Boards have a duty to follow the Common Staffing Methodology, set out within NHS Circular DL(2024)5, attached at Appendix 2. This includes using the outputs of the staffing level Tools where these are available and professional judgement, to inform and ensure they have appropriate staffing in place for the 12 speciality specific areas where there are currently tools developed. An optional Multidisciplinary Professional Judgement Staffing Level Tool is available to those areas not mandated to use one of the 12 specialty specific tools.

There is an agreed complementary schedule of tool runs which is overseen at present by the Corporate Nursing Directorate team and the results of these tool runs are provided to services for consideration after quality assurance checks have been completed. A second run of the Clinical Nurse Specialist tool concluded in February 2024 and the Emergency Medicine Department tool run is currently under way. The OPEL Tools in Acute and HSCP are a good source of information to support reporting. This has been adapted for use in other services, for example, Physiotherapy and Podiatry. The Psychology Service has been involved in development of a national Realtime Staffing resource and is trialling this in Fife.

NHS Fife participated in nationally led Guidance Chapter testing and the penultimate presentation of the Chapter Testing SWOT Analyses was carried out at the Local HCSA

Implementation Group in April 2024, which allows services to consider the processes and evidence required to meet the expectations of each Chapter of the Act, based on the feedback from the SWOT analysis.

2.3 Assessment

In terms of Scottish Government reporting to date, we have received positive feedback in relation to the Quarter 2 report submitted in November 2023, attached at Appendix 3. The action points were reviewed and assisted in the preparation of the Quarter 3 report which was submitted in April 2024, attached at Appendix 4. The Quarter 3 report was the final quarterly report required to be submitted by the Board for 2023/2024.

To provide evidence for the Quarter 2 report, an MS Forms based HCSA Assurance Questionnaire was implemented with feedback being received from the Local HCSA Implementation Group members and Heads of Nursing, template attached at Appendix 5. The results were used to help populate the Quarter 3 submission and will be used to assist with the implementation of the Act.

A Fife wide Action Plan is in place, and we will continue to support service preparations for Act implementation during 2024/2025, as this is an iterative process. The areas we are aware require further input from the newly introduced MS Forms Assurance Questionnaire is application of the principles of the Common Staffing Method (to non-nursing functions), risk escalation and feedback within services and in respect of evidence in support of the duties to seek clinical advice and to provide time to lead.

Following Scottish Government / Health Improvement Scotland's review of our Quarter 2 return, the Board's self-assessment as providing Reasonable Assurance at this time, has been supported.

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

Firstly, one of the key guiding principles of the legislation is to ensure the well-being of our staff, by having open transparent decision-making conversations regarding staffing requirements; this also aligns to our workforce planning arrangements and the implementation of eRostering, which has a "SafeCare" module would facilitate reporting on safe staffing.

Secondly, there is requirement to consider our ability to meet the requirements of the Act in terms of workforce capacity, governance and staff wellbeing.

2.3.3 Financial

The Workforce Lead post for the Board was supported nationally by funding from the Scottish Government during 2023/2024 and is being provided for 2024/2025. The recent DL(2024)6 set out the requirements for high cost agency report and this is being progressed within the Board via the RTP Workforce Workstream.

2.3.4 Risk Assessment / Management

There is a legislative requirement that NHS Fife is prepared for enactment of the Health and Care (Staffing) (Scotland) Act 2019, adhering to the timeline set out by the Scottish Government. The Board will have to evidence that it is meeting the terms of the legislative chapters and have processes and procedures in place to do so. The consequences of not adhering to the legislation have not yet been advised to Boards, but HIS has new inspection and audit responsibilities to support this aspect of the legislation. Details of Risk ID 2774 on HCSA and preparation for implementation, was added to Datix last year and has been regularly reported to the Staff Governance Committee.

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

The Health and Care Staffing Scotland Act (2019) is inclusive of all clinical health and social care staff, external care providers and contractors.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, involvement, engagement and consultation

The Workforce Directorate and Board Workforce Lead communicate with key stakeholders and leads both nationally and locally regarding any decisions taken forward.

- Practice and Professional Development to deliver training and education on workload tools and workforce planning.
- Multi professional engagement and collaboration.
- Support for the NHS Fife Local HCSA Reference Group.

This is supported by the use of a Teams Channel for sharing of information with members of the multi-disciplinary Local Reference Group, with those who assisted with Guidance Chapter Testing and with Communications Team support in terms of the new StaffLink HCSA pages.

2.3.8 Route to the Meeting

This paper has been discussed and shared with the eRostering Programme Lead, the HCSA Implementation Group, Executive Director of Nursing, Director of Nursing Corporate and 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** – To note the progress of the work undertaken so far in preparation for the implementation of the Health and Care Staffing Act and the content of the Quarter 2 Feedback and Quarter 3 Scottish Government Return.
- **Information** – To note the pending prioritisation of the implementation of eRostering within clinical areas and therefore access to SafeCare or in the interim to progress to independent use of SafeCare pending full implementation of eRostering, noting this requires further scoping.
- **Information** – To note the plans for internal quarterly reporting in advance of the formal Board Annual report in 2025.
- **Information** – To note the plans for a formal recognised feedback process for risk escalation and in terms of severe and recurrent risks, is in place and implemented by managers, via Datix or other means to relevant fora, Clinical Governance and Risk meetings, Management Team meetings and EDG.
- **Assurance** – To note the plans for high cost Agency reporting in line with NHS Circular DL(2024)6.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – DL(2024)6 - Health and Care (Staffing) (Scotland) Act 2019
- Appendix 2 – DL(2024)5 – Common Staffing Method
- Appendix 3 – Quarter 2 2023/2024 Scottish Government Feedback
- Appendix 4 – Quarter 3 2023/2024 Scottish Government Return
- Appendix 5 – Template MS Forms HCSA Assurance Questionnaire

Report Contact:

Rhona Waugh

Head of Workforce Planning & Staff Wellbeing

E-mail: rhona.waugh2@nhs.scot



Dear Colleague

Health and Care (Staffing) (Scotland) Act 2019

1. The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (the Act) will commence on 01 April 2024. This DL is being issued to remind all Health Boards, Special Health Boards and NHS NSS (referred to collectively as Health Boards in this DL) of their duties following commencement and to outline how reporting will work, what resources and tools have been developed and what support will be available during the first year of operation.

Guiding Principles and Duties Under The Act

2. The healthcare duties in the Act apply only to healthcare professionals working for the NHS (including those in a healthcare role within an Integration Authority but carrying out work on behalf of the NHS). A full list of the healthcare roles in scope of the Act is available on the [Scottish Government website](#).

All Health Boards must:

- Have regard to the guiding principles and the need for appropriate staffing arrangements when planning and securing services from third parties
- Ensure appropriate staffing, including having regard to the guiding principles
- Ensure the amount paid to Agency workers is no more than 150% of the amount paid to an equivalent full time NHS employee
- Have real-time staffing assessment in place
- Have a risk escalation process in place
- Have arrangements in place to address severe and recurrent risks
- Seek clinical advice on staffing
- Ensure clinical leaders have adequate time to lead
- Ensure staff receive appropriate training

From the Chief Nursing Officer

Professor Alex McMahon

21st March 2024

DL (2024) 06

Addresses

For information

NHS Chief Executives

Further Enquiries

HCSA@gov.scot

- Use the Common Staffing Method (for named types of healthcare, locations and staff)
- Provide reporting as set out below.

Common Staffing Method

3. The Common Staffing Method (CSM) is required to be used by the types of health care, locations and employees stated in section 12IK. Use of the CSM by services other than those listed in section 12IK of the Act is not mandatory.

A separate [Directors Letter \(DL \(2024\) 05](#) on the Common Staffing Method and Staffing Level Tools was issued to Health Boards earlier in March.

Reporting

4. The Act requires Health Boards to produce three types of report (listed below). Where a Health Board has delegated healthcare functions to an Integration Authority, they must be included in all reporting.

Annual Report:

- An annual report detailing how the Health Board have carried out their duties should be submitted to Scottish Ministers.
- The report must cover all NHS functions and professional disciplines.
- The reporting template ([Annex A](#)) must be used.
- The report will cover the period from 01 April to 31 March.
- The report must be published by the Health Board and submitted to the Scottish Ministers by 30 April each year using the [HCSA mailbox](#).

Use of High-Cost Agency Staff Report:

- Health Boards are required to report quarterly on the use of high-cost agency workers.
- Reports should cover the following periods and be sent to the [HCSA mailbox](#) by the corresponding deadline;
 - 01 Apr to 30 Jun – deadline 31 Jul
 - 01 Jul to 30 Sep – deadline 31 Oct
 - 01 Oct to 31 Dec – deadline 31 Jan
 - 01 Jan to 31 Mar – deadline 30 Apr

- The staffing cost for each agency staff member is calculated using the figures for the financial year 2024/2025 ([Annex B](#)).
- It is important that all Health Boards use the same methodology to ensure consistency in reporting.
- Unlike the Annual Report, there is no obligation for Health Boards to publish this report.
- Nil returns are required.

Internal Board Report:

- The Medical Director, the Executive Nurse Director and where relevant, the Director of Public Health are required to report internally to the Health Board's Board of Directors.
- The report should cover all the duties within the Act and be submitted on a quarterly basis.
- This report is for the Board to manage internally but it may be helpful to use the annual reporting template ([Annex A](#)).

Available Resources

5. The Scottish Government in partnership with HIS and NES have produced a range of resources to support healthcare staff in implementing the Act. The resources were created in collaboration with healthcare staff, professional bodies and trade unions to ensure they reflect the broad scope of the Act and are fit for purpose.

Statutory Guidance

- Statutory Guidance covering each duty in the Act will be published on the Scottish Government website on 1st April 2024.
- Boards must have regard to the guidance when carrying out their duties under the Act.

Quick Guides

- A series of quick guides have been developed to offer a more accessible version of the guidance for healthcare staff.
- Further quick guides will be developed to support certain professions, contract types and level of responsibility.
- All quick guides will be published on the TURAS platform following commencement, however they are available in draft in the HSP Learning Community (see below).

Resources to support real-time staffing assessment

- eRostering (Optima), is being rolled out across NHS Scotland. Modules within the system will support Boards in meeting their duties e.g. SafeCare will

support Boards to have real-time staffing in place, as well as a number of other duties.

- For services that do not yet have access to Optima, there are [a number of real-time staffing resources on Turas](#), including the recently published generic real-time staffing resource.

[Knowledge and Skills Framework](#)

- The Framework has been developed to support individuals and organisations in their understanding of workload and workforce planning and the application of the Act.
 - Informed Level – A series of four videos providing a foundation level of knowledge of workload and workforce planning.
 - Skilled Level – A series of four interactive learning modules to build on the Informed level and support a clear, applicable understanding of workload and workforce planning.
 - Enhanced Level – A series of modules intended for staff in leadership roles to give them more in-depth knowledge required for their role. While intended for those in leadership roles, it will be a useful resource for staff at all levels to understand the duties.
 - Expert Level – This is still in development, and will be released onto the TURAS platform once complete. This will be a resource for staff mapped to an expert level, for example, staff in roles where they will be advising Boards or national committees and workstreams.

[HSP Learning Community](#)

- The Healthcare Staffing Programme Team have developed a Teams Channel which is a collaboration area for all Health Boards and full of useful resources.

[Healthcare Staffing Programme Website](#)

- The HSP website has useful resources to support Boards with Act implementation e.g. recorded webinars and information on staffing level tools.

[Safe Staffing Programme \(SSP\) Website](#)

- Information about what duties the Act places on Care Services can be found on the SSP website as well as useful learning resources for the care sector.

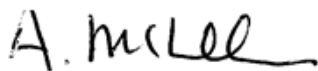
Support

6. The Scottish Government have provided funding for Healthcare Improvement Scotland's Healthcare Staffing Programme to offer support to Health Boards in the first year of operation.

We have also provided funding for Workforce Leads within Health Boards for an additional year. If Health Boards require support, in the first instance, they should contact their Health Board Workforce Lead.

Thank you for your continued support with commencement of the Act,

Yours sincerely



Professor Alex McMahon
Chief Nursing Officer



The spreadsheet in the link below is the template which must be used for Health Board Annual Reports.

HCSA - Annual reporting template (Health) - Final - March 2024 –
<https://www.publications.scot.nhs.uk/files/annual-reporting-template.xlsx>



The spreadsheet in the link below is the template which must be used for high-cost agency reporting. Please note that these figures relate to the financial year 2024/2025

HCSA - Agency Reporting - Reporting template and figures for calculations - <https://www.publications.scot.nhs.uk/files/agency-reporting.xlsx>



Dear Colleague,

Health and Care (Staffing) (Scotland) Act 2019 – The Common Staffing Method and Staffing Level Tools

1. The Health and Care (Staffing) (Scotland) Act 2019 (the Act) will commence on 01 April 2024. It stipulates that Health Boards have a duty to follow the Common Staffing Method (CSM) for those types of [health care, locations and employees named in section 12IK of the Act](#).
2. This DL is being issued to clearly state the importance of following the whole CSM and not relying solely on the output of a Staffing Level Tool when making decisions on funded establishment levels. This includes the use of the Professional Judgement Tool, which takes into account quality measures as well as a range of other information outlined within the framework.
3. The CSM sets out a process, including the use of the relevant Staffing Level Tool and the Professional Judgement Tool and a range of other considerations, which must be applied rigorously and consistently. The application of the CSM will support NHS Boards to ensure appropriate staffing, the health, wellbeing and safety of patients and the provision of safe and high-quality care. It will form part of the evidence that relevant organisations submit to demonstrate how they have complied with the Act. The frequency of applying the CSM has been defined as once per financial year as a minimum.
4. The types of health care, locations and employees that have a duty to use the CSM aligns with the availability of a speciality-specific Staffing Level Tools, as use of such tools are an integral part of the CSM.

From the Chief Nursing Officer

Professor Alex McMahon

13 March 2024

DL (2024) 05

Addresses

For information

Further Enquiries

Email HCSA@gov.scot

There are 10 Staffing Level Tools:

Adult Inpatient (AIT) Tool	Maternity Tool
Clinical Nurse Specialist (CNS) Tool	Mental Health & Learning Disability (MHLDD) Tool
Community Children's & Specialist Nurse (CCSN) Tool	Neonatal Tool
Community Nursing (CN) Tool	Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS) Tool
Emergency Department/ Emergency Medicine (EDEM) Tool	Small Wards Tool

Further information on the tools can be found on the [Healthcare Improvement Scotland website](#).

5. The Professional Judgment Tool is named in legislation as a key element of the CSM. It is not a Staffing Level Tool but must be used alongside the outputs from the relevant Staffing Level Tool and with all other elements that must be considered as part of the CSM. In addition to this, the Quality Tool is a useful resource that is used alongside the Clinical Nurse Specialist Tool, Community Children's & Specialist Nurse Tool and the Community Nursing Tool. It is not named in legislation but can be used to provide further quality and local context information to support the Board's application of the CSM.

6. It is a requirement of the Act that all staff involved in the CSM are supported with the appropriate training and resources to undertake this duty. HIS Healthcare Staffing Programme (HSP) have updated the learning and educational resources to support Health Boards with this duty, and senior programme advisers in HIS HSP are available to provide support through the request for assistance function. Education resources can be found in the [learning and development section of the HIS website](#).

Maternity Staffing Level Tool

7. It is acknowledged that the extant Maternity Staffing Level Tool does not capture the full extent of how modern maternity services are run. There was a planned redevelopment of the Maternity Staffing Level Tool in 2019, which included a national tool run to inform this process. The tool run was commissioned to provide more information on a range of areas that were known to be insufficiently captured by the tool, these were: transitional care and post-natal care for mothers and babies, increased travel, triage units, theatre activity, intrapartum work, on call provision, some community

based services and high risk day assessment workload. Following the tool run in November 2019 and its analysis, HIS HSP was then paused during the pandemic which caused a significant delay to the subsequent work on the tool.

8. The Act requires that the Staffing Level Tools which must be run as part of the CSM are named in legislation. As the redevelopment of the Maternity Staffing Level Tool will not be ready in time prior to commencement of the Act on 01 April 2024, the existing Maternity Staffing Level Tool will be named in legislation. Some minor changes were made to the extant tool at the end of 2023 as an interim measure. This tool must be used as part of the CSM. The extant Maternity Staffing Level Tool must continue to be used until the new tool becomes available and is named in legislation.

9. The Professional Judgement Tool, which must be used as part of the CSM, records the professional assessment of the user on the staffing required for the service area during each reporting period. The use of the Professional Judgement Tool will allow the user to reflect all elements of care required within the clinical environment where the Staffing Level Tool is being run, including any aspects of midwifery care or staffing that are not covered by the Tool. The use of the Professional Judgement Tool, alongside other elements of the CSM, will enable a more accurate picture of staffing requirements and help mitigate against some of the risks and limitations of the existing Staffing Level Tool.

10. The revised Maternity Staffing Level Tool is under development by HIS HSP and any changes to the Tools named in the Act will require secondary legislation to legally update or change them. HIS HSP will provide the training and education resources required to use the new Tool, and will plan this in advance of the Tool being named in legislation.

11. It is important that NHS Boards are aware of the limitations of the current Staffing Level Tool, however the outputs from the CSM will provide valuable information to inform workforce planning.

Mental Health Learning Disability Staffing Level Tool

12. The Mental Health Learning Disability Staffing Level Tool is also being redeveloped by HIS HSP. The extant tool is recognised to not fully reflect the specific requirements within forensic mental health settings. The redevelopment of the Mental Health Learning Disability Staffing Level Tool will not be ready in time prior to commencement of the Act on 01 April 2024, consequently the existing specialty specific staffing level tool will be named in legislation. The extant Mental Health Learning Disability Staffing Level Tool must continue to

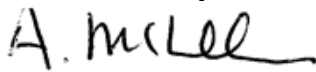
be used until the new tool becomes available and is named in legislation.

13. The Professional Judgement Tool, which must be used as part of the CSM, records the professional assessment of the user on the staffing required for the service area during each reporting period. The use of the Professional Judgement Tool will allow the user to reflect all elements of care required within the clinical environment where the Staffing Level Tool is being run. The use of the Professional Judgement Tool, alongside other elements of the CSM, will enable a more accurate picture of staffing requirements and help mitigate against some of the risks and limitations of the existing Staffing Level Tool.

14. HIS HSP are working on developing a new Mental Health Learning Disability Staffing Level Tool. HIS HSP will provide the training and education resources required to use the new tool, and will plan this in advance of the tool being named in legislation.

15. It is important that NHS Boards are aware of the limitations of the current Staffing Level Tool, however the outputs from the CSM will provide valuable information to inform workforce planning.

Yours sincerely



Professor Alex McMahon
Chief Nursing Officer



David Miller
Director of Workforce
NHS Fife

05/03/2024

Dear David

Health & Care (Staffing) (Scotland) Act 2019 Implementation – NHS Board Quarterly Reports

Thank you for submitting your Health and Care (Staffing) (Scotland) Act 2019 (the Act) Implementation Q2 Report. This Report was intended as a self-reflective tool to detail progress, key achievements, challenges and risks in the work you are undertaking in preparation for the commencement of the Act. We apologise for the delay in sending back this feedback, as you will see from the length of the report we have provided extensive feedback and this has been challenging to manage alongside the engagement sessions and other work that our team has taken on. We nevertheless think this is an important endeavour and do hope that you find this feedback helpful.

This report is the first quarterly report that has been submitted using an adapted version of the annual reporting template. This has been a useful learning exercise as it has provided Boards with the chance to input into the template and has allowed the Act Implementation Team to analyse reports in the template. This new template has allowed for a much more detailed analysis of actions being undertaken in Boards as it breaks down the requirements of each duty with a RAG status and a comment box beside it.

The Act Implementation Team has produced an exemplar quarterly report that also should help with completing future reports. It is available in the Objective Connect folder 'Communication with Workforce and Executive Leads'.

As before, we have reviewed your report against the duties of the Act and your previous submission and provided feedback against each duty in **Annex A**. Please continue to review Q4 and Q1 feedback, as these points often remain relevant.

NHS Fife is progressing with preparations for the commencement of the Act and there are good examples of systems and processes being established to meet the duties, in particular the further development of the OPEL systems for use in the HSCP. A lot of the evidence presented in this report and previous quarterly reporting has been focused on nursing and midwifery, with less evidence and reporting for the other professions. It would be useful to have information that confirms that the other professions also have established or are working towards establishing the required systems and processes to meet the duties of the Act, and any specific gaps or risks are highlighted. We would appreciate more specific information to be provided in the comments section that addresses each part of the duty – for instance within 12IF the same information is provided against many comment boxes, which does not provide

the required detail, making it hard to assess the position of the Board in relation to this duty and provide meaningful feedback. Thank you for coming back with more information on planning and securing of services, we think the work here is on track and we have provided some feedback on it.

The revised deadline for Q3 reports is 25th March 2024. Quarterly reports should be sent to our generic mailbox HCSA@gov.scot

Please also use this email if you would like to discuss the letter further with a member of the Act Team.

Yours sincerely

H.Watson

Hannah Watson
Unit Head, Chief Nursing Officer's Directorate, Scottish Government

Annex A

Summary Report

We note the Board offer **Reasonable Assurance** at this time. Following our review of the return, we would support the Board's self-assessment.

Workforce Plans

We note the breadth of groups within NHS Fife that this Q2 report will be shared with and that it will also be used in relation to local service based workforce plans, issues raised from various workforce tool runs and the implementation of eRostering within NHS Fife and in terms of the identification of workforce and related risks.

Key achievements this quarter

We note the meetings of the NHS Fife Local Reference Group which includes multidisciplinary and staff-side representation and builds in guidance chapter testing SWOT feedback. We note the action list that has been developed to support activity for Q3. It is positive to note that NHS Lanarkshire's work on SOPs has been useful to you.

Key risks this quarter

We note the continued risk of not all services being aware of the commencement of the Act in April 2024. You have mentioned an action list to address the risks, and that it includes areas identified from completion of this quarterly return and the Q1 report. It would be useful to have information on this action list in your Q3 report with feedback on how those actions have progressed and if you have seen any improvement, especially in terms of internal awareness of the Act.

Key learning

We note the learning from sharing of SWOT information, cascade of info on local Teams Channel and from national meetings/ Teams channel and general discussion at Local Reference Group meetings. Are you able to identify the staff that current communication may not be reaching, to inform future actions to address this risk?

Chapter 12IA : Duty to ensure appropriate staffing

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Five sub-sections are amber, one is yellow and one is green. **You've not provided a RAG status or comment for the final sub-section.**

Thank you for the updates in regards to the development of the OPEL resource beyond acute services, as well as the specific work in relation to real-time staffing assessments within different disciplines We will respond more fully in regard to these within the specific duty feedback.

It is positive to note the benefit and impact following guidance chapter testing within Speech and Language Therapy (SALT), and we note the subsequent

development of an action plan of priorities for their service in order to meet the terms of the legislation.

We note that discussions have taken place around commissioned services and the request for support from the HSP with this. We have provided feedback on your report in relation to this requirement later in the document, but would be happy to address any specific ongoing concerns that exist. A quick guide is being developed and will be available for support.

You have highlighted the positive position in Nursing & Midwifery, with more established processes and systems in place, and note the ongoing work to ensure there are structures in place for all services and disciplines in scope across NHS Fife. Within the submission you have highlighted opportunities and examples of shared learning across teams which is positive.

Steps to comply with 12IA

Thank you for sharing the range of initiatives in place to support and supplement the health workforce in NHS Fife. It is positive to note the Band 2 to 4 career development and that Band 4 Trainee/ Assistant Practitioner roles have currently been recruited to within Acute, MHL, HSCP and Community Services. It is very positive to note that you have worked with Fife College to develop and deliver a related education programme. We note the newly developed Modern Apprenticeship route for Band 2/3 roles, to provide a structured career development framework for Health Care Support Workers.

We note the success with recruiting international nurses and radiographers, with the discussions to extend this to mental health and midwifery as well. We note the Mental Health and Learning Disabilities Workforce Sustainability Group, which sounds very positive.

Linking this work, and the wider work in preparation for commencement, with workforce plans and Board annual delivery plans will ensure these priorities are reflected, and embedded within established business structures.

How these systems and processes have improved outcomes for service users

We note the use of Excellence in Care (CAIR) Dashboard quality of care measures, Care Opinion, Datix reviews, Local and Significant Adverse Event Reviews. It is positive to note the **new staff support pathway, responding to the needs of staff identified from staff feedback launched on 1 November 2023, in three pilot areas, and it is intended to be rolled out to all staff in spring 2024.**

Areas of success/ achievement/ learning

We note the success of the HCSA Board Local Reference Group, including its wide membership, that you will be broadening in line with the staff in scope list. We note the plan to have **eRostering implemented across the Board with a deadline of 2025.**

To clarify, out of hours call handlers would be subject to the Act if they provide clinical advice, could you confirm if this is the case?

We note the testing of the guidance chapters across a number of professions and that this will be extended to Psychiatry, Mental Health and Health Care Sciences which is positive, and the plan to review the SWOT analyses to identify areas of improvement.

Areas of escalation/ challenge/ risk

We note the clinical and workforce pressures impacting on engagement across all professions and further (winter) pressures approaching, and support the planned actions and mitigations being progressed.

12IC – Duty to have real-time staffing assessment in place

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

All sub-sections are RAG-rated yellow.

It is positive to note the extension of the OPEL acute resource to provide an adapted version for the HSCP which will provide a common standard and approach across the organisation.

We note the level of detail on the use of real-time staffing resources, which is positive, and the use of the TURAS where available, as well as work to support services without access to TURAS RTSR or SafeCare. As you will be aware, the TURAS Generic RTSR will be available from the end of February and, as you continue with the eRostering implementation, staff will have access to SafeCare which will provide a real-time assessment function with reporting for all staff. Within the risks we note the plan for eRostering implementation to extend into 2025, and it will be useful for the Board to consider what RTSR solutions are used in different services, and how this will be supported by the SafeCare implementation. For those professions and services not using a RTSR, do they have a huddle that they can report into to more formally capture any identified risks and seek support with mitigation or escalation regard?

It is positive to note the established systems for staff to raise concerns with staffing. As real-time staffing assessment resources become more available and established there will be the opportunity to capture and document these robustly, as well as capture escalations and communication with relevant clinical leaders. Similarly, we recognise the need to formalise and strengthen documentation of clinical advice sought, and both the Generic RTSR and the SafeCare module will be able to support these actions.

We note the ongoing work to raise awareness and ensure all staff are aware of the requirements for real-time staffing, and how to use these. **How will you embed this within business as usual for new staff in the future?**

It is good that you are using the nationally developed resources to support leadership knowledge about the Act, and this duty, and plan for a managerial passport. We will be interested in your learning as this develops, to consider any opportunity for shared learning across other Boards.

Areas of success/ achievement/ learning

It is positive to note that you are exploring whether the OPEL Tool can be adapted for other professions and learning from the experience of Podiatry and Physiotherapy. Please provide an update on how this progresses in your Q3 report, and to note if there are any professions/ team that are not supported by this resource and don't have an alternative escalation plan.

We note the ongoing roll out of eRostering in Fife, with the plan in place for implementation in 2025.

Areas of escalation/ challenge/ risk

We note the challenge of bringing awareness to all professional groups about the Act and the plan for the Board Workforce Lead, Local Reference Group and colleagues with greater knowledge about the Act to support with this. Utilising internal opportunities for shared learning between different teams and professions is a positive approach.

We note that the full implementation of eRostering is needed to fully benefit and use it to evidence compliance with the Act, and the challenge of waiting until 2025 until there is full implementation. Nevertheless, it is positive that this has been planned out and that NHS Fife is aware of the benefits of using eRostering fully.

12ID – Duty to have risk escalation process in place

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

There are nine sub-sections RAG rated yellow and two green.

We note that there is an escalation log with standard operating procedures developed for use alongside the OPEL Tool and Safe to Start nursing Tool and that escalation can be done via staffing huddles. We note the work ongoing to ensure there are systems and process for escalation across all services, and that all staff have access to DATIX and Know who to talk to / speak up information in addition to this.

We also note the use of Datix and local managerial systems in place to provide feedback. Does this mean that all real-time staffing risks that are escalated will be recorded into the DATIX system? Is there a mechanism in the real-time staffing resources to also provide feedback on risks escalated? Within SafeCare and TURAS RTSR there is functionality that will also support compliance with this duty. It will be important to consider who real-time assessment resources align with DATIX processes, and information recorded in each.

We note that there is a need for more exploration of escalation processes across all the professions – please can you include an update on how this is progressing and any gaps identified in your Q3 report? In your Q1 report, you mentioned that through testing you were aware of inconsistent approaches across teams and staff

groups in relation to this duty. Please do provide information on your approach to create a consistent approach to risk escalation in your Q3 report.

We note the corporate approach to risk management and that there is an NHS Fife Risks and Opportunities Group, chaired by a Director, in addition to the operational structures to support real-time escalation and decision making.

For 12ID(2)(i) it will be important for these staff to be aware of other systems, including OPEL as part of this duty based on structures described.

Areas of success/ achievement/ learning

We note the success of embedding the Real Time Staffing and Safe to Start Opel Tool and escalation log in acute nursing and that this is now being adopted and adapted by other services.

Areas of escalation/ challenge/ risk

We note the challenge of providing access to all professions to Real Time Staffing Tools and Safe To Starts tools and the escalation logs. The example provided of the Podiatry service creating a weekly sway to highlight staffing and key challenges is very interesting. Please provide us with an update on whether this does get made into an exemplar for other services and how this progresses in your Q3 report.

12IE – Duty to have arrangements to address severe and recurrent risks

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Six sub-duties are rated as yellow.

We note the detail on the risk escalation processes, also as set out in 12ID. We note that Datix risks are regularly reviewed, with a Corporate approach to risk management. There is also an NHS Fife Risk and Opportunities Group, chaired by a Director. Risks are also considered by the Executive Directors Group, the relevant Committees of the Board and by the Board, on a bi-monthly basis, with a Deep Dive process in place.

Linking to feedback provided in 12ID, it would be helpful to understand how the real-time risk escalation processes and DATIX reporting structures align, providing clear reporting of severe and recurrent risk. Can you confirm if the Board have agreed definitions for severe and recurrent risk to help with the reporting, recording and review of this data? We recognise that an identified severe risk would be reported in DATIX, but are there recurrent risks that are mitigated locally, at site huddles or following escalation that may not be reported in DATIX? If there are it will be important to capture these recurrent risks alongside those within DATIX to inform this part of the duty.

Do the huddles include all professions and services within the relevant structures, and if there are gaps how are you assured that for those professions or services that risk escalation processes are followed and reported?

Areas of success/ achievement/ learning

We note that in Speech and Language Therapy this Guidance Chapter has been tested, and this involved discussing mitigations to risks to agree them. Further work will include a process for increased clarity/explicitness on risk management decisions by managers to be agreed.

Areas of escalation/ challenge/ risk

We note the challenge from testing the Guidance Chapter with the Learning Disabilities Service in relation to recurrent staffing issues. We note the work on closing the feedback loop, in particular for staff working in services. It is positive to note there is an action to address this as part of roll out of HSE Talking Toolkit and iMatter Action Planning, which links to wider organisational systems and processes.

12IF – Duty to seek clinical advice on staffing

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Seven sub-duties are rated as yellow and one is green.

We note that through Guidance Chapter testing you have identified that an agreed mechanism is required for all services in relation to obtaining appropriate clinical advice.

We note that the reporting requirement within this duty will be built into future work plans for relevant Groups and Committees within NHS Fife. It will be important that this includes a line of reporting into the Board on a quarterly basis. There is clearly a lot of work ongoing based on the learning and gaps identified through chapter testing which is helpful. An update on progress with this would be helpful in the Q3 report.

It will also be important to consider this duty in the context of other duties where seeking and having regard to clinical advice are requirements of these. There currently isn't a consistent narrative across all duties as they consider clinical advice, however we recognise this is a complex landscape and with the work you are doing, the various strands can be pulled together. We look forward to reviewing your progress.

For sub-duty 12IF(2)(e), which you have marked as green, it is important to be assured that all clinical leaders receive adequate time and resources to implement the measures that you have identified as required to meet this duty. As you have not fully scoped this duty yet, the feedback provided would suggest that this may not yet be green. It would be helpful to have some indication of how you assess that clinical leaders do receive adequate time and resources – this sub-duty is closely linked with 12IH. Looking at your response to 12IH, it may be possible to evidence this for nursing and midwifery, however for clinical leaders in other professions there is not enough evidence supplied to indicate that you would be assured of this.

From Q1 feedback:

We note the ongoing action to develop a process to provide evidence of sufficient time being provided to clinical leaders, and process for internal quarterly reporting, and would welcome an update in the next report.

From Q4 feedback:

Are there safety huddles for all health care services, including all professional disciplines in scope to ensure mechanisms relate to the breadth of the legislation?

Areas of success/ achievement/ learning

We note that there are multi-disciplinary site wide daily safety huddles for acute services and that there is a similar approach in the HSCP. A further action is to explore and discuss how other functions can adopt a similar model. Please can you provide further detail on progress with this, and any specific (service or profession) risks identified through this work in your Q3 report?

Areas of escalation/ challenge/ risk

We note the challenge of ensuring medical colleagues are included in processes and engaged. We support the approach to address this challenge through governance routes, and opportunities to address this through shared learning. Developing case study examples of how this applies to different medical staffing situations may be a helpful approach to engage medical colleagues, and demonstrate how this is relevant.

12IH – Duty to ensure adequate time given to leaders

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Four sub-duties are yellow and two are amber

We note the time required for nursing and midwifery clinical leaders, and that pharmacy are progressing job planning for staff. We note that leadership capacity is included within manager and supervisor role remit and job plans. Does this capture all relevant staff from all professional disciplines in scope? The narrative and feedback appears focused on Nursing & Midwifery predominantly, can you advise on how this is being addressed in the professions not specifically referenced in this return please.

An important part of this duty is how you will ensure that clinical leaders receive this time – which reporting structures and feedback mechanisms do you have to monitor whether clinical leaders receive this time?

It is positive to note compliance with different elements of this duty are aligned with established structures and processes.

Areas of success/ achievement/ learning

We note the job planning initiative underway within Pharmacy, we note that activity audits in hospital and primary care settings are being used to inform this work. It is positive to note the plan to share the lessons from this work both within NHS Fife and externally.

Areas of escalation/ challenge/ risk

We note the challenge from the feedback from the guidance chapter testing in Speech and Language Therapy which has identified the need for clear visual hierarchy to be shared with all staff and used at onboarding. Was there useful outputs from testing in terms of identifying clinical leadership time requirements for this service?

12II – Duty to ensure appropriate staffing: training of staff

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Four sub-duties are rated as yellow and one is green.

We note that training provision, compliance monitoring and study leave arrangements are well established, along with PDP and appraisal to determine the level of training required, time and resources required to support this. You have self-assessed as yellow, and would be helpful to understand what further work is required to achieve green.

It is positive that NHS Fife has training compliance reporting in place, alongside appraisal and revalidation arrangements, which are formally reported, to provide monitoring compliance of this duty and enable escalation of non-compliance. Consideration is also given to feedback received via iMatter, GMC surveys etc.

We note the detail on internal resources related to training in the Act in your response to duty 12IJ. The new Practice and Professional Development (PPD) website to be launched contains a webpage dedicated to the Health and Care Staffing Act and related resources/information including guidance on CSM – is this promoted to all professions?

Areas of success/ achievement/ learning

We note that NHS Fife has implemented a successful Modern Apprenticeship Programme for Health Care Support Workers in conjunction with Fife College - which is very positive. We note that the feedback from students has been very positive and the plans to use this as an exemplar for other services, building up your apprenticeship and employability portfolio.

Areas of escalation/ challenge/ risk

We note the challenge of ensuring that managers in NHS Fife have a wide understanding of the Act and its requirements. We note the plans to hold HCSA Masterclasses following the approach shared by NHS Lanarkshire. HIS HSP are developing enhanced and expert level training resources which should also be useful to managers, a sway has also been developed.

12IJ – Duty to follow the common staffing method

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

12 sub-duties are rated as yellow and four are green.

Thank you for the detailed narrative outlining the systems and processes in place to follow the Common Staffing Method, utilising information from a range of sources to support triangulation of data. It is positive to note the work to develop a local CSM reporting template to support the use of the CSM, and review of outputs. **Any shared learning of this resource would be welcomed.**

We note the tool runs completed this year and it is positive to note participation in the recent national 3Cs tool runs. The testing of the common staffing method reporting template after each tool run will provide valuable learning and to ensure this meets local needs. We note the inclusion of a reporting timetable so that Executive review is undertaken in a timely manner.

We note that processes are in place to capture skill mix and levels of experience of staff, and the implementation of eRostering will strengthen this further in the future.

We note that you have highlighted the need for further work in regard to 12IJ(2)(c)(iv) and we would welcome an update on progress made and planned future work in relation to this. We would also welcome an update on your further exploration of how the systems and processes to comply with the CSM take into account experience gained from using real-time staffing and risk escalation processes. Considering the data available from these structures, and reporting available will be helpful to inform how this can be supported. There are standard reports available through the TURAS RTSR and SafeCare in eRostering that will be able to support this duty.

The feedback hasn't specifically referenced medical staff, in regard to the EDEM. Are you confident that medical staff are equally prepared and supported to the use of the CSM within the emergency department?

Areas of success/ achievement/ learning

We note the success of the delivery of joint Excellence in Care and Health Care Staffing: Care Assurance sessions. It is good to note the extremely positive feedback received from these sessions.

Areas of escalation/ challenge/ risk

We note the challenge of engaging with other professional groups. We note that the development of the local HCSA Board Reference Group has prompted and encouraged services to develop subgroups within services to explore the Common Staffing Method and how that is interpreted for their function. This is positive that learning from the CSM is being shared more widely across different professions, and multi-professional services. In terms of risk for commencement this is out with the scope of the Act, however the work described will hopefully provide a mechanism to support the exploratory activity required for 12IJ(2)(c)(iv).

You have evidenced positive progress with this duty and it would be helpful to understand the pathway to green for many of the sub-categories self-assessed as yellow.

12IL – Training and Consultation of Staff – Common Staffing Method (This specifically relates to Types of Healthcare &

Employees Section 121K (1))

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Four sub-duties are rated as yellow and two are green.

It is positive to note that training is planned ahead of the tool runs and that you have a mechanism to record attendance. We note the mechanisms through which staff are encouraged to provide their feedback. From the narrative there appears to be robust and established mechanisms in place, and it would be helpful to understand what the gaps are, and the pathway to green, notwithstanding the risk highlighted in relation to staff availability to support this work.

Areas of success/ achievement/ learning

We note the success of the structured education and training sessions held in advance of tool runs.

Areas of escalation/ challenge/ risk

We note the challenge of the availability of the staff supporting this area of work, and that this is a small group. We note the action to consider other methods of providing training and support around tool runs and the CSM.

Planning and Securing Services

Level of assurance: Reasonable assurance, yellow

RAG status and comments on duty

Yellow

We note that the requirements from this duty will be shared with responsible officers in NHS Fife. It would be helpful to provide additional information to provide assurance that the requirements as laid out in the Act, have been considered and plans are in place to ensure compliance from commencement.

Information on steps taken to comply with section 2(2)

We note the example provided refers to securing radiology services from within the relevant NHS Scotland Framework. It will be important that as part of this the Board are assured that they have considered the guiding principles and are assured that appropriate staff are in place to meet the requirements, as identified by the Board.

How these systems and processes have improved outcomes for service users

We note the robust options appraisal that is already used before any contracts are awarded, this includes an evaluation of staffing levels and profiles which is positive.

Areas of escalation/ challenge/ risk

We note the risk that future contracts could be awarded without due consideration of the requirements of the Act. We note the action that communication and sharing

of information is already underway with colleagues in Finance, Planning and Procurement.

Does all contracting, agreements and arrangements include at least one of these stakeholders, and if so does this provide sufficient assurance in the Board that these contracts, agreements and arrangements will all be visible and have regard to this requirement?



Health and Care (Staffing) (Scotland) Act 2019 Assurance Questionnaire

The Health and Care (Staffing) (Scotland) Act 2019 is being enacted in April 2024, and its aims are to enable safe and high-quality care and improved outcomes for people experiencing healthcare or care services through the provision of appropriate staffing. This requires the right people, in the right place, with the right skills, at the right time. The Act places duties on Health Boards to ensure appropriate staffing and staff training, and also includes duties around:

- assessing staffing in real time;
- identifying, mitigating and escalating risks;
- seeking clinical advice on staffing;
- ensuring adequate time is given to clinical leaders for staffing responsibilities; and
- reporting the use of high-cost agency workers.

The purpose of this questionnaire is to gather baseline data on how **each professional group** within NHS Fife is complying with the duties within the Act and to help identify gaps where more work is required to ensure processes are in place in time for enactment.

The Act applies to all professional disciplines providing clinical care, and/or clinical advice. Housekeeping, Administration, Maintenance (excluding Medical Physics Technicians), Catering, Volunteers and Students are not subject to the duties within the Act. See <https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/pages/roles-in-scope-of-the-act/> for more details of which staff groups are covered under the Act.

More information on the Act can be found here: Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)

If you have any queries about the Health and Care Staffing Act, please email: fife.healthcarestaffing@nhs.scot

Please note that your response will include your name and email address, but this will not be used in any reports.

* Required

* This form will record your name, please fill your name.

March 2024 Quarter 3 Return

1. Please select your Directorate / Division: *

- Emergency Care Directorate
- Planned Care Directorate
- Women, Children & Clinical Services Directorate
- HSCP Community Care Services
- HSCP Complex & Critical Care Services
- HSCP Primary Care & Preventative Services
- Corporate Services
- Corporate Nursing
- Estates and Facilities, including Health & Safety
- Laboratories / Healthcare Science
- Learning Disabilities
- Medical Directorate
- Mental Health
- Public Health
- Other

2. Please select the professional group(s) you are completing this questionnaire for: *

If you manage multiple professions, please select all that apply

- Allied Health Professionals
- Dental
- Estates and Facilities, including Health and Safety
- Healthcare Scientists
- Medical
- Midwifery
- Nursing
- Optometry
- Other Therapeutic
- Personal & Social Care
- Pharmacy
- Psychology
- Other

3. Please specify the Allied Health profession(s) you are completing this questionnaire for: *

4. Please specify the Healthcare Sciences profession(s) you are completing this questionnaire for: *

5. Please specify the Nursing specialities you are completing this questionnaire for: *

12IC: Duty to have Realtime Staffing Assessment in place

Realtime Staffing Assessment aims to ensure appropriate staffing and high-quality care. It is about assessing the staffing required for the shift ahead. This will support decision-making relating to staffing risk in real time. This type of assessment should consider:

- patient acuity / workload / activity for non-bed-holding areas
- number and skill mix of available staff
- professionally judged staffing required

6. Do you have a process in place for all clinical staff to identify staffing level risks in real time? *

12IC: Duty to have Realtime Staffing assessment in place

Yes

No

7. How do your staff identify staffing risks in realtime? *

Please select all that apply

Generic Realtime Staffing Resource (TURAS)

HealthRoster

SafeCare / SafeCare Live

Service / Site / Team Huddles

SSTS

Other

12ID: Duty to have risk escalation process in place

The purpose of this duty is to ensure that relevant organisations have robust risk escalation processes in place to provide a consistent means of recording the escalations and mitigations of any staffing risk. All risks identified, by any staff member, must be notified to the lead professional (LP) for that area. Risks that cannot be mitigated by the LP must be escalated to a more senior decision maker.

Complying with the Act in relation to risk escalation will not be met simply by having processes in place, but by demonstrating that these are embedded in practice and inform staffing discussions and decisions.

8. Do you have a systematic approach in place to enable all clinical staff to raise and escalate a risk in relation to staffing? *

12ID: Duty to have risk escalation process in place

Yes

No

9. Are your staffing assessment and risk escalation arrangements documented and readily available to all clinical staff? *

12ID: Duty to have risk escalation process in place

Yes

No

10. Please provide details of your current risk escalation process. *

11. Do you have training in place for staff for implementing these arrangements? *

12II: Duty to ensure appropriate staffing: training of staff

Yes

No

12. Please provide details of training provided: *

13. Please provide details of areas of success or learning associated with carrying out the requirement to have Realtime Staffing and risk escalation processes in place:

14. Please provide details of areas of challenge and/or risk associated with carrying out the requirement to have Realtime Staffing assessment and risk escalation processes in place:

12IE: Duty to have arrangements to address severe and recurrent risks

This is where the same risks occur with no improvement and/or those areas where staffing is so poor it is a severe risk to staff and patient/service user health. To be able to respond effectively and timeously to severe and recurrent risk, relevant organisations will need to set out, in their arrangements, how information on risk escalated to a defined level (as agreed by the members of the relevant organisation's Board) will be collated, analysed and recorded to highlight severe and/or recurrent risk(s).

15. Do you have a systematic approach in place for documenting all decisions made as a result of Realtime reporting, and to identify trends? *

12IE: Duty to have arrangements to address severe and recurrent risks

Yes

No

16. What system do you use to document staffing decisions and identify trends? *

Please select all that apply

Datix

Generic Realtime Staffing Resource

Local Reporting Template

OPEL Tool

SafeCare / SafeCare Live

Other

17. Do you use recurring risks identified regarding staffing to inform future workforce plans? *

12IE: Duty to have arrangements to address severe and recurrent risks

Yes

No

18. Please provide details of how you use recurring risks identified to inform future workforce plans *

19. Please provide details of areas of success, achievement or learning associated with carrying out the requirement to address severe and recurrent risks:

20. Please provide details of areas of challenge and/or risk associated with carrying out the requirement to address severe and recurrent risks:

12IF: Duty to seek clinical advice on staffing

This duty places the requirement on Boards:

- to put, and keep in place, arrangements for seeking and having regard to appropriate clinical advice* in making decisions, and putting in place arrangements in relation to staffing under the various sections of the Act; and
- to put, and keep in place, arrangements for recording and explaining decisions which conflict with that clinical advice.

***"appropriate clinical advice" means advice obtained from the appropriate level and area of clinical professional structures depending on the particular circumstances of each case (for example from an individual holding a senior executive role in the provision of nursing services).*

21. Do you have a process in place to ensure that appropriate clinical advice is sought and taken account of in all staffing decisions? *

12IF: Duty to seek clinical advice on staffing

Yes

No

22. Do you have a process in place to record and explain staffing decisions which go against clinical advice, and for the individual who gave the clinical advice to be informed? *

12IF: Duty to seek clinical advice on staffing

Yes

No

23. Do you have a process in place for an individual providing clinical advice in regard to staffing decisions to formally record any disagreement with their decision? *

12IF: Duty to seek clinical advice on staffing

Yes

No

24. Please describe your process to ensure that any disagreements with clinical advice regarding staffing are recorded: *

25. Please provide details of areas of success or learning associated with carrying out the requirement to seek clinical advice on staffing:

26. Please provide details of areas of challenge and/or risk associated with carrying out the requirement to seek clinical advice on staffing:

12IH: Duty to ensure adequate time given to clinical leaders

This duty is intended to ensure that clinical leaders receive the right amount of time and resources to discharge their responsibilities under the duties within the Act, alongside all the other professional duties and responsibilities they have. These include the clinical leadership and management functions that support the delivery of high-quality care. This section should be considered within the context of existing staff and clinical governance arrangements, and professional structures.

This section of the Act is specific to individuals with clinical professional responsibilities for a team of staff, for example consultant medical staff, Allied Health Professional (AHP) team leaders, senior charge nurses/midwives and pharmacy department heads. In this context, clinical leadership includes clinical oversight and/or expertise as well as direct clinical intervention work.

Managers who do not have clinical leadership roles are not included in this duty on relevant organisations to provide adequate time.

Three key aspects of the clinical leader's wider professional duties are:

- time to supervise the meeting of the clinical needs of the patients in their care;
- time to manage, and support the development of, the staff for whom they are responsible; and
- time to lead the delivery of safe, high-quality and person-centred healthcare

How should relevant organisations determine "sufficient time and resources"?

The determination of sufficient time and resources for each clinical leader should be undertaken in dialogue between the relevant organisation and the clinician, considering their role, responsibilities, resources and local context.

27. Do you have a system and process in place to ensure time for Clinical Leaders to supervise meeting of the clinical needs of the patients in their care? *

12IH: Duty to ensure adequate time given to clinical leaders

- Yes
- No
- N/A (no direct patient care)

28. Do you have a system and process in place to ensure time for Clinical Leaders to manage and support the development of the staff for whom they are responsible? *

12IH: Duty to ensure adequate time given to clinical leaders

- Yes
- No

29. Please describe your process to ensure clinical leaders have time to supervise care and/or support the development of staff for whom they are responsible: *

30. Please provide details of areas of success or learning associated with carrying out the requirement to ensure adequate time is given to clinical leaders:

31. Please provide details of areas of challenge and/or risk associated with carrying out the requirement to ensure adequate time is given to clinical leaders:

12II: Duty to ensure appropriate staffing: training of staff

This duty requires relevant organisations to ensure that employees have appropriate and relevant training, to ensure that suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients and the provision of safe and high-quality healthcare. This duty also requires that adequate time and resource is provided to undertake that training.

32. Do you have systems and process in place to ensure employees receive the appropriate and relevant training to ensure they are suitably qualified and competent in their role? *

12II: Duty to ensure appropriate staffing: training of staff

Yes

No

33. Do you have systems and processes in place to ensure employees receive both time and resources considered adequate to undertake any appropriate training? *

12II: Duty to ensure appropriate staffing: training of staff

Yes

No

34. Please describe your process which ensures that staff receive the appropriate and relevant training required for their role: *

35. Please provide details of areas of success or learning associated with carrying out the requirement to ensure time for clinical leaders:

36. Please provide details of areas of challenge and/or risk associated with carrying out the requirement to ensure training of staff:

37. Do you manage nursing and/or midwifery teams and/or doctors within Emergency Departments? *

Yes

No

12IJ: Duty to follow the Common Staffing Method, incl. training and consultation of staff

The Common Staffing Method is a consistent triangulated assessment with 9 components including reviewing the results of Staffing (workload/workforce) Tools which should be run once per year. The tools are only mandated for Nursing & Midwifery and Emergency Medicine at present.

This duty requires organisations to use the Common Staffing Method as a framework for gathering and analysing relevant staffing and quality data. This helps clinical leaders understand and evidence staffing requirements and quality of care for their clinical areas. This information should be used to inform changes and improvements required to staffing and service delivery in order to ensure appropriate staffing.

38. Have all of the **Nursing and/or Midwifery** teams in your area run their Staffing Level and/or Professional Judgement Tools in the past 12 months?

Staffing Level (Workload) Tools and Methodology (healthcareimprovementscotland.org) *

12IJ: Duty to follow the Common Staffing Method

- Yes, some have
- Yes, all have
- No - none have
- Don't know

39. Do you have a process in place to ensure Nursing and/or Midwifery teams undertake a staffing review using the Common Staffing Method at least once per year? *

12IJ: Duty to follow the Common Staffing Method

- Yes
- No

40. Do you have a process in place to ensure that employees receive adequate time to use the Common Staffing Method, including taking into account the results from using the Staffing Level Tool and the Professional Judgement Tools? *

12IJ: Duty to follow the Common Staffing Method

- Yes
- No

41. Do you have a process in place to ensure employees are trained in the Common Staffing Method and on how to use it? *

12IJ & 12IK: Duty to follow the Common Staffing Method including training of staff

- Yes
- No

42. Do you have governance arrangements in place for deciding staffing levels required as a result of applying the Common Staffing Method? *

- No
- Yes
- N/A (Common Staffing Method not applied yet)

43. Please describe the governance arrangements in place for deciding staffing levels required as a result of applying the Common Staffing Method: *

44. Do you have a process in place to encourage and support employees to give their views on staffing arrangements, and take into account and use those views to identify areas for improvement? *

12IJ & 12IL: Duty to follow the Common Staffing Method including consultation of staff

- No
- Yes

45. Please provide details of areas of success or learning associated with carrying out the requirement to follow the Common Staffing Method, including training and consultation of staff:

46. Please provide details of areas of challenge and/or risk associated with carrying out the requirement to follow the Common Staffing Method including training and consultation of staff:

Resources

47. Do you know where to find information about the Health and Care (Staffing) (Scotland) Act 2019, in particular the new Realtime Staffing Resource.

48. Would your service / area like a short presentation on the requirements of the Act? *

Yes

No

49. Would your service / area like to receive training on the new Realtime Staffing Resource *

Yes

No

Overall Level of Assurance

50. Having completed this questionnaire, how assured are you that the service/services in your area for the professional group(s) you are reporting on have clearly defined systems and processes aligned with the duties in the Act in place, that are used to ensure appropriate staffing? *

- Green (substantial assurance) - Systems and processes are in place for, and used in all services by this professional group(s)
- Yellow (reasonable assurance) - Systems and processes are in place for, and used in, 50% or above of services by this professional group(s) but not all of them
- Amber (limited assurance) - Systems and processes are in place for, and used by, under 50% of services by this professional group(s)
- Red (No assurance) - No systems are in place for any services by this professional group(s)

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Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 14 May 2024
Title:	Delivery of 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 approved the Annual Workplan for 2024/2025 at the meeting on 6 March 2024. For assurance, the version of the updated Annual Workplan is attached at **Appendix 1**, which highlights the amendments since it was last presented to 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 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 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 2024/2025. 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.

Commitment and 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

Workforce considerations will be included as appropriate in proposals considered by the Committee. 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 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 2024/2025 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 6 March 2024 and those planned for the meeting on 14 May 2024.

2.4 Recommendation

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

- the updates made to the Staff Governance Workplan for 2024/2025 since it was presented to Committee members on 6 March 2024.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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



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	✓ Deep Dive: Pharmacy Workforce Overview	✓	✓	✓	✓	✓

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 Annual Statement of Assurance 2023/2024	Head of Corporate Governance & Board Secretary	✓					
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)	Deferred to 9/7/24	✓		✓	✓	
Reform, Transform and Perform Update	Director of Reform and Transformation	✓ (Private)	✓	✓	✓	✓	✓

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	Deferred to 9/7/24	✓				
Annual Delivery Plan 2024/2025	Director of Finance & Strategy	✓	TBC	TBC	TBC	TBC	TBC
Annual Delivery Plan Quarterly Performance Report 2024/2025	Director of Finance & Strategy		✓ Quarter 1 2024/2025 Report		✓ Quarter 2 2024/2025 Report		✓ Quarter 3 2024/2025 Report
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
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 • Improved and Safe Working Environment • 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 	Medical Director Director of Nursing Associate Director of Culture, Development & Wellbeing Director of Property & Asset Management Associate Director of Communications Head of Workforce Resourcing & Relations 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		✓				

Annual Reports / Other Reports (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Annual Monitoring Return 2023/2024	Head of Workforce Resourcing & Relations	2022/2023 Feedback	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	✓					
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	✓	✓	✓	✓	✓	✓
Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing		✓	TBC	TBC	TBC	TBC

Linked Committee Minutes (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
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
Workforce Planning Audit	Head of Workforce Planning and Staff Wellbeing	✓					
Wellbeing Champion Update	Non Executive Director Wellbeing Champion	✓					
Equality & Diversity Champion Update	Non Executive Director Equality & Diversity Champion	✓					
Whistleblowing Champion Update	Non Executive Director Whistleblowing Champion	✓					
Protected Learning Time	Associate Director of Culture, Development & Wellbeing	✓					

Briefing Sessions	
Session 1: Thursday 17 June 2024 at 2.00 pm to 3.30 pm	Lead(s)
• Staff Governance Standard: Employee Director	Lynne Parsons, Employee Director
• eRostering Demonstration	Nicola Maher, Programme Manager / Marie Richmond, Head of Digital Strategic Delivery
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Associate Director Digital & Information
Session 2: Tuesday 18 February 2024 at 2.00 pm to 3.30 pm	Lead(s)
• Workforce Modelling Tool	Brian McKenna, Workforce Planning Lead
• iMatter Update	Jenni Jones, Associate Director of Culture, Development & Wellbeing / Jackie Millen, Workforce Engagement & Development Officer (eKSF)

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 14 May 2024
Title:	NHS Fife Protected Learning Time 2024/2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Interim Learning and Development Manager

1. Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Government policy / directive

This report aligns to the following NHS Scotland 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

As part of the Agenda for Change review, the Scottish Government has agreed to implement changes to improve access to Protected Learning Time (PLT) for Agenda for Change staff.

The purpose of this report is to outline the approach that will be taken to implement PLT in NHS Fife during 2024/25. It is also to provide assurance that actions will continue to ensure all employees are given the opportunity to engage in training interventions to meet the Core and Mandatory requirements of their role during working hours as detailed in NHS Circular: PCS(AFC)2024/1 dated 21 March 2024 (which came into effect from the 1 April 2024).

Under the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), Health Boards have a statutory duty to appropriately train and develop staff. Section 12II of the Act provides details on the 'Duty to ensure appropriate staffing: training of staff'. Every Health Board must ensure its employees receive:

- Such training as it considers appropriate and relevant for the purposes set out in section 12IA (a) and (b), and;

- Such time and resource as it considers adequate to undertake such training.

2.2 Background

Learning and development is essential to NHS Scotland's efforts to improve both the wellbeing and retention of staff, building diverse and complementary skills throughout our healthcare system, contributing to improved patient care and clinical outcomes. The Staff Governance standard states that employees should be appropriately trained and developed, with employers and employees expected to share responsibility to accessing learning opportunities.

NHS Scotland Agenda for Change staff are required to complete all statutory and core mandatory training during working hours. Core Skills guidance including training refresh requirements and target audiences is included in Appendix 1.

NHS Scotland Health Boards will also be required to provide PLT for Agenda for Change staff to complete profession specific mandatory training, some of which is required by professional regulators.

Profession specific training will apply to all Agenda for Change staff with requirements evolving as services adapt to new technologies and ways of working. Training requirements should be discussed and agreed in line with service requirements.

2.3 Assessment

NHS Fife is required to provide the time for staff to engage in learning activities to ensure they are appropriately trained and developed in their roles.

Line Managers are responsible for ensuring that PLT is provided in line with the new guidance and that staff are given adequate time in a suitable environment to engage in the core and mandatory learning associated to their role.

There are already good practice examples of PLT well established in and across NHS Fife and the HSCP, some of these examples are illustrated in Appendix 2.

Due to the current financial and performance pressures there is a risk that learning, and development will be deprioritised. To ensure implementation success, it is essential that learning and development, and the PDPR/Appraisal conversation remains a priority commitment for all line managers on behalf of NHS Fife and our collective ambitions for NHS Fife to be recognised as an employer of choice.

Working towards consistency

Building on our Current position

Analysing the current level of engagement across NHS Fife in relation to Core Skills compliance, PDPR and iMatter, shows that:

- In January 2024, compliance across all 9 core skills was 56% with compliance rates across individual topics ranging from 49% - 85%.
- PDPR/Appraisal compliance on 26th March was 41%.

- In response to the iMatter question “I am given the time and resources to support my learning growth”, NHS Fife scored 72 (Strive and Celebrate).

It is clear from these outcomes that engagement in learning is taking place throughout NHS Fife however to support effective reporting of PLT provision, periods of learning time should be recorded in relevant workforce systems to ensure effective monitoring and reporting of engagement levels.

Providing assurance

Recent guidance issued from Scottish Terms and Conditions Committee (STAC) indicates that a national subgroup is expected to be initiated to assess the progress of the PLT workstream, and its benefit to AfC staff. As part of this work, the group will be asked to identify measures of success, including but not limited to:

- Access and completion of statutory and mandatory training;
- Identifying core mandatory learning by job family, to provide clarity on the scope of PLT provision;
- Targets for TURAS Appraisal/ PDPR Completion; and review of PDPR assessment forms;
- iMatter Appropriately Trained and Developed;
- Conduct a review of Predicted Absence Allowance to ensure calculations provide sufficient provision for staff learning time; and
- Support the development of a national training “passport” which will allow staff to carry credit for mandatory training with them if they move to a different employer, and thus avoid duplication.

Localising Implementation of PLT

Although it may be easy to implement PLT as a dedicated period for all staff in some areas as demonstrated in the HSCP teams, this will not be possible in all services throughout NHS Fife. Managers should be encouraged to identify the most appropriate approach for their own service, raising any concerns or difficulties with their own line manager.

Throughout May and June, initially on a two-week basis, the Learning and Development team will deliver a series of Lunchtime Byte PLT Clinics to:

- Support managers to understand PLT requirements including recording and reporting processes.
- Define links between Core/Mandatory training, PDPR and iMatter outcomes
- Spotlight, explore and share examples of good practices adopted elsewhere in Fife, and support line managers to consider their plans for adoption and implementation. These examples will include those provided in Appendix 3 however, further examples will be collected.

Using the guidance provided and under direction from the Director of Nursing, NHS Fife should incorporate absence associated with the completion of learning and development into decisions on staffing and should make planning decisions that enable all Agenda for Change staff to routinely access protected learning time, without adversely affecting service provision. It should be acknowledged that this requirement applies to all core and mandatory training associated to individual roles as outlined earlier. Staff must be given protected time throughout the year to meet their core and mandatory training requirements with the time

provided proportionate to the defined core/mandatory requirements for individual roles or professions.

Time to complete Core skills training

Anticipated time to complete Core Skills training will be dependent on individual levels of knowledge and length of service in the NHS. New members of staff who have no previous healthcare experience may take longer to complete learning when compared with long term employees. Consideration must also be given to the level of digital skills, learning styles and cognitive understanding. For these reasons, it is difficult to predict the exact time each member of staff will need to complete their core and mandatory learning, however approximate time commitments each year over a 3-year refresh period to meet all core skills refresh requirements for are:

Year 1 (Induction year for new employee): 8.5 hours/15.5 hours

Year 1 (current employee): 11 hours/15 hours

Year 2 (all employees): 3 hours/8.5 hours

Year 3 (all employees): 4.5 hours/8.5 hours

The times shown demonstrate the difference between non-clinical/load handling and clinical/load handling roles. The increased time for the clinical/load handling roles is due to the requirement for practical manual handling and resuscitation training. A breakdown of the learning required for each year is shown in Appendix 3.

Proposed return of Corporate Induction as a blended delivery model

For new members of staff, completion of Corporate Induction will meet most of the Core Skills training for their first year in post. The proposed return to a blended delivery method will provide relevant new staff with the practical elements of Resuscitation and Manual handling in addition to eLearning associated to other core skills topics in their first few days in post. This means that new employees will not be included in staffing numbers in their working area until this training is complete so will not place any additional pressures on managers when developing rotas.

PLT and Annual PDPR/Appraisals

In addition to core and mandatory role specific learning, staff can request further training and development opportunities during their Annual Appraisal / Personal Development and Planning review meetings. Alternative arrangements for learning not under the core/mandatory remit should be discussed and agreed however, the member of staff could be asked to complete this learning in their own time if it is considered not to impact on service requirements or role specific learning requirements.

Managers should be encouraged to engage in PDPR/Appraisal meetings with each member of staff to gain a full understanding of the role specific requirements, including training refresh times, for each member of their team. This will support annual workforce planning and ensure every member of staff is provided with the appropriate amount of time to complete the core/mandatory learning associated to their role with no detrimental impact on patient care/service delivery.

Actions proposed

A series of actions and opportunities to creating awareness of the new policy, to signal learning and development as a priority commitment for NHS Fife and support local line managers to adopt and sustain good practice are laid out in this section.

To ensure successful implementation of Protected Learning Time in NHS Fife, the following actions are suggested:

- Chief Executive delivers a key message as part of the next monthly brief emphasising the importance of NHS Fife's commitment to learning, development, meaningful PDRs for everyone and the organisations commitment to adopt the new policy requirements for protected learning time.
- Executive Directors deliver communications to their teams emphasising their expectations that protected learning time is established and support and encourage adoption by all managers as per their duties and obligations.
- All line managers establish a localised approach to providing PLT and promote the value and importance of this time within and across their team(s).
- APF members use their role and presence to promote and influence implementation of PLT within their own areas. Members should also promote examples of good practice from their own areas through this group for onward sharing.
- Acute Services and HSCP LPF members ensure PLT updates are a regular agenda item during meetings and identify suitable approaches to drive this forward with managers within their local areas.
- Learning and Development team engage with SSTS and eRostering system administrators to gain a deeper understanding of recording and reporting functionality. This will enable PLT Clinic facilitators to support and encourage managers to adopt a consistent approach to recording PLT.
- Learning and Development team engage with Core Skills training providers to agree approach to blended Corporate Induction and delivery of Protected Learning Time days.
- Learning and Development team provide a Core Skills status report to all managers with supporting information associated to the introduction of PLT and the requirement to record all future Core and Mandatory training interactions in SSTS or eRostering.
- The Learning and Development team will work with the Communications team to raise awareness of the new policy and create a dedicated area where examples of good practice and experiences can be shared through regular Training Bulletin and Stafflink News Feed posts.
- Learning and Development team raise awareness of PLT policy during delivery of Turas Appraisal Lunchtime Bytes and Management Development training sessions.
- Interim Learning and Development Manager raises awareness of new policy to members of Learning and Development Forum (LDF) and requests onward awareness raising from LDF members through other appropriate forums and training events. Group members will also be asked to collate, review and promote examples of good practice in their own areas of influence.
- iMatter team, EDG, APF and LPF members encourage managers to discuss how they can support PLT with their teams during the iMatter Team Action Planning stage.

2.3.1 Quality / Patient Care

Providing quality care will be enhanced by a well-skilled workforce. Providing protected learning time will support core skills compliance, as well as other role-specific training for all employees. This 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 protected learning time during working hours will provide dedicated opportunities to enhance, or refresh, core and mandatory learning and 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

There will be a financial impact to all services when providing cover for employees who are accessing their protected learning time opportunities.

2.3.4 Risk Assessment / Management

Ongoing service pressures and staffing levels may have a negative impact in the ability to provide protected learning time in all areas.

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

Equality and Diversity training will introduce staff to equality legislation and explains how it protects different groups of people from discrimination and unfair treatment. Providing a structured approach to protected learning time will ensure every employee is given access to, and opportunities for learning, development and PDPR/Appraisal conversations according to their individual core and mandatory training requirements.

2.3.6 Climate Emergency & Sustainability Impact

No impact

2.3.7 Communication, involvement, engagement and consultation

The proposed implementation and associated actions were developed in consultation with NHS Fife HSCP representatives, and the paper was revised by the Associate Director of Culture, Development and Wellbeing.

2.3.8 Route to the Meeting

This paper is to inform groups of a newly established policy for protected learning time. Feedback from NHS Fife HSCP representatives has informed the development of the content presented in this report.

2.4 Recommendation

- **Assurance** – For Members' information.
- **Discussion** – For examining and considering the implications of a matter for examining and considering the implications of the approach outlined in this paper.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Core Skills training guidance
- Appendix 2: PLT provision in the HSCP
- Appendix 3: Core Skills Breakdown by year

Report Contact:

Jackie Millen
Interim Learning and Development Manager
Email jacqueline.millen@nhs.scot

Core Skills Training Guidance

This guidance document is to help and assist Managers and Staff to achieve their responsibilities to learning across NHS Fife by setting out clear learning priorities ensuring learning is a core part of the organisation, its values, objectives and delivery plans.

All members of staff in NHS Fife are required to engage in Core Skills training on a regular basis in order to meet legal or regulatory requirements or to comply with key quality standards in accordance with organisational policy



Learning relevant to each of the 9 Core Skills should be completed as per the target staff groups identified however, all staff should have an awareness and understanding of any topics where they are not indicated as part of the specific target staff group. The Learning courses detailed below will help meet core compliance requirements. Where there are numerous courses aligned with a single topic, learners are required to

complete **one instance only** to ensure compliance however, there may be essential to role specific requirements in addition to core skills requirements that mean multiple courses or programmes of learning may be required.

Please note that all new employees are required to complete the NHS Fife Corporate Induction programme on commencement of role. On completion, there is no additional requirement to complete other learning associated to the indicated topics until the defined refresh period has been reached unless there are additional role specific requirements.

From 1 April 2021 we are required to work to the new Whistleblowing Standards for Scotland. There are a series of training modules which have been developed by the Independent National Whistleblowing Officer and these are available on the TURAS website. Please note that although this training is not mandatory we place such importance on it that we have included it in our suite of mandatory training.

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Manual Handling	Manual Handling (Non Patient Handling): NHS Fife eLearning <ul style="list-style-type: none"> Manual handling (non patient handling) theory 	Manual Handling Non-Patient Area	2 years	ALL staff who are not responsible for physically lifting, moving or supporting patients.
	Manual Handling (Patient Handling): NHS Fife eLearning <ul style="list-style-type: none"> Manual handling (patient handling) theory <p style="text-align: center;">AND</p> Manual Handling classroom -based training	Manual Handling Patient Area	Annual	ALL Clinical and Key non-Clinical Staff who are responsible for physically lifting, moving or supporting patients.
Health & Safety	NHS Fife: Health and Safety	Health and Safety Area	3 years	ALL members of staff
	NHS Fife Corporate Induction (one-time completion)			All new members of staff on commencement of role
Fire Safety	Fire Training (eLearning)	Fire Training Area	Annual	ALL members of staff
	OR			
	Fire training (classroom-based training)			

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
	NHS Fife Corporate Induction (one-time completion)	Contact fife.workforcedevelopment@nhs.scot		All new members of staff on commencement of role
Infection Control	SIPCEP Foundation Layer (NES Scottish IPC Education Pathway – Foundation (only one single course is required to confirm compliance)) OR Relevant classroom-based training	Infection Control Area	Annual	ALL members of staff
	NHS Fife Corporate Induction (one-time completion)	Contact fife.workforcedevelopment@nhs.scot		All new members of staff on commencement of role
Resus	Level 1 Adult Resuscitation eLearning	Resuscitation Area	Annual	All staff who do not deliver direct patient care or therapies.
	Level 2 Resuscitation training programme			All staff who deliver direct patient care or therapies.
Protection for All	Child Protection : practice level 1 [informed] eLearning OR NHS Fife Corporate Induction (new members of staff only)	Child Protection Area		

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
	Adult support and protection : practice level 1 [informed] eLearning OR NES: Human Trafficking (NES content)	Adult Protection Area	3 Years (each individual component)	ALL members of staff
	NHS Fife: Gender-based Violence eLearning	Gender-Based Violence Area		
Information Governance	NHS Fife: Information Governance eLearning OR Information governance : safe information handling eLearning	Information Governance Area	3 Years	ALL members of staff
	NHS Fife Corporate Induction (one-time completion)	Contact fife.workforcedevelopment@nhs.scot		All new members of staff on commencement of role
Equality & Diversity	Introduction to equality, diversity and human rights (eLearning)	Equality and Diversity Area	3 Years	ALL members of staff
	NHS Fife Corporate Induction (one-time completion)	Contact fife.workforcedevelopment@nhs.scot		All new members of staff on commencement of role
	Violence and Aggression Awareness eLearning		3 Years	All members of staff who require a general overview only

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Violence & Aggression	Violence and Aggression Awareness eLearning AND Relevant classroom-based training	Violence and Aggression Area	Refresh according to role specific requirements	All members of staff who require the practical elements of V&A or De-escalation training

Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Whistleblowing	Whistleblowing: an overview OR	Whistleblowing: an overview	One –time completion	Members of staff who require a general overview only including students, contractors and volunteers.
	Whistleblowing: for line managers OR	Whistleblowing for Line Managers	One –time completion	Members of staff who manage others or people who work in a similar role who will help and support whistleblowers.
	Whistleblowing for Senior Managers	Whistleblowing for Senior Managers	One –time completion	Senior Managers who will help and support whistleblowers and are required to fulfil all recording and reporting requirements.

Additional training/learning may be required by specific staff groups and this should be confirmed on a local basis. Refer to local guidelines and policies for further information.

Appendix 2: PLT provision in the HSCP

- The Health Visiting Service provide 6 x three-hour sessions throughout the year for their team in addition to engaging in PDPR/Appraisal and Revalidation discussions during working hours. Protected learning time during 2024 will be provided in February, April, June, August and October with a further date for early 2025 to be arranged. Although the Children and Young People's Community Nursing Service do not provide scheduled PLT sessions, they do accommodate this on an ad-hoc basis.
- Staff in the Child Protection team manage their own diaries and factor in their own protected learning time within that to complete their mandatory training, supported as service capacity allows to complete any additional role specific training. The team are currently undergoing a period of service redesign, so for the past 2 months have been operating a rota for role allocation within the team. Following the distribution of the circular they are considering an afternoon (3 hrs) 4-6 times a year in line with the Health Visiting service.
- Podiatrists are provided with one 3.5-hour session per week for CPD with Nutrition and Dietetic staff accessing one half day PLT session per month.
- The Speech & Language Therapy service have implemented job planning over the last couple of years. As part of this, they have identified a proportion of time, calculated on an annual basis and dependent on role bandings which is not directly clinically focused. Within that non-clinical time, 7 sessions per year have been identified for learning needs and CPD and 5 sessions per year to complete mandatory training. This is over and above the time required for supervision but does include time for PDPR preparation and meeting.
- The Psychology service support their staff via job plans to spend time in learning activities, including attending conferences, workshops or events. These are discussed and agreed with line managers and clinical supervisors. Their in-house CPD programme and therapy specific clinical supervision groups are designed to support staff in this.
- The Mental Health and Learning Disability service reported several variances across their area:
 - General practice seems to be PLT is managed via 1:1's with Line Managers with focus on completion of mandatory training. Extracurricular learning via Uni modules/study is also discussed and agreed with Line Manager.
 - Commonly reported that pre-arranged PLT is often sidelined where clinical demand and patient priority is presented however efforts are made to rearrange to ensure Mandatory Training is completed on another date.
 - Overtime and extra hours are offered in some areas to improve compliance
 - Managers promoting good practice with timely completion by encouraging staff to ensure training renewals dates are staggered to avoid a rushed approach when all courses are due for renewal at the same time.

- Primary and Preventative Care Physiotherapy teams are provided with learning time as follows:
 - Musculoskeletal Physiotherapy - All staff have 1 hour per week built into their clinic diary templates for protected learning. They also have 4 afternoons per year as a whole team which are used for training. In addition, any face-to-face mandatory training is supported as the timings of these course often don't fit with their allocated time in clinic templates.
 - Pain Management Physiotherapy - All staff have 1 hour per week built into their clinic diary templates for protected learning. They also have 1 hour per month as a whole MDT team in-service training. As above any face-to-face mandatory training is supported as the timings of these course often don't fit with their allocated time in clinic templates.
 - Children and young people Physiotherapy - Can either build in 1 hour per week or a half day per month into their diaries, staff choose themselves. In addition, there are 4 staff meetings per year which include a half day of whole team CPD/learning time.
 - Learning Disability Physiotherapy - Can either build in 1 hour per week or a half day per month into their diaries, staff choose themselves. In addition, there are 4 staff meetings per year which include a half day of CPD/learning time.
 - Advanced practice staff from any of the above teams who are non-medical prescribers or Injectors have some additional time built into their job plans to meet the mandatory training aspects of these advanced practice skills.
 - Any other training time approved is per individual and links to their PDP requirements and objectives.
 - The Sexual Health team are given time to complete mandatory training and have recently restarted Whole service PLT time. Previously providing 2 or three days per year, the most recent event was held on 8th November to provide in house training and a session with the Child Protection training team.

Appendix 3: Core Skills Breakdown by year

- Year 1 (new employee):
 - Corporate Induction eLearning (4 hours)
 - Manual Handling non-Patient eLearning – **non-clinical/non-load handling employees only** (1.5 hours)
 - Child Protection eLearning (1 hour)
 - Violence and Aggression eLearning (1 hour)
 - Resuscitation (Level 1 eLearning or Level 2 Practical) (1 hour/2 hours)
 - Manual Handling eLearning and practical element - **patient/load handling roles only** (7.5 hours)

- Year 1 (current employee):
 - Fire (1 hour)
 - Manual Handling non-Patient eLearning (1.5 hours)
 - Infection Control (1 hour)
 - Child Protection eLearning (1 hour)
 - Adult Protection eLearning (1 hour)
 - Gender-Based Violence eLearning (1 hour)
 - Violence and Aggression eLearning (1 hour)
 - Resuscitation (Level 1 eLearning or Level 2 Practical) (1 hour/2 hours)
 - Manual Handling eLearning and practical element - **patient/load handling roles only** (7.5 hours)
 - Health and Safety eLearning (1.5 hours)
 - Equality and Diversity eLearning (1 hour)

- Year 2 (all employees):
 - Fire Lecture (1 hour)
 - Infection Control (1 hour)
 - Resuscitation (Level 1 eLearning or Level 2 Practical) (1 hour/2 hours)
 - Manual Handling eLearning and practical element - **patient/load handling roles only** (4.5 hours)

- Year 3 (all employees):
 - Fire Lecture (1 hour)
 - Infection Control (1 hour)
 - Resuscitation (Level 1 eLearning or Level 2 Practical) (1 hour/2 hours)
 - Manual Handling non-Patient eLearning – **non-clinical/non-load handling employees only** (1.5 hours)
 - Manual Handling eLearning and practical element - **patient/load handling roles only** (4.5 hours)

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 14 May 2024
Title:	Draft Annual Delivery Plan 2024/2025
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/2025

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

- Safe, Effective & Person Centred

This report aligns to the following Strand/s 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

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

The core aim of this year's guidance is to support Boards in updating their Delivery Plans into Three Year Delivery Plans with detailed actions for 2024/25 which are aligned to their Three-Year Financial Plans and to the ministerial priorities as set

out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026.

2.2 Background

This Delivery Plan guidance is issued alongside the NHS Scotland Financial Plan 2024/25 Guidance, and the two should be produced in conjunction to ensure that delivery planning is affordable within a Boards financial envelope, and that this in turn supports the savings aims as set out in the finance guidance.

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

As well as ensuring Delivery Plans are affordable within the context of the Board's financial plan, they should also ensure the workforce is in place to support service delivery.

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

The "Health Inequalities" driver has been expanded to more explicitly cover a wider range of population health planning and the previously separate drivers that covered "Digital Services and Technology" and "Innovation Adoption", have now been merged into a combined "Digital Services Innovation Adoption" driver. A new "Women and Children's Health" driver has been added, to better encapsulate planning priorities previously covered under other recovery drivers.

Drivers for Recovery in full are listed below:

1. **Primary and Community Care** - Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
2. **Urgent and Unscheduled Care** - Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.
3. **Mental Health** - Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.
4. **Planned Care** - Recovering and improving delivery of planned care.
5. **Cancer** - Delivering the National Cancer Action Plan (2023-2026)
6. **Health Inequalities and Population Health** - Enhance planning and delivery of the approach to tackling health inequalities and improving population health.
7. **Women and Children's Health** - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
8. **Workforce** - Implementation of the Workforce Strategy.

9. **Digital Services Innovation Adoption** - Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.
10. **Climate** - Climate Emergency and Environment.

2.3 Assessment

Services were sent a locally devised template to collate required narrative for each Planning Priority outlined in the guidance to ensure all points are addressed. The ask for Services was to consider the below criteria when providing content:

- be strategically focussed to give assurance to Fife NHS Board and Scottish Government, on what is to be delivered over the next 3-years.
- be aligned to 3-year Financial Plan.
- reference links to [Value based health and care](#), where applicable.
- include an assessment of service sustainability and resilience.
- reflect on any risks and issues associated with delivery.

The Plan should also set out what will be delivered over the next three years, firm planned actions and programmes of activity for 2024/25 and indicative set of actions for 2025/26 and 2026/27.

Also requested to be included was 2024/25 trajectories for suite of revised National Standards. These are incorporated under relevant Recovery Driver and will be monitored through the Integrated Performance and Quality Report (IPQR). The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. Plan is still in draft as no formal feedback or sign off has been received from Scottish Government to date. There will be twice-a-year joint Executive Team meetings between Scottish Government and Boards to discuss progress.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper has been presented to the following groups:

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)
- Finance, Performance & Resources Committee 7 May 2024

2.4 Recommendation

Staff Governance Committee members are asked to:

- Take **Assurance** from the content of the draft Annual Delivery Plan 2024/2025

3. List of Appendices

- Appendix 1 - Draft Annual Delivery Plan NHS Fife 2024/2025

Report Contact:

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25

DRAFT

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Planning Context

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

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

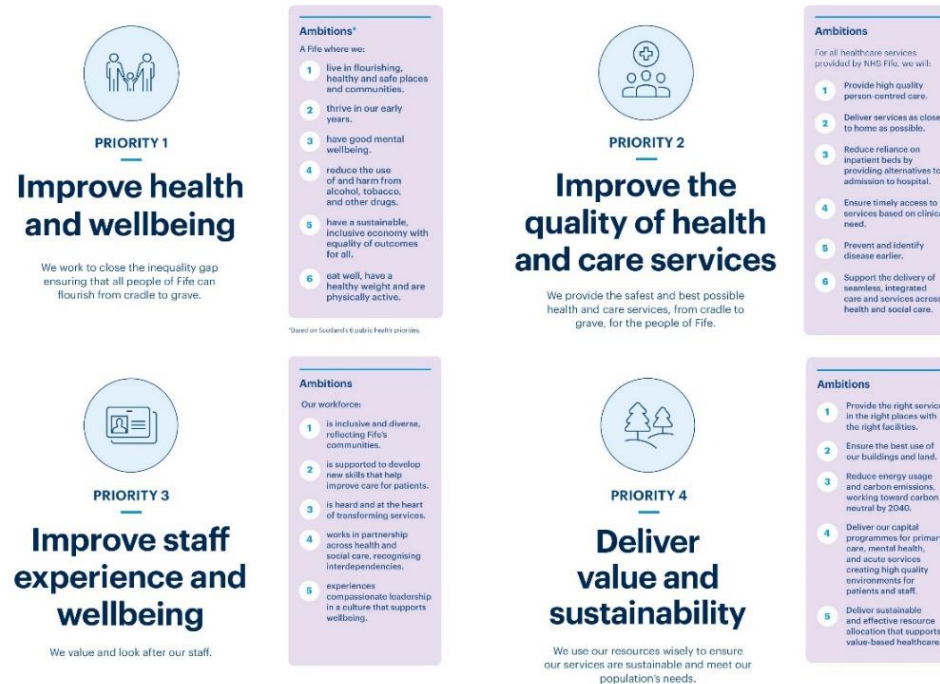
At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations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

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

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

Population Health and Wellbeing Strategy

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



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

Medium term Financial Plan 2024-27

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

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

Re-form, Transform and Perform Framework

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



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

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

Regional planning

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

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


Risk Management

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

Recovery Drivers

1 Primary and Community Care

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

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

1.1 Delivery of core primary care services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

2 Urgent & Unscheduled Care

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

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

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

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

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

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

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

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

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

2.2.1 Optimising Flow Navigation Centre

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

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

2.2.2 Signposting and scheduling of appointments to A&E

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

2.2.3 Increasing the routes for professional-to-professional advice

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

2.2.4 Focus on frailty pathways and care home support

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

An integral component will be verification groups which will lead the review of Emergency Department attendances and front door admissions to understand if an alternative pathway would have been more appropriate for the resident to allow them to remain in their Care Home with appropriate care wrapped around them. Introduction of palliative care bundle for end-of-life patients in community to reduce inappropriate admission to hospital and ensure timely management of symptoms will also be progressed.

2.2.5 Develop further ambulatory pathways

Using existing resources in 2024/25, the Rapid Triage Unit (RTU) will be developed through reviewing further the integration of the ambulatory urgent care/same day non-admitted patients into one joint service (ECAS/DVT/OPAT/IV infusions). This will support shorter length of stay for non-admitted and admitted patients, provide timely triage and discharge for non-admitted patients, further improve Hospital avoidance and redirection rates and reduce costs of both units into one integrated unit.

Direct access pathways for GPs, Hospital at Home and front door ward areas are in place with a proposal for additional pathways into inpatient specialty wards and extension of opening hours to include out of hours.

Further work to reduce admissions to acute settings from the community include the inception of a primary care verification group that will review members of the population identified as having multiple attendances at A&E. Pilot work for this is ongoing with a group developed to target the population of the Levenmouth locality as data demonstrates that this area currently has the highest attendance rate at A&E in Fife. Early indicators demonstrate a decrease in both admission to hospital and attendance at A&E for the target population and this will be rolled out all localities in Fife.

2.3 Improving access to Hospital at Home services across a range of pathways including OPAT (Outpatient Antimicrobial Treatment), Respiratory, Older People, Paediatrics and Heart Failure.

2.3.1 Hospital at Home (Older People)

The traditional model of Hospital at Home associated processes and pathways are being scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.

Following the completion of the test of change, the plan is to recruit two permanent in-reach practitioners that will cover a 7-day service, but this will be dependent on funding.

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

Plans are in place to enhance the OPAT service and increase the consultant cover from Infectious Diseases, however, the skill mix and staffing model for the delivery of an increased capacity OPAT model requires further resource.

2.3.3 Respiratory

Commencement of improvement work through the Virtual Capacity Workstream has allowed an Acute Respiratory Team to cover in-reach to admission areas with the development of a weekend team who support a 7-day early supported discharge profile. There are plans to further develop a fully integrated weekend team.

A respiratory HOT clinic model is also being developed with plans to increase further. The key benefit to the inpatient service is a reduction in readmissions.

In addition, the specialist Community Respiratory Service will reduce hospital front-door attendance through co-working with GPs, the Scottish Ambulance Service and Flow Navigation Centre, as well as improve the primary care diagnosis of COPD (Chronic Obstructive Pulmonary Disease) through staff training.

2.3.4 Paediatrics

Work began in November 2023 to develop a Hospital at Home model within the Paediatric Diabetes service. As funding for this initiative was only granted until March 2024, it is not currently possible to plan for continuation or further development of this initiative beyond March 2024.

2.3.5 Heart Failure

If funding can be secured from the Scottish Government Virtual Capacity workstream, the aim is to spread the learning from respiratory and to those with heart failure.

2.3.6 Long Term Conditions and Complex Care

The integration of community service pathways is planned with the objective of increasing the capacity of services utilising a step-up and step-down model of care by reducing reliance on admissions to hospital and increasing the availability of comprehensive clinical care in a homely setting.

By increasing the skill set and staffing in specialist services, there will be an increase in the ability to expand clinical interventions available in the community and prevent admission to acute hospital.

Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas will improve pathways.

2.3.7 Improving access to 'same day' services

Work will continue to develop robust ambulatory pathways and models of care to include a number of speciality-led HOT Clinics with same day access. This will reduce overnight stays and bed-based care, provide more resilience for services with large inpatient models of care, reduce surge/boarding and reduce financial costs of overnight stays.

2.3.8 The use of early and effective triage

An agreed area for improvement is ED minors' performance with the current average performance is 95% with trajectory performance agreed at 99%. To achieve this the following will be actioned:

- Review of staffing model with focus on skill mix and senior clinical decision-making oversight
- Implement robust redirection criteria and support for patients and staff
- Strong and effective communications to ensure population awareness of how to access alternative same day care including MIUs - QMH and St Andrews
- Internal pathway review to ensure patients who require gynaecology, orthopaedics, OMFS or ENT review can access within agreed KPIs.
- Redirection pathways to Rapid Triage Unit and ECAS/OPAT
- ED advice line to expand to take all care home calls and support SAS/community ANPs with clinical decision making to prevent inappropriate presentations

A revised business case will be the basis for the development of an enhanced ambulatory unit. This will be subject to Board decision making in respect of any financial investment required.

2.3.9 Rapid decision-making

The ongoing work to consolidate and stabilise the ED medical and nursing workforce will be dependent on the availability of financial resources. This action aims to reduce ambulance turnaround times to meet agreed national targets and support clinical decision making to Call Before You Convey (CBYC) including reducing care home demand by taking all care home calls.

Work is also underway to enhance the frailty / ED model to care for the growing cohort of frail patients who require emergency level care, through a plan to roll out frailty practitioners / assessments. This is projected to reduce admission rate to 27% by reducing in patient demand but is also subject to availability of funding.

2.4 Reducing the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.

2.4.1 Increasing 1–3-day admissions

Improvements within secondary care have been identified to reduce length of stay by increasing 1-to-3-day admissions, these include:

- Restructuring of hospital capacity and flow teams to integrate discharge pathways with downstream wards to optimise advance planning including early referral to HSCP discharge hub for community transfers, early identification of transport requirements and complete discharge documentation.
- Optimisation of pre noon discharges and implementation of a sustained continuous flow model to focus on early moves to make the hospital safe and avoid substantial bed moves in the out of hours period.
- Further develop partnership working with discharge hub and front door team(s) to optimise social work input at time of admission to support shorter length of stay.
- Improve timely completion of discharge documentation and work to ensure that patients transferred into surge beds have their IDL (integrated Discharge Letter) completed by the parent team. Explore alternative models of care for our surge beds, exploring AHP consultant led beds for patients who are awaiting onward rehab pathways, this can support change of pathways if therapy input is optimised.
- Optimise rapid access radiology outpatient slots to avoid unnecessary delay and prolonged admission.

2.4.2 Reducing delays over 14 days

A whole system approach has already been adopted to reduce the number of patients in secondary care with length of stay over 14 days, actions include:

- Weekly length of stay verification for all patients over 10 days includes senior oversight and robust action plan
- Daily community verification
- Weekend planning meeting
- Moving On Policy in place to support complex conversations.

To reduce delays over 14 days, patients requiring coordination across Acute and Community are reviewed daily at whole system verification meetings that are chaired by the Head of Service or Service Manager within the Health and Social Care Partnership. This enables system wide discussions of all patients requiring support to return home or to a homely setting. Patients who have exceeded their PDD or for whom any potential barriers to discharge have been identified will be reviewed proactively to ensure the whole team work collectively to resolve.

2.4.3 Supporting Discharges

There are a range of models being implemented to support discharges. Further progression of these models will be dependent on available funding in 2024/25.

Fife Rehabilitation Model – This model has a clear focus on home-based rehabilitation and will aid a reduction in time people spend in hospital by ensuring all patients first pathway for consideration is rehabilitation at home rather than a dependency on community hospital beds.

Right Care for You Model – this model is a person-centred assessment of an individual's moving and handling needs that supports ensuring that the person receives the right amount of care and treatment and that it is provided in the correct environment, reducing the number of people

required to undertake specific tasks, creating additional capacity across the whole system and utilising staff resources and time better. This will increase the availability of POC and reduce the length of time people are in hospital waiting on a double up POC.

Adults with Incapacity - transformational work is in progress to analyse this area of practice and to further reduce those delayed in hospital working with a Solicitor and Mental Health Officers who have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge.

2.4.4 Promoting early and effective discharge planning

To improve patient flow and further embed best practice of Planned Day of Discharge (PDD) all Integrated Discharge Teams will ensure discharge pathway planning and discussions begin from the point of admission and this will be achieved by further embedding representation for Social Work and Social Care at multi-disciplinary meetings (based on every hospital site) within planned and unplanned care to ensure timely holistic assessments are determined by the most appropriate professional to avoid unnecessary delay.

An audit will be conducted to track progress of PDD documentation and review completion, identifying areas of good practice or areas for improvement to ensure consistency across our inpatient wards. KPIs will be developed to measure performance and seek new routes for further improvements.

The Discharge to Assess Model will be enhanced and improved to ensure that wherever possible people are assessed for ongoing care within their own homes and not in an unfamiliar environment such as a hospital ward or assessment bed in a care home and when they are at their most vulnerable. This will facilitate an increased use of Discharge without Delay principles and the Planned Date of Discharge (PDD) bundle.

2.4.5 Robust and responsive operational management

A system-wide Operational Escalation Level (OPEL) Framework is embedded within NHS Fife and Fife HSCP with it continuing to support responsive decision making across all services throughout the day as well as facilitate improved patient flow.

2.5 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.

2.5.1 Reduce unscheduled admissions

Future care planning is a key area to support the reduction of admissions. A new ACP is in the process of being developed. A small group consisting of a GP, Practice Manager and Medical Consultant have met to develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working in partnership with the front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with HSCP services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

2.5.2 Accelerate rapid assessment

The Integrated Community Teams proposal for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to an Assessment and Rehabilitation Clinic model where Advanced Nurse Practitioners and Advanced Therapy Practitioners complete a comprehensive multidisciplinary assessment in a clinic setting. The clinics would be set up across Fife with the aim of having a clinic operating in each of the 7 localities. This would be achieved by merging the existing ARC and Intermediate Care Team (ICT) services together to become a 'Community Rehabilitation and Frailty Team' which will facilitate a consistent staffing model across Fife, enhance capacity within the overall service and therapy will be undertaken at home or as close to home as possible. This will be delivered with current resources.

2.5.3 Evolve to implement Frailty Units

The Fife Frailty MCCN has just been re-established and refreshed and now includes stakeholders from health, social care, independent and third sector as well as public representation. The MCCN will meet quarterly with subgroups meeting between those times to take forward the priorities of the MCCN which will strive to develop an integrated coordinated approach to supporting people living with frailty across Fife.

The priorities identified at the recent stakeholder event included awareness raising around what frailty is and how professionals and individuals themselves can support those living with frailty, and rapid access to information and services. Examples include developing, knowledge, skills and confidence of staff and citizens. Future and proactive care planning, navigation of effective care pathways and joined up care with all services wrapped around the person living with frailty.


Frailty is a dynamic state and the MCCN recognises the importance of people being able to access responsive services at whatever stage of frailty they are at whether. The MCCN priorities align with ensuring people can live as healthy lives as possible in their own home or as close to home as possible.

Subgroups are being developed to focus on the priorities however there are already groups set up which will link with the MCCN including the ACP group and the Prevention of Admission and Early Intervention subgroups which are part of the Fife Home First and Transformation Strategy. Ageing Well and Community Falls group will be set up as part of this network and further subgroups will be developed as the MCCN matures. These groups will report back through the MCCN and the wider governance structures within the HSCP and Acute Services.

2.5.4 Frailty Skill Mix

A review of the frailty workforce is underway with a focus on skill mix. The projections for Medicine of the Elderly Consultants are on a downward trend therefore there are plans being explored to develop advanced practice nursing and AHP staff/teams to support and integrate with clinical teams.

3 Mental Health

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
 Mental Health	CAMHS	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral		Jan-24	69.4%	90.0%
	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral		Jan-24	73.6%	73%
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Mental Health hospital	Standard Delays	Feb-24	19	10
	AWI Delays		8		12	

Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.

The planned improvement in the delivery of Mental Health services is dependent on the financial allocation and if this is insufficient to achieve the ambitions set out in the programme deliverables within agreed timescales, this could have an effect on service delivery and staff morale. There has been significant engagement with people to coproduce plans and they may feel their voices have not been heard. This could also lead to lack of long-term engagement in this process and the retention of staff.

To mitigate these risks, there will be open and transparent communications regarding priorities and funding to manage expectations.

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

Fife CAMHS will continue to prioritise the development of services, to build capacity to achieve and sustain the national Referral to Treatment Target (RTT) as well as delivery of services as set out within the national CAMHS Service Specification.

Fife CAMHS will achieve this through the prioritisation of early intervention, engagement with service users, parents and carers, effective use of resources through the development of clinical pathways for complex mental health issues and ensuring that services are accessible to children and young people when they are most in need.

The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is a risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is a risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

3.1.2 Psychological Therapies

Fife Psychology Service will increase capacity to improve access psychological interventions and evidence-based PTs, eliminate very long waits (over 52 weeks) as well as meet and maintain the 18-week referral to treatment (RTT) waiting times standard.

Demand for psychological therapy remains high, and DCAQ (Demand Capacity Activity Queue) analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.

3.2.1 Development of Fife Mental Health Strategy

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

3.5 Improving support and developing the Mental Health workforce.

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

3.6 Improving the mental health-built environment and patient safety.

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.

The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.

4 Planned Care

Recovering and improving delivery of planned care

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

4.2 Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

4.3 Maximising capacity to meet local demand trajectories.

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

4.6.2 Transfer of lists

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

4.7 Undertake regular waiting list validation.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

4.8 Wait Well

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.

4.9.1 ACRT/PIR

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed speciality by speciality. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

4.10 Optimise theatre utilisation and implement digital solutions.


NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

5.1.1 The Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

5.1.2 Breast Pathways

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

5.1.3 Colorectal Pathways

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

5.1.4 Urology Pathways

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)

5.2.1 Increasing Diagnostic Capacity

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. Currently there is no identified funding source for this.

5.2.2 Increasing Endoscopy Capacity

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

5.2.3 Rapid Cancer Diagnostic Service

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce an Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

5.4 Delivering single point of contact services for cancer patients

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support

5.5.1 Prehabilitation

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.

Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

5.5.2 Psychological Therapies


NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate in the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard	Latest		By Mar-25	
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	QE Sep-23	82.9%	90.0%	
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
	Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%	
Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500	
		40% Most Deprived		111	324	
Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300	
		C&YP	YE Feb-24	134	156	

6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

6.2.1 Implementation of MAT standards

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

6.2.2 Outcome 1 – Fewer people develop problem drug use.

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

6.2.3 Outcome 2 - Risk is reduced for people who take harmful drugs.

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

6.2.4 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services.

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approach) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.

6.3.1 Develop and maintain Smoking Cessation Services

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

6.3.2 Weight Management

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *'support and empower a sustainable skilled workforce to deliver safe and effective immunisation services'* and the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".

6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities through engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

Employability

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already an established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

Anticoagulant medicines are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

Lithium is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

Insulin - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

Sodium Valproate is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.

7 Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.

7.1.1 Best Start

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

7.1.2 New Model of Neonatal Care

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those how need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

7.2 Taking forward the relevant actions set out in the Women's Health Plan

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

7.2.1 Access to TOP Service

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

7.2.2 Access to contraception

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

There are plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

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

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

9.6.2 *Upgrades and Lifecycle Plans*

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.

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NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

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DRAFT

Meeting: Staff Governance Committee

Meeting Date: Tuesday 14 May 2024

Title: Internal Audit Report B17/23 - Workforce Planning

Responsible Executive: David Miller, Director of Workforce

Report Author: Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive

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

The purpose of this report is to update the Staff Governance Committee on the outcome of the Internal Audit - Workforce Planning Report B17/23 (Appendix 1). The Committee has been provided with updates on workforce planning actions since the Board and HSCP Workforce Plans were published in 2022 and to take account of the commentary within the Annual Audit Report presented at the July 2023 Staff Governance Committee meeting, alongside the anticipated content of this Audit Report. Changes to the National Workforce Planning cycle and guidance are also being actively pursued at this time.

2.2 Background

The Audit was intended to cover the design and operation of the controls associated with Workforce Planning and specifically considered:

- Development of the Workforce Plan based on appropriate evidence in compliance with Circular DL(2022)9, including validation of the self-assessment against the checklist provided with the Circular.
- Whether the Workforce Plan is informed by, and informs, strategic workforce risk(s) including identifying and providing solutions to these workforce risks.
- Adequacy and effectiveness of monitoring and assurance arrangements to ensure the delivery of the Workforce Plan, including relevant, reliable, and sufficient data to measure success.

The Audit opinion is that there is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Key issues identified within the Audit Report are:

- It is not clear that the Workforce Plan is sufficient to mitigate the workforce risk to its planned target level, which appears optimistic in the current circumstances.
- Given the challenges faced across the Health & Social Care Sector, further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled.
- Future iterations through the Annual Delivery Plan should incorporate work being taken forward through the SPRA and there should be greater clarity around financial implications.
- The Terms of Reference for the Staff Governance Committee should have an explicit reference to the monitoring and oversight of the development and implementation of the Workforce Plan.
- Workforce planning tools should be used to support analysis and address the gaps in workforce availability to support service delivery and sustainability.
- The Workforce Plan covers staff in non-delegated functions and needs to be considered alongside the HSCP Workforce Strategy and Plan. Work should continue to develop the integrated workforce planning approach described in the national guidance which will ensure effective governance and assurance arrangements for NHS Fife staff covered by the IJB's Workforce Plan.
- SMART actions and associated actions derived from the Workforce Action Plan need to be developed and fully reflected in the Annual Delivery Planning process.

The management actions in response to this Audit have been agreed by the Director of Workforce, and progress will be reported in future to the Staff Governance Committee, noting that the landscape has changed since the Audit was commissioned and many of the actions have progressed.

Fife H&SCP has worked collaboratively with NHS Fife to ensure an integrated approach to delivering the HSCP Workforce Strategy 2022-2025 and Year 2 Workforce Action Plan 2023/2024.

The Partnership's initial Year 1 Report 2022/2023 was presented to the Integration Joint Board and Local Partnership Forum in November 2023, where it received very positive feedback. The Year 2 Plan 2023/2024 was also agreed at this time.

The Workforce Strategy was subject to an Internal Audit during 2023, which provided “reasonable assurance” and made three recommendations that were taken on board fully and delivered at the IJB in November 2023. A further recommendation that builds on our aim of generating collective data that includes the third and independent sectors will be met over the course over 2024. This will support the Partnership to understand the challenges across the integrated system and continue to focus our work on those areas of highest priority.

2.3 Assessment

In terms of current NHS Fife workforce planning actions, given the timeline since the Audit was commissioned and the report was generated, the landscape within the Board has changed and the report has not kept pace with the recent changes in relation to the SPRA and ADP processes, the development and application of the Scottish Government / National Education for Scotland / Centre for Workforce Supply designed workforce modelling tool designed to provide granular details, which was only made available after the requirement to publish the plan in 2022 and of course, the current financial climate and RTP Programme.

The commitments and actions in response to earlier feedback on the Workforce Plan have been progressed, for example, the recently agreed update to the Committee’s ToR to include the oversight of our workforce planning arrangements, previous SPRA submissions have been reviewed and captured within local service based workforce plans, current Annual Delivery Plan information is being provided by the Planning and Performance Team and links with Corporate Objectives identified, along with confirmed or possible workforce sustainability impacts. This information continues to be used to populate the templates provided to generate service based workforce actions and plans.

As previously reported, clear, specific and measurable actions on the impact on the workforce and why they are necessary have been included within service based workforce plans. A series of workforce related actions have been identified for the RTP Workforce workstream and they will contribute to and provide the focus for our current workforce planning actions, which also include responding to the non-pay elements of the 2023/24 Agenda for Change Pay Deal (e.g. enabling continued safe and effective care following the reduction in working hours linked to the Reduced Working Week, calculated in excess of 100 WTE in phase 1; ensuring best utilisation of the changing composition of the registered Nursing workforce following the Review of Band 5 nursing roles; and the introduction of Protected Learning Time). Following recent discussions on the focus and emphasis of the Operational and Strategic Workforce Planning Groups, a decision has been taken to merge the groups and the new combined group will meet for the first time in May 2024.

The Workforce Strategy Group oversaw the co-design of the Year 2 Workforce Action Plan, which was developed by over 50 stakeholders across the Partnership. The first mid-year report on the Year 2 Plan will be presented to the Local Partnership Forum and Finance, Performance & Scrutiny Committee in May 2024. The Year 2 Plan continues to set out our workforce actions through the lens of the ‘Five Pillars’ to ensure alignment to the national approach and our local priorities in collaboration with our partners in NHS Fife.

There continues to be on-going active collaboration and contributions within the respective NHS Fife and H&SCP Workforce Planning Groups and in respect of various strands, such as implementation of the Health and Care Staffing Act, Employability and the young workforce.

2.3.1 Quality / Patient Care

Delivery of workforce planning across the organisation is a key enabler to successful implementation of the NHS Fife Population Health & Wellbeing Strategy. Underpinning this intent, delivery of robust workforce planning is supportive of enhanced patient care and quality standards and is a key element of the Annual Delivery and Medium Term Planning processes, which reflects our in-year and medium term service delivery commitments.

2.3.2 Workforce

Discussions continue on the prioritisation of the workforce priorities within the Board and associated plans. The Three Year Workforce Plans for 2022-2025 identified our workforce commitments at local level, which complement the overall National Workforce Strategy for Health & Social Care in Scotland. This is now informed by the RTP Programme and the requirements for staff covered by the Agenda for Change agreement aligned to the introduction of the reduced working week, Protected Learning Time and the Band 5 Nursing roles review.

The current workforce challenges and the actions being taken to mitigate these challenges and risks have been reported on a regular basis to Staff Governance Committee and are captured within the Corporate Risk profile. The additional information being captured in lieu of workforce projections and as previously advised to the Committee, the use of the NES modelling tool, will assist with the understanding at a granular level and with expansion of the risk profile.

2.3.3 Financial

Aligned to the feedback set out above and attached, these commitments will be subject to consideration through the Annual Delivery and Financial Planning process, the RTP work streams and the equivalent process within HSCP.

2.3.4 Risk Assessment / Management

NHS Fife's Workforce Plan 2022-2025 aimed to address the key workforce risks for the organisation as identified at the time of the plan being published. These risks are regularly updated as part of the NHS Fife Risk Management arrangements and the service implications of our current workforce challenges are the subject of regular consideration at various levels within the Board, noting the changing landscape.

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

The content and aspirations of the Workforce Plan are aligned to the merits of being an Anchor Institution.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The approach to this paper has been discussed by NHS Fife's Workforce Planning Lead, the H&SCP Workforce Planning Lead and the NHS Fife Workforce Directorate Senior Leadership Team.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper and the Audit Report is provided to Staff Governance members for **Assurance** and members are asked to note the content and responses to the Workforce Planning Audit B17-23.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Internal Audit Report B17/23

Report Contacts:

Brian McKenna
Workforce Planning and Workforce Systems Manager
Email: brian.mckenna@nhs.scot

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

FTF Internal Audit Service

Workforce Planning Report No. B17/23

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy

David Miller, Director of Workforce
Rhona Waugh, Head of Workforce
Brian McKenna, HR Manager – Workforce Planning

Gillian MacIntosh, Head of Corporate Governance/Board Secretary
Hazel Thomson, Board Committee Support Officer

Staff Governance Committee
Audit and Risk Committee
External Audit

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Draft Report Issued	26 May 2023
Draft Report Re-issued	14 February 2024
Management Responses Received	1 May 2024
Target Audit & Risk Committee Date	16 May 2024
Final Report Issued	8 May 2024

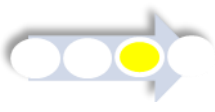
CONTEXT AND SCOPE

1. The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022 and on 1 April 2022 the Scottish Government issued DL2022(09), which provided guidance on the completion of the 3 Year Workforce Plan 2022-25 with a deadline for submission of 31 July 2022.
2. The NHS Fife Board Strategic Framework includes the following strategic priorities:
 - *‘Improve health and wellbeing*
 - *Improve the quality of health and care*
 - *Improve staff experience and wellbeing*
 - *Deliver value and sustainability’.*
3. Workforce Planning guidance required Health Boards to have *‘a sustainable workforce of the right size, with the right skills and competencies, which is responsive to health and social care demand.....’* The Workforce Plan should be the primary tool to ensure NHS Fife has the right staff in the right place, at the right time, with the right training. We have been advised that NHS Fife planned to use national templates for this purpose. However, the templates were not provided, and it was not considered feasible to obtain the granular information required to add this detail to enhance the content of the Workforce Plan within the timescale.
4. The Workforce Planning and Delivery corporate risk is described as *‘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.’* We have been advised by the Head of Workforce Planning & Staff Wellbeing that the workforce risk is likely to be changed and this will be presented to the March 2024 SGC.
5. The NHS Fife Corporate Risk Register (CRR) replaced the Board Assurance Framework (BAF). The final BAF on Workforce Sustainability was reported to the September 2022 Staff Governance Committee (SGC) and the CRR was presented to the November 2022 SGC. The scoring of the corporate risk for Workforce Planning and Delivery had a current risk level of High (16), and a target score of Moderate (8), by the target date of 31 March 2025. The risk scores remain the same at January 2024.
6. Deep dives into corporate risks aligned to the SGC included the Nursing and Midwifery Staffing Levels risk (January 2023), the Personal Development Planning & Review risk (March 2023) and the Bank and Agency Programme (May 2023). All of the foregoing will be undertaken alongside the Assurance Principles. We welcome this approach which encourages robust scrutiny and focus on risks including appropriateness of target scores and overt consideration of the effectiveness and impact of mitigating actions. This will be particularly important for the Workforce Planning and Delivery risk, which is fundamental to future operational sustainability.
7. Our audit reviewed the design and operation of the controls and specifically considered:
 - Development of the Workforce Plan based on appropriate evidence in compliance with DL 2022(09) including validation of the self-assessment against the Appendix 1 checklist.
 - Whether the Workforce Plan is informed by, and informs, strategic workforce risk(s) including identifying and providing solutions to these workforce risks.

- Adequacy and effectiveness of monitoring and assurance arrangements to ensure the delivery of the Workforce Plan, including relevant, reliable, and sufficient data to measure success.

AUDIT OPINION

8. The Audit Opinion of the level of assurance is as follows:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Controls are applied frequently but with evidence of non-compliance.		

9. A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

Executive Summary

10. The Workforce Plan 2022-25 was agreed by the NHS Fife Board on 26 July 2022 for submission to the Scottish Government by 31 July 2022 and was agreed for publication following presentation of SG feedback to the SGC in November 2022.
11. Key stakeholders were consulted and engaged with throughout the development of the draft workforce plan, and it successfully met deadlines to allow the SGC to endorse the plan and the Board to provide approval prior to submission. Regular updates on the development of the Workforce Plan were presented to the SGC.
12. The Workforce Plan was agreed before the Fife Population Health & Wellbeing Strategy and the Annual Delivery Plan (ADP). The Workforce Plan does however clear state that it is a live document that is *'flexible and adaptive in response to change and will complement the Fife Health & Social Care Partnership Workforce Plan, the future Fife Population Wellbeing Strategy, our Workforce Strategy and our Annual Delivery Plans. Any updates to the Workforce Plan should take cognisance of these complementary plan and strategies.*
13. Staff in functions delegated to the IJB are not included in the Workforce Plan, which only covers staff in non-delegated functions and therefore does not provide a holistic, integrated overview of workforce planning for all NHS Fife staff. The Workforce Plan does however clearly state that it sits alongside the Fife Health & Social Care Workforce Plan for 2022 to 2025 and that *'For commitments relating to the agreed range of NHS Fife Services delegated to Fife's H&SCP, notably those linked to Primary & Community Care; Mental Health and CAMHS Investment; and Drug Related Deaths, reference should be made to the Fife H&SCP Workforce Plan 2022–2025'*. However, the data in the report references HSCP staff, which could create false expectations in that the reader may expect that staff working in delegated functions are included, and that the Workforce Plan covers all NHS Fife staff.

14. When the draft Workforce Plan was presented to Fife NHS Board in July 2022 the cover paper clearly signposted that the plan focuses specifically on the range of services delivered by the Acute Services Division and Corporate functions. The Director of Workforce highlighted that the HSCP three-year Workforce Plan and Strategy will cover delegated services and was being developed by HSCP colleagues in collaboration with NHS Fife.
15. The NHS Fife Board and the SGC will require assurance from the HSCP on the monitoring and actions within the HSCP Workforce Plan and Strategy related to the delegated staff employed by NHS Fife.
16. The Workforce Plan articulates challenges and issues and provides graphical information and mitigating actions to address these. It does not however include quantitative detail on current service demands, nor does it quantify the gap between projected staffing needs and the projected staffing profile. This information is critical to enable management of resources so that the organisation has the capacity and capability to effectively provide sustainable affordable services. The update to the September 2023 SGC reported that granular detail is being gathered within templates for the service-based and Directorate Workforce Plans.
17. The Workforce Plan states that quantification of granular information would be managed at Directorate level. The Scottish Government feedback paper presented to the November 2022 SGC stated that work was underway to obtain the level of detailed workforce information required, and that financial planning that would be addressed by the Strategic Planning Resource Allocation (SPRA) process.

DETAILED FINDINGS

Workforce Plan and Strategic Risk

18. Previous Internal Audit reports have recommended improvements in the quality of Board and SGC cover papers recommending approval of the Workforce Plan, specifically the impact of implementation of the Workforce Plan on the Strategic Risk. We would reiterate the importance of clearly setting out the implications of the topic/decision covered within cover papers.
19. Corporate risks aligned to the SGC were presented to the January 2024 meeting. The Workforce Planning and Delivery risk continued to be assessed as High 16, with a target score of 8 by March 2025. In our opinion, the current risk score assessment does not reflect the gravity of the workforce risk within the current external challenging environment and the assessed score of (16) is not sufficiently high, set within the current context of workforce challenges.
20. Achievement of the target score of (8) is over ambitious within the timescale of 31 March 2025 and there is a significant risk that the Workforce Plan may not be delivered within the current financial envelope. We recommend a Deep Dive of the Workforce Planning and Delivery risk to provide oversight and to provide an update on the effectiveness of the mitigating controls to reduce the risk score. It is an opportune time to initiate a deep dive as an update on the action plan is scheduled for the March 2024 SGC and these actions may influence the assessed risk score and mitigating actions.

Monitoring and Assurance

21. The Terms of Reference for the SGC do not include monitoring of Workforce Plan delivery. However, Workforce Planning updates are scheduled in the SGC workplans for March 2024, September 2024 and March 2025.

22. Key findings from this review were:

- The Workforce Plan highlights some excellent work to alleviate the current pressures on the organisation's workforce. For example: the Regional Health Protection Model; the review of job plans to identify opportunities for joint appointments within the Regional Laboratory Medicine; the Southeast Payroll Consortium; the continuation of the expansion of Advanced Practitioners in supporting roles and enhancing Multidisciplinary Team/Allied Health Profession services.
- The Workforce Plan does outline major challenges. For example, the sharp increase in the trajectory of staff turnover together with the number of vacancies and the increasing reliance on supplementary staffing depicts a critical situation for the Workforce.
- The (ADP) 2023-24 and the approval letter from the Scottish Government was presented to the September 2023 SGC, the paper advised:
 - There is no planned workforce projections exercise for 2023-24.
 - Granular information will be obtained from the templates being prepared for the service-based workforce plans.
 - Process services were progressing their local plans within the SPRA process.
- An update of the Three-year Workforce Plan 2022-25 was presented to the September 2023 SGC, advising that a separate annual interim Workforce Plan was not required, in line with the ADP guidance. The Assessment section of the report provided an update on the NHS Fife Workforce Strategy, the HSCP Workforce Strategy, and progress with the SPRA process, *'with submissions reviewed and Corporate Objectives identified along with confirmed or possible workforce sustainability impacts.'* It was reported that the HSCP Workforce Strategy Group is working with leads within the Partnership to agree key workforce actions for the year ahead, linked to the Partnerships Strategic Plan and Medium-Term Financial Strategy. The paper confirmed that actions within the plan address Scottish Government feedback with five actions, four with a timescale of March 2024 and one with a date to be confirmed. The actions plan included the recommendations from this report, which was issued in draft, we commend the proactive approach to include actions from this draft report (B17/23).
- The Workforce Plan 2022-25 includes short and medium-term actions within the 'Appendix – Summary of Actions across the Five Pillars of Workforce'. Scottish Government requested annual review of the Workforce Plan and how the Board is measuring these actions is included within the ADP. Scottish Government has confirmed they are content that one action in relation to Workforce and the delivery of eRostering was included within ADP2.
- The status of detailed Five Pillars actions should be included within the Board's Scottish Government Feedback Action Plan, which should be presented to the SGC as part of the scheduled updates. This action plan should be SMART, to enable robust scrutiny and effective monitoring over the targets, milestones, and timelines.

Development of the Workforce Plan

23. A timeline was in place to ensure that the Workforce Plan was endorsed by relevant stakeholders, the SGC and Board before submission to Scottish Government.
24. The Fife Operational Workforce Planning Group (OWPG) developed the Workforce Plan and reports directly to the Strategic Workforce Planning Group (SWPG). The SWPG remit is 'to provide assurance to EDG, and by reporting the Three-Year Workforce Plan and Workforce Strategy to the Staff Governance Committee, that workforce planning and development within NHS Fife is robust and fit for purpose, with the oversight of delivery of safe staffing levels and innovative workforce models to support sustainable and forward-thinking health services.' While the draft Workforce Plan was not presented to the EDG, it was presented to the Population Health and Wellbeing Strategy Portfolio Board in May and July 2022. NHS Fife's progress in delivering its strategic workforce aims is monitored by the group through the Workforce Action Plan.
25. As the Workforce Plan does not include staff working in functions delegated to the IJB reporting through the OWPG and SWPG does not include monitoring of actions or provision of assurances relating to these staff. However, HSCP colleagues do attend the NHS Fife operational and strategic meetings to present updates and NHS Fife colleagues provide similar reports to the HSCP operational meetings.
26. SWPG minutes, together with a cover sheet to highlight issues for escalation are presented to each SGC meeting. We recommend that this reporting is enhanced through provision of a Chair's assurance report on key aspects of delivery and risk mitigation so that SGC members do not need to analyse minutes without access to the original papers.
27. The draft NHS Fife Workforce Plan was presented the 12 May 2022 SGC meeting and the final draft version was considered and endorsed at the 14 July 2022 meeting. We were pleased to note that the minute of the meeting evidenced detailed scrutiny of the final draft plan by the members of the SGC before it was endorsed.
28. When the draft Workforce Plan was presented to Board in July 2022 the communication section of the cover paper provided assurance on the wide consultation and engagement in developing Workforce Plan.

Annual Delivery Plan and annual review of workforce plan

29. The Scottish Government letter issued in May 2023 advised of the aim of a more integrated approach and that NHS Boards were asked to use the ADP process to update the Scottish Government on their workforce plans and to work with the Health and Social Care Partners to provided comprehensive updates on workforce planning.
30. A paper providing assurance on the submission of the ADP 2023/2024 was presented to the September 2023 SGC meeting. The ADP was formally signed off by Scottish Government on 11 August 2023.

Compliance with DL 2022 (09) and Self-Assessment

31. The DL 2022 (09) Appendix 1 checklist was completed by the workforce planning team when producing the Workforce Plan. We evidenced that the Workforce Plan is broadly in line with the checklist, although as previously reported, there is insufficient granular information. We identified further non-compliance in that:

- There is no quantitative detail around the current service demands (including recovery requirements and population health needs), and associated workforce requirements. We do however acknowledge that the Workforce Plan required to be developed prior to the development of Population Health and Wellbeing Strategy. This area could be revisited now that the Population Health and Wellbeing Strategy is being implemented and monitored.
- There is no quantitative detail on the gap between projected staffing needs based on predicted demand and the projected staffing profile. The Workforce Plan refers to the SPRA process and we would expect the next iteration of the Workforce Plan to contain much more detail which would allow the Board to identify potential shortfalls in the short/medium and long term.
- The 3-year plan has not described the *'Outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three-year plans.'* The Workforce Plan referred to necessary improvements required in the collective workforce systems across NHS Fife to simplify obtaining workforce analytics, which will help identify *whole time equivalent* requirements.

Scottish Government Feedback on the Workforce Plan

32. Feedback from the Scottish Government Workforce Planning Data, Analytics and Insight Unit, on the Workforce Plan was provided to the November 2022 SGC. The report stated that 'work is already underway in respect of the arrangements for approval and publication of the Plan, so these aspects may require to be considered within future iterations of the Plan' and highlighted the main priority is to relate financial planning to workforce planning to better understand the affordability factors considered by the overall workforce planning process, the workforce projections over the planned period and how it will be affected by the changing population. As previously referenced, an action plan to address the Scottish Government feedback was presented to the September 2023 SGC.
33. The Scottish Government feedback letter used Appendix 1 of DL 2022(09) as a baseline, and commented:
 - Further detail and reference to financial planning is required to ensure affordability factors are an integral part of the workforce planning process.
 - The recruitment challenges, and the reliance on supplementary staffing were noted and further collation by the Board is required to quantify this.
 - The description of the workforce in the short and medium term needs to be clear, to describe the gap, and to quantify the actions to address it.

Strategic workforce risk

34. The 2022/23 Annual Internal Audit Report made a recommendation to improve the quality of Board and SGC cover papers relating to approval of the Workforce Plan.
35. The Equality and Diversity Impact Assessment (EQIA) section was not completed in the paper presented to the July 2022 SGC. In response to a query on this the Director of Workforce stated that an EQIA would be developed for the Workforce Plan but this has not been done and progress has not been reported to the SGC.

36. The Risk Assessment section of the Workforce Plan cover paper presented to the July 2022 SGC stated 'N/A'. Workforce is a fundamentally important strategic risk and future papers should make overt linkage to the Corporate Risk, describe the ways in which actions will mitigate the risk and whether this will achieve the desired (target) risk level within a reasonable timescale. It is by no means clear that the mitigating actions listed to bring this risk to target, are likely to mitigate the risk to the target risk score of 8 by March 2025.
37. The Workforce Risks section (4.7) of the Workforce Plan describes the interrelated workforce risks and acknowledges that although Services have an ability to mitigate certain of these risks through their workforce planning and service redesign, this will be insufficient to make a telling contribution to ensuring their sustainability against a backdrop of increasing patient demand without support from the Scottish Government.
38. As the monitoring of the Workforce Plan is reported, this should provide a wealth of information to improve the understanding, description and scoring of this key risk and provide the opportunity to better understand, describe and most importantly, mitigate this risk.

Adequacy and Effectiveness of Assurance and Monitoring

39. The SGC Terms of Reference (ToR) was reviewed by the SGC in March 2023 (as part of the routine annual review). The ToR makes minimal reference to the monitoring and oversight of the development and implementation of the Workforce Plan. Workforce is one of the organisation's most significant risks and the Workforce Plan, as a key control to mitigate this risk, should be included within the SGC ToR and within the Annual Assurance Statement. We were pleased to see that an action within the Action Plan presented to the September 2023 meeting of the SGC included a review of the ToR to address this issue.
40. Key actions within the Workforce Plan are to 'Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools' and to 'Analyse and address the gap between the current provisions of workforce data, versus the needs of the various Workforce Planning Groups.' These are essential to the formation of a meaningful Workforce Plan and should be taken forward as a priority and monitored directly by the SGC.


ACTION

41. The action plan at Section 3 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

42. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1: Risk Management	
Finding:	
<p>The current risk score for the Workforce Planning and Delivery Strategic Risk is low within the context of current workforce challenges. Whilst the target risk to be achieved by 31 March 2025 has been adjusted downwards to 8, this may not be realistic given the limitations in the current Workforce Plan, which is intended to be the key mitigating factor. (along with ADP, Population Health & Wellbeing Strategy, Clinical Strategy etc</p>	
Audit Recommendation:	
<p>A deep dive of the Workforce Planning and Delivery should be undertaken to ensure that risks and mitigating actions are comprehensively recorded with links to the highest areas of risk detailed within the workforce plan.</p> <p>We recommend that the risk score for Workforce Planning and Delivery is regularly reviewed and assessed; the Assurance Principles presented to the November 2022 SGC meeting will help in considering this risk. The mitigating actions should be clear and be reviewed regularly to ensure that they are operating effectively.</p> <p>Consideration should be given to having a short-term target risk score with associated actions and a longer-term target risk score for actions that will take the medium term to implement.</p>	
Assessment of Risk:	
<p>Significant</p>	<div style="display: flex; align-items: center;">  <p>Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</p> </div>
Management Response/Action:	
<p>A Deep Dive into aspects of Workforce Planning and the application of the NES Modelling Tool was provided at the January 2024 Staff Governance Committee meeting and a more detailed presentation will be provided at a future SGC Development session.</p> <p>The Workforce Planning risk is subject to regular review in line with the Corporate Risk cycle and revised risk wording was agreed at the March 2024 SGC. The landscape has now changed with the commencement of the RTP Programme.</p>	
Action by:	Date of expected completion:
<p>David Miller, Director of Workforce. (supported by Rhona Waugh, Head of Workforce Planning & Staff Wellbeing and Brian McKenna, Board Workforce Planning Lead.)</p>	<p>31 October 2024</p>

Action Point Reference 2 Workforce Plan – Information to assess the Capacity & Capability to effectively deliver services

Finding:

The Workforce Plan does not contain sufficient data to quantify the gap between future staffing requirements and likely staff availability.

The Workforce Plan and associated actions are not yet sufficiently developed to address the significant workforce risks facing the organisation and do not address fundamental issues of financial sustainability. While much of the required information/issues should be identified as part of the ongoing SPRA process, the process does not cover all NHS Fife staff. Therefore, any updates on the Workforce Plan should provide overt assurance that all the relevant information is included, and this will need to be integrated into the ADP process, since SPRA has ceased.

Audit Recommendation:

We strongly recommend that the ongoing work to obtain specific data to better understand and quantify the resources required for each job family for all of NHS Fife workforce, including staff working in the HSCP, over the short and medium term and to understand the financial implications and affordability to underpin the workforce plan is prioritised and the results fed into the Live Workforce Plan, associated Action Plan and Annual Delivery Plan. In particular the use of data analytics to develop plans to a granular detail is fundamental.

Once the data analytics is completed and consideration given to the other audit points, the updated NHS Fife action plan and the HSCP action plan relating to the Workforce Plans should be presented to the SGC and the Board.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.
Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

Updated NHS Fife and HSCP action plans and NES modelling data presented to 9 September 2023 and 6 March 2024 SGC meeting and now in use to inform RTP workstreams.

Output of the RTP workstreams, plus the Reduced Working Week group will be used to determine future size and composition of the workforce, with the NES modelling tool being utilised to identify potential gaps.

Action by:	Date of expected completion:
David Miller, Director of Workforce (supported by Rhona Waugh, Head of Workforce Planning & Staff Wellbeing and Brian McKenna, Board Workforce Planning Lead.)	31 October 2024

Action Point Reference 3- Oversight & Assurance over delegated functions

Finding:

The NHS Fife Workforce Plan only covers staff in non-delegated functions and therefore does not provide a holistic, integrated overview of workforce planning for all NHS Fife staff

NHS Fife staff working in delegated functions are included in the HSCP Workforce Strategy and Plan. Reporting to Board does make clear that the NHS Fife Workforce Plan sits alongside the Fife Health & Social Care Workforce Plan for 2022 to 2025 and that the NHS Fife plan focuses specifically on the range of services delivered by the Acute Services Division. The full implications of these arrangements, including the responsibilities of oversight and monitoring have not been overtly outlined to the SGC or the NHS Fife Board.

Audit Recommendation:

We recommend that the full implications of the arrangement over the delegated functions are outlined in a paper to the SGC including which partner body is responsible for the workforce risk of the delegated staff. Appropriate arrangements should be made for the SGC to receive assurances over the monitoring and oversight of the Health & Social Care Workforce Plan and Action Plan for the delegated services.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.
Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

A paper covering the Audit Report will be presented to May 2024 SGC and at regular intervals in line with the SGC Annual Workplan. We will ensure that appropriate references to the NHS Fife Workforce Plan and HSCP Workforce Strategy and associated workforce related risks are covered in future updates, but given previous discussions at SGC, we do not consider that a separate paper is required at this time.

Action by:

David Miller, Director of Workforce and Nicky Connor, Director of Health & Social Care Partnership.

Date of expected completion:

31 May 2025
 (Alongside regular presentation of reports to SGC as part of agreed SGC Annual Workplan)

Action Point Reference 4 – Workforce Action Plan

Finding:


Detailed short and medium-term actions from the Workforce Plan Action Plan under the Five Pillars of Workforce do not contain measurable objectives and will be difficult if not impossible to monitor and therefore provide assurance on progress.

Audit Recommendation:

The detailed actions relating to the Workforce Plan across the Five Pillars should be included within the SG Feedback Actions plan to provide a comprehensive status of all actions relating to the Workforce Plan. The action plan should be SMART, presented to the SGC at appropriate milestones and include timescales for all actions, to provide appropriate scrutiny and oversight over the targets, milestones and timelines, to enable effective monitoring against the “pillars”.

Quarterly workforce reports should be developed to provide enhanced assurance to the SGC and SWPG on the effectiveness of key actions i.e., those with the greatest impact on the Workforce Risk using relevant Key Performance Indicators to provide assurance on controls in line with Assurance Principles.

Assessment of Risk:

Moderate		<p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p>
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Management Response/Action:

Updated NHS Fife and HSCP action plans and NES modelling data presented to 6 March 2024 SGC and at regular intervals, in line with the SGC Annual Workplan.

Service Workforce Planning activity is to be aligned to Annual Delivery Plan reporting, with any output from the RTP and / or Reduced Working Week group factored into projections and matrix indicators

Action by:	Date of expected completion:
<p>David Miller, Director of Workforce</p> <p>(supported by Rhona Waugh, Head of Workforce Planning & Staff Wellbeing and Brian McKenna, Board Workforce Planning Lead.)</p>	<p>31 May 2025</p> <p>(Alongside regular presentation of reports to SGC as part of agreed SGC Annual Workplan)</p>

Action Point Reference 5 – SGC Remit and Workforce Plan

Finding:


The Terms of Reference (ToR), and more importantly the work of the SGC, are mostly focused on staff governance rather than workforce risks and workforce planning and delivery. We note the ToR was reviewed by the Committee in March 2023 and does not overtly include the oversight and monitoring of the Workforce Plan.

Audit Recommendation:

The SGC should ensure that is able to provide NHS Fife Board with clear assurances on the development and delivery of the Workforce Plan and elements of the Health & Social Care Partnership i.e. delegated functions, Workforce Plan both through the Chair’s Assurance reports and in their Annual Report as well as a clear description of movement in strategic workforce risks and areas where actions were not effective.

The Committee’s assurance plan should reflect all necessary sources of assurance on workforce planning. Reporting to the SGC should be sufficient to allow appropriate scrutiny and monitoring of the implementation of the Workforce Plan and its impact on related strategic risks.


Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.
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Management Response/Action:





Agreed amendment to SGC Terms of Reference incorporate oversight of Workforce Planning actions as part of ToR Review completed in March 2024. Through regular updates on Workforce Plans and actions agreed via the SGC Annual Workplan and considered via the SGC Annual Report. The Corporate Workforce Risks are reviewed at every SGC meeting.

Action by:	Date of expected completion:
David Miller, Director of Workforce (supported by Rhona Waugh, Head of Workforce Planning & Staff Wellbeing and Brian McKenna, Board Workforce Planning Lead.)	31 March 2025

Action Point Reference 6- Comprehensive Information to Committee/ Board	
Finding:	
As previously reported in the 2022/23 Annual Internal Audit Report, there is further scope to enhance governance arrangements within the quality of the SBAR papers presented to the Board and to the SGC relating to the approval of the Workforce Plan, where some key information was omitted.	
Audit Recommendation:	
To enable the SGC and the Board to make informed decisions over the proposed papers, the SBARs should highlight the implications and be clear, comprehensive, and meaningful. The Risk Section within the SBAR should make overt linkage to the Corporate Risk, describe the ways in which the actions within the plan should mitigate the risk in future, and, whether this will achieve the desired (target) risk level. The Committee Assurance Principles developed by FTF may be helpful for consideration (attached at Section 5).	
Assessment of Risk:	
Moderate	 <p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p>
Management Response/Action:	
This action has been completed with the completion of the agreed SBAR for each SGC meeting. Feedback on the content and quality of SBAR papers is sought via the annual committee self assessment process and output shared.	
Action by:	Date of expected completion:
All authors of SBARs to SGC, (and other Committees in line with Code of Corporate Governance).	Completed





Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Assessment of Risk

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

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

Committee Assurance Principles

1. Purpose and remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes.

Detailed scrutiny should take place at Standing Committee level, with each Committee providing assurance and escalating key issues to the Board as required. For this to be achieved successfully, Standing Committees must be clear about their priorities, have focused agendas and workplans and must monitor their own performance rigorously. Standing Committee remits are approved by the Board with input from Committees and increasingly from Scottish Government (SG) and / or other national governance initiatives. However, Standing Committees must ensure that they are focused on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

2. Board or Standing Committee Agenda

In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are other good reasons for its inclusion:

- a. It is a decision delegated to that Committee
- b. It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee. In this context, performance reports etc should make explicit reference to the corporate risks to which they relate and should contain a conclusion on whether the performance indicates that controls are operating effectively to mitigate that risk as intended
- c. It is a statutory or regulatory requirement or required by SG guidance
- d. The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

3. Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles. This should be set out in the Committee assurance plan or clearly identified within the Committee work plan. The 'three lines of assurance' are often used to help categorise assurances:

- First line: management assurance from "front line" or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation's management chain;
- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

Assurances should be:

- a. Explicitly linked to the relevant risk with an explicit conclusion from the responsible director or officer
- b. Streamlined so that there is no omission and no unnecessary duplication
- c. Relevant: data should not be presented just because it is readily available
- d. Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence

- e. Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for oversight of most individual Corporate risks to the relevant Standing Committee. Following a discussion of an agenda item, the Committee should formally assess the level of assurance received. This is reported to the Board via the Chair's assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

- a. Independent assurance (e.g. an auditor's opinion) carries more weight than internal evidence produced by management
- b. The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance
- c. Assurances are time-limited and should only be relied upon if current
- d. Differentiate between positive, negative and neutral opinion when using independent assurance
- e. Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Appendix A provides examples of questions that Committees and groups should ask about risks.

4. Chair's report /Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest. The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair's summary/assurance report and taken forward by the Responsible Director:

- a. Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report?
- b. Are there any new risks emerging which require escalation to the Board or recording in the Corporate or operational risk registers?
- c. Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end?
- d. For the risks delegated to the Committee:
 - Are the scores correct?
 - Have there been any significant movements?
 - Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?
 - Does performance reporting support this?
 - Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

5. Year-end reports

At the end of the financial year, Standing Committees provide their annual report to the Audit & Risk Committee (A&RC) (or equivalent) (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

- a. A clear description of movement in strategic risks aligned to the Committee and areas where actions were not effective
- b. Explicit identification of areas of non-compliance and explanation of the impact on the control environment
- c. Clear performance information and highlighting of areas of poor performance
- d. Inclusion of Key Performance Indicators where possible
- e. Rather than stating that a report was presented, providing a broad conclusion on whether the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)
- f. Any specific requirements for that Committee based on its remit or duties such as an explicit opinion by the Staff Governance Committee on whistle-blowing arrangements based on an appropriate annual report or the Performance & Resources Committee (or equivalent) opinion on whether value for money was achieved
- g. Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.

The Audit & Risk Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit & Risk Committee within their annual report/assurance statement. Useful considerations in deciding whether an item should be disclosed include:

- a. Is it material i.e. likely to have a major impact on the organisation? The Healthcare Improvement Scotland risk management 'impact' criteria provide a helpful guide;
- b. Does it represent a control weakness? Some issues could not reasonably have been foreseen/prevented and therefore proportionate controls may not have prevented the incident;
- c. Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the issue was discovered in year but related to a weakness in previous years, now rectified, then it need not be disclosed.

Issue Date: January 2022

Questions for Risk Owners

- Would you know if your controls are working effectively as intended or failing?
- Can you evidence the effectiveness of the controls?
- Can you assure your Standing Committee of the effectiveness of controls?
- Do you have assurance for all three lines of defence?
 - 1st line - management / performance / data trends
 - 2nd line – oversight / compliance / audits
 - 3rd line – internal audit and/or external audit reports / external assessments
- If Yes - why above appetite?
- If No – How are the mitigating controls reflecting improvement or is there an action plan?
- Do you understand both the criticality and effectiveness of controls
 - Criticality: How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort?
 - Effectiveness: This should measure if the controls are well designed / appropriate as well as how effectively they are implemented.

Risk Questions for Committees

General Questions:

- Does the risk description fully explain the nature and impact of the risk and does it reflect/include all known significant issues that could have a major impact on the organisation?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both adequate i.e. well-designed and effective i.e. implemented properly
- Will further actions bring 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 to 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 risk opened) – has there been improvement or deterioration- has it moved towards target at any point?
- Has a valid reason been provided 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?
- Ensuring there is clarity over what the listed controls etc. actually do e.g. if there is a group, what is it for (noting a group might be all three or actually none)?
- Assessing Controls
 - Are they '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 is given or can be concluded and how does this compare to the required level of assurance (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?

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 14 May 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 & 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 December 2023 for Vacancies; end of February 2024 for Sickness Absence; and end of March 2024 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 (7.64% in February)
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 March IPQR will be available for discussion at the meeting on 14 May 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 April 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
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

**Position (where applicable) at March 2024
Produced in April 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
16 April 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		

Risk Key

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

Movement Key

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

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	Feb-24	50	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	61.0%	○	▲	▲	●
	HSMR	N/A	-	Year Ending	Sep-23	0.96	●	—	—	●
	Inpatient Falls	6.95	(L)	Month	Feb-24	6.49	○	▲	▲	●
	Inpatient Falls with Harm	1.44	(L)	Month	Feb-24	1.45	○	▲	▲	●
	Pressure Ulcers	0.89	(L)	Month	Feb-24	1.67	○	▼	▼	●
	SAB - HAI/HCAI	18.8	(N)	Month	Feb-24	10.2	○	▲	▲	● QE Sep-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Feb-24	3.4	○	▲	▲	● QE Sep-23
	ECB - HAI/HCAI	33.0	(N)	Month	Feb-24	44.2	○	▼	▼	● QE Sep-23
	S1 Complaints Closed in Month on Time	80%		Month	Mar-24	33.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Mar-24	14.3%	○	▼	▲	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Mar-24	15.8%	●	▼	▲	●
Operational Performance	IVF Treatment Waiting Times	90%		Month	Dec-23	100.0%	●	▲▲	▲▲	●
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Mar-24	72.5%	○	▲	▲	● Feb-24
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Mar-24	65.8%	●	▲	▲	● Feb-24
	Patient TTG % <= 12 Weeks	100%		Month	Feb-24	36.7%	●	▼	▼	● Dec-23
	New Outpatients % <= 12 Weeks	95%		Month	Feb-24	37.6%	●	▼	▼	● Dec-23
	Diagnostics % <= 6 Weeks	100%		Month	Feb-24	54.4%	●	▲	▼	● Dec-23
	Cancer 31-Day DTT	95%		Month	Feb-24	96.4%	○	▲	▲	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Feb-24	75.0%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Mar-24	77.9%	●	▼	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Mar-24	10.2%	●	▼	▼	● Feb-24
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Mar-24	6.2%	○	▲	▼	● Feb-24
	Antenatal Access	80%		Quarter	Dec-23	90.8%	●	▼	▼	● CY 2022
Finance	Revenue Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●
	Capital Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●
Staff Governance	Sickness Absence	4.00%		Month	Feb-24	7.64%	○	▲	▼	● YE Dec-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Mar-24	40.9%	●	▼	▲	●
	Vacancies - Medical & Dental	N/A		Quarter	Dec-23	9.4%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A		Quarter	Dec-23	6.5%	●	▲	▼	●
Public Health & Wellbeing	Vacancies - AHPs	N/A		Quarter	Dec-23	8.0%	●	▲	▲	●
	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Nov-23	167	●	—	—	● YT Jun-23
	CAMHS Waiting Times	90%		Month	Feb-24	65.8%	○	▼	▼	● QE Dec-23
	Psychological Therapies Waiting Times	90%		Month	Feb-24	69.2%	○	▼	▼	● QE Dec-23
	Drugs & Alcohol Waiting Times	90%		Month	Dec-23	84.3%	●	▲	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Mar-24	80.2%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%		Month	Mar-24	79.6%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Dec-23	95.0%	○	▲	▼	● QE Dec-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Dec-23	89.1%	○	▲	▲	● QE Dec-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	Quarter End	Month End			Quarter End
		Jun-23	Sep-23	Dec-23	Jan-24	Feb-24	Mar-24	Mar-24
ED 4-hour Performance (VHK only)	Projected				75.0%	80.0%	82.5%	
	Actual				64.7%	63.9%		
	Variance				-10.3%	-16.1%		
Elective Activity Diagnostics	Projected	15,363	15,363	15,363	5,121	5,121	5,121	15,363
	Actual	14,393	15,588	15,587	5,136	5,138		
	Variance	-970	225	224	15	17		
Elective Activity New Outpatients	Projected	22,309	22,337	22,274	7,436	7,436	7,436	22,308
	Actual	21,225	21,580	21,121	7,436	7,150		
	Variance	-1,084	-757	-1,153	0	-286		
Elective Activity TTG	Projected	3,416	3,433	3,487	1,164	1,164	1,164	3,492
	Actual	3,403	3,289	3,517	1,307	1,260		
	Variance	-13	-144	30	143	96		
Long Waits Diagnostics > 26 weeks	Projected	109	63	10	0	0	0	0
	Actual	171	165	204	111	158		
	Variance	62	102	194	111	158		
Long Waits New Outpatients > 104 weeks	Projected	0	74	212	258	304	352	352
	Actual	1	2	2	12	25		
	Variance	1	-72	-210	-246	-279		
Long Waits New Outpatients > 78 weeks	Projected	150	339	849	1019	1189	1358	1358
	Actual	85	255	336	649	741		
	Variance	-65	-84	-513	-370	-448		
Long Waits TTG > 104 weeks	Projected	16	67	173	228	288	351	351
	Actual	20	17	32	27	33		
	Variance	4	-50	-141	-201	-255		
Long Waits TTG > 78 weeks	Projected	159	305	547	627	763	893	893
	Actual	84	133	183	167	174		
	Variance	-75	-172	-364	-460	-589		
Arthroplasty 4 joint sessions	Projected	25.0%	25.0%	25.0%				25.0%
	Actual	10.3%	16.9%	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%	93.1%	94.9%	96.4%		
	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%	73.0%	64.2%	75.0%		
	Variance	-4.4%	-9.1%	-12.0%				
CAMHS 18 Weeks RTT	Projected				60.0%	70.0%	90.0%	
	Actual				84.0%	84.0%		
	Variance				24.0%	14.0%		
CAMHS Waiting List <= 18 weeks	Projected	216	228	235	222	201	200	200
	Actual	224	197	180	184	200		
	Variance	8	-31	-55	-38	-1		
CAMHS Waiting List > 18 weeks	Projected	116	98	42	39	15	0	0
	Actual	70	91	64	35	38		
	Variance	-46	-7	22	-4	23		
Psychological Therapies 18 Weeks RTT	Projected				68.0%	72.5%	69.5%	
	Actual				54.2%	54.3%		
	Variance				-13.8%	-18.2%		
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1460	1480	1427	1370	1325		
	Variance	572	592	539	482	437		
Psychological Therapies Waiting List > 18 weeks	Projected	1660	1569	1680	1739	1691	1604	1604
	Actual	1173	1219	1109	1159	1114		
	Variance	-487	-350	-571	-580	-577		
Psychological Therapies Waiting List > 52 weeks	Projected	219	165	111	93	75	57	57
	Actual	273	251	263	289	293		
	Variance	54	86	152	196	218		

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%

7.64%

Sickness absence has decreased from 8.7% in January to 7.64% in February 2024. Short-term absence has decreased from 3.95% in January to 3.565% in February 2024. There has also been a decrease in long term absence from 4.32% In January to 4.08% in February 2024.

Most sickness absence episodes and hours lost related to mental health related reasons for absence, (amounting to 26.3%), this has increased by 0.8% from the previous month.

Emergency Care & Complex & Critical Care both have absence rates above 8%. Community Care has an absence rate above 10%.

The latest benchmarking for February 2024 shows NHS Fife to be in the lower range of all the mainland Boards.

Service Narrative

A number of managing absence initiatives continue to be promoted:

- Attendance Management training programmes and the TURAS Learn NHS Scotland Attendance eLearning module.
- The use of Promoting Attendance Panels which provide opportunities for case discussion, shared learning, expert OH input and provision of assurance.
- 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.

Future plans include a newly formed Attendance Management Group will 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. A workforce indicators matrix will be utilised to identify areas classified as 'high priority' to support the development of bespoke initiatives and plans and to support a deeper dive of all root causes for absence.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

40.9%

Compliance decreased slightly to 40.9% in Mar-24, a decrease of 0.2% from month prior and +3.0% on the same month in 2023.

The number of reviews held increased by 69.8% to 452 (there was a 91% increase in the same period in 2023)

Compliance was highest in HSCP (Primary & Preventative) at 51.8% whilst in Acute Services there was an overall increase of 1% to 37%. Planned Care saw an increase to 43.5% (+5.3%).

Performance remains at approximately half of the national standard of 80% and has remained relatively static for the last 4 months.

Service Narrative

A series of Turas Appraisal Lunchtime Bytes continue to be offered on a monthly basis, supplementing eLearning courses on (i) *TURAS Appraisal: Preparing for a PDPR meeting* and (ii) *TURAS Appraisal: During & After the PDPR Conversation*.

In addition, targeted improvement interventions were undertaken focusing on those managers of teams that showed high levels of non-compliance, with a request to implement actions to improve compliance before 31st March where possible. Where there would be difficulties in achieving this target, managers were asked to develop action plans to increase compliance in their teams before 30th April.

These activities contributed to a 24% increase in the number of PDPs signed off within Quarter 4, compared to the previous quarter: however, ongoing service pressures impacting front line staff meant overall engagement did not reach the highs of Quarter 4 in 2022/23. This meant that despite increased activity, there was a 0.2% reduction in the reported compliance across NHS Fife.

Emphasising the importance of PDPR/Appraisal factors highly in the work outlined to implement Protected Learning Time in NHS Fife. Action plans have been developed and this work will be taken forward in the first half of the 2024/25 financial year.

Reduce the number of vacancies in the following professions:

Vacancies	<i>Medical & Dental (M&D)</i>	7.5%
	<i>Nursing & Midwifery (N&M)</i>	4.6%
	<i>Allied Health Professionals (AHPs)</i>	4.7%

(n.b. we await the most recent data so below is a repeat of the analysis from the Position at February IPQR)

Medical & Dental WTE vacancies saw decrease from the September 2023 figure to 23.8 in December. The largest number of vacancies falls within a single area of General Psychiatry at 8.

Nursing & Midwifery WTE vacancies has seen a decrease for this reporting quarter dropping from 282.1 WTE to 201.2 WTE. 76.5% of vacancies are for qualified staff Band 5 - Band 7+.

AHP WTE vacancies have decreased to their lowest level since March 2022 (35.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

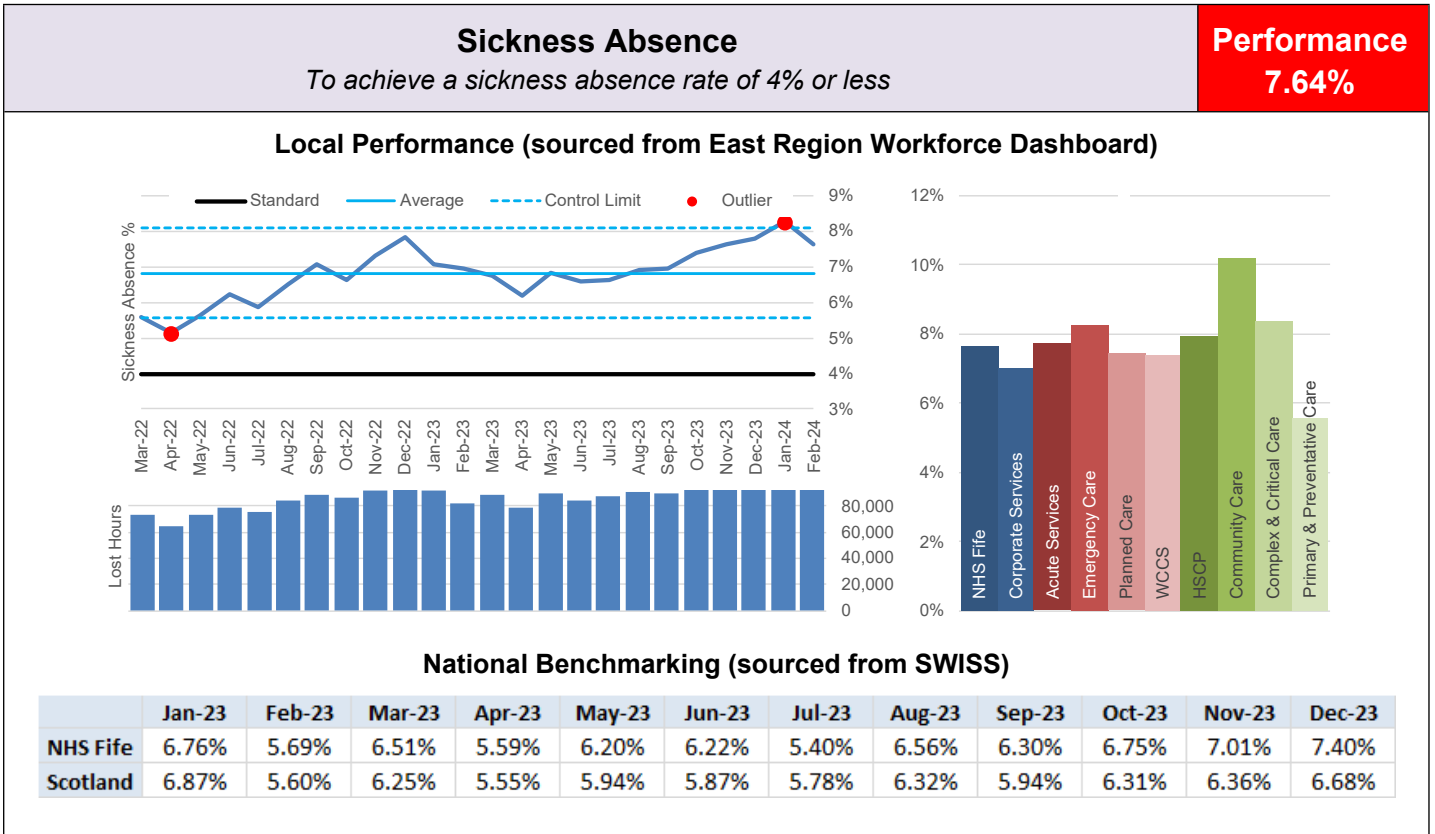
Service Narrative

Medical & Dental: There is a national challenge to recruit permanent staff into Psychiatry. A Short Life Working Group, led by the Clinical Director, has been set up to consider how permanent medical staff can be attracted to work in NHS Fife.

Nursing & Midwifery: Recruitment to Band 5 nursing posts continues to be challenging. Efforts to recruit newly qualified Band 5 nursing staff continue and NHS Fife was represented at recent recruitment fairs by members of the Professional nursing team and Practice and Professional Development amongst others. International recruitment has also resulted in an additional 99 new registered nurses over the previous 2 years. To address the shortfall in nursing staff, NHS Fife has adapted the nursing workforce by introducing Assistant Practitioners and realigning the skill mix.

AHP: There is a national shortage in most AHP professions with recruitment to Physiotherapy and Occupational Therapists roles being particularly challenging. To address this, Physiotherapy has opted into the Funded Places Scheme and has permanently recruited those that qualified and have current trainees they hope to recruit to permanent positions. In addition, work on education and learning frameworks to attract new talent is progressing.

e. Performance Exception Reports



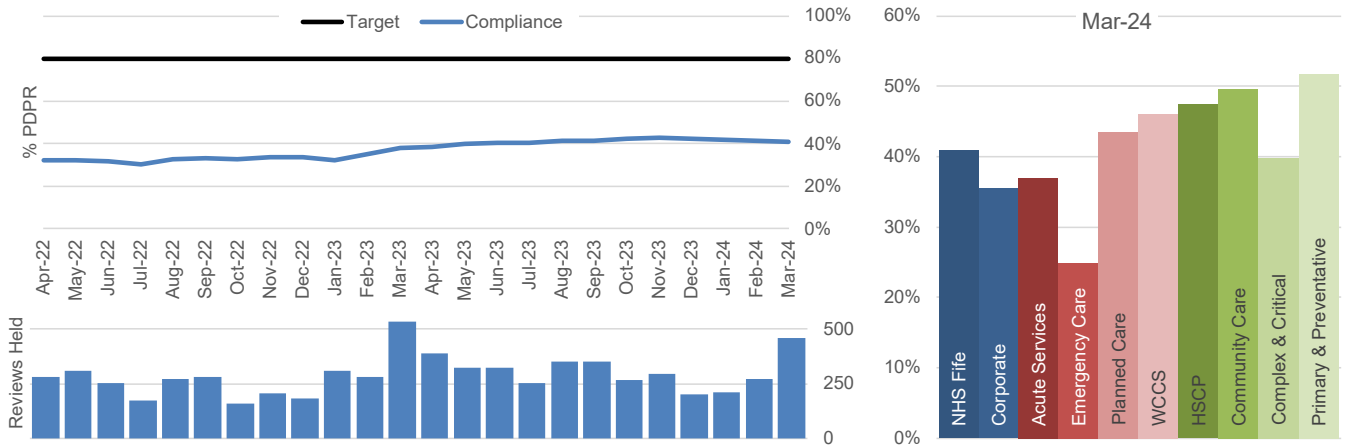
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025					Mar-25
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group, NHS Fife Area Partnership 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 targeting 6% in 2023/24.				Jun-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				Sep-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				Sep-24
	Examine the effects of diversification of service provision and implications on OH Team resources				Sep-24

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance
40.9%

Local Performance



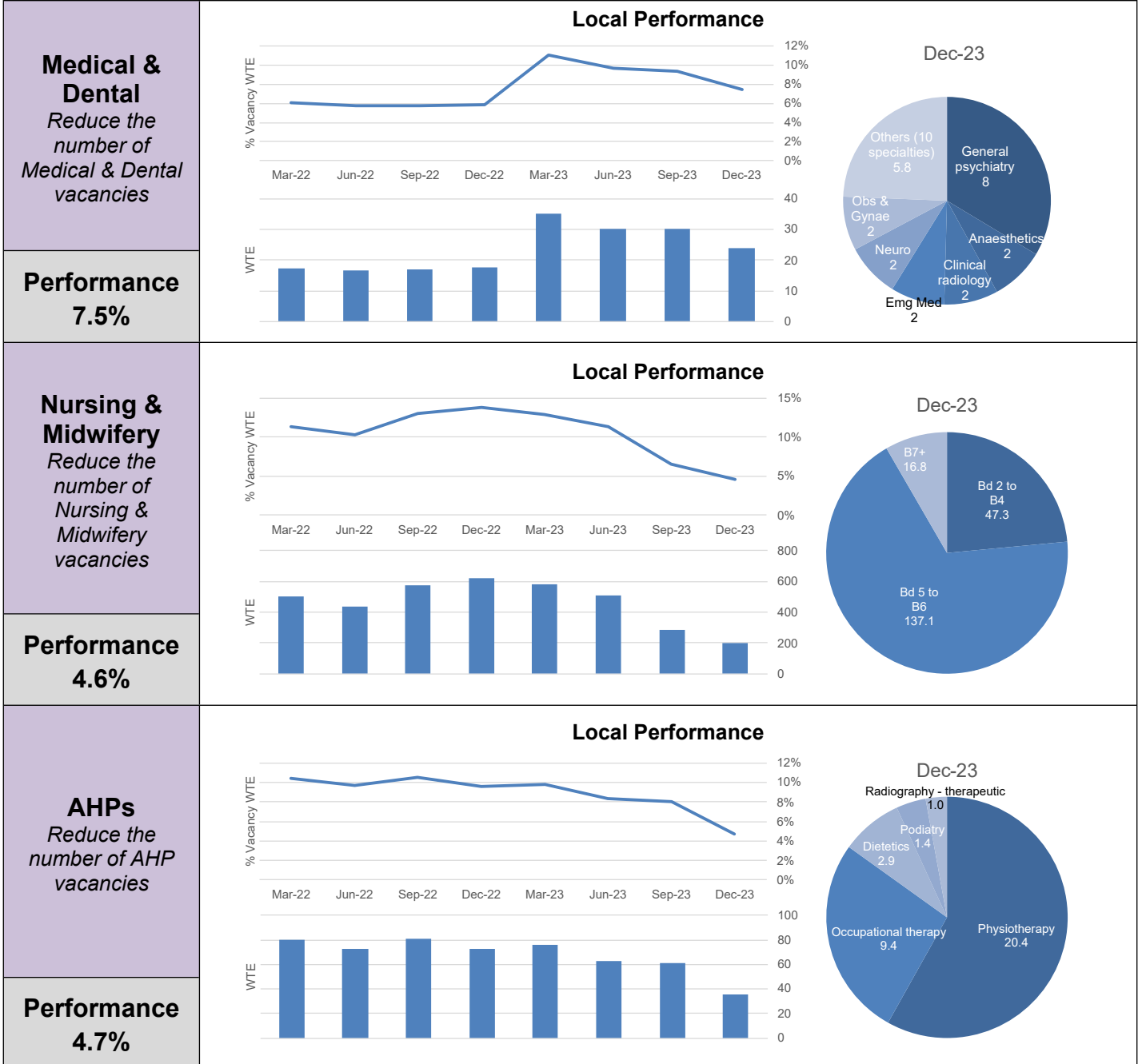
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS Fife	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%	42.1%	42.6%	42.1%	41.6%	41.1%	40.9%
Corp.	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%	32.6%	32.4%	33.2%	33.7%	33.2%	35.5%
Acute	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%	34.2%	35.5%	34.7%	34.9%	36.0%	37.0%
HSCP	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%	54.4%	54.8%	54.0%	52.2%	50.3%	47.4%

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

(n.b. below is a repeat of the analysis from last month's IPQR)



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy;					Dec-24
Bank Governance – Enhanced Management & Staff Bank Consolidation					
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	May-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	Sep-24
	Review of Workforce Analytics as part of Directorate service change proposals completed	Sep-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-25
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:	Tuesday 14 May 2024
Title:	Corporate Communications Quarterly Activity Report
Responsible Executive:	Kirsty MacGregor, Director of Communications and Engagement
Report Authors:	Graham Thomson, Web Master / Ruth Lonie, Communications Manager (Internal Communications and Engagement) / Craig Hamilton, Communications Manager (Social Media and Campaigns)

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Government Policy / Directive

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

- Safe, Effective and Person Centred

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

- Well informed

2. Report Summary

2.1 Situation

Since April 2023 Corporate Communications has been publishing a quarterly Corporate Communications Activity Report to outline communications activity and engagement with communications and campaigns managed by NHS Fife. This includes internal communications with NHS Fife Staff and external communications with the wider population of Fife. The report summarises activity and provides a data model that enables NHS Fife Corporate Communications to understand our reach, assess the impact of communications activity and to offer assurance that we are addressing organisational goals and delivering best value.

2.2 Background

In April 2023 NHS Fife Corporate Communications developed a model for communications activity reporting initially to aid conversations at Area Partnership Forum meetings, where communications is a standing item on the agenda and to

provide assurance to NHS Fife's Executive Directors Group around the reach and engagement with corporate communications activity both internally and externally.

The report presents a range of third-party analytics tools to allow us to report on communications activity in relation to the NHS Fife website, NHS Fife Social Media Channels, Press and Media and internal communications via NHS Fife's Staff Communications and Engagement App StaffLink (Powered by Blink).

The report presents a range of statistics, using current industry best practice and provides context in relation to what this means or indicates in relation to NHS Fife communications activity.

Following this first year of standardised data capture, Corporate Communications will now be able to look at year on year benchmarking of our communications activity, help to build a greater understanding of trends and influences to allow us to refine and develop our communications activity and campaigns to continue to reflect and address the changing needs and demands of our stakeholders and ensure our communications are effective and efficient.

2.3 Assessment

Given the current context NHS Fife is operating in. The quarterly communications report relates succinctly with a range of existing NHS Fife strategies including our Population Health and Wellbeing Strategy, Public Health Strategy, Digital and Information Strategy, Estates Strategy as well as our commitments as an Anchor Institution. In providing information and assurance in relation to communications activity and engagement in support of these strategic goals and ambition.

2.3.1 Quality, Patient and Value-Based Health & Care

The NHS Fife Quarterly Communications report and the supporting analytics are a significant enabler for supporting the delivery of the Population Health and Wellbeing Strategy objectives, our RTP goals and a range of with other local strategies contributing towards improving Quality / Patient Care. This includes internal and external stakeholder communications and coordination with a range of patient services and patient groups across NHS Fife.

2.3.2 Workforce

The NHS Fife Quarterly Communications report allows Corporate Communications to continually and consistently review our communications activity with staff to ensure our communications in relation to news, information and guidance has a significant and positive impact on our engagement with our workforce to help ensure they feel informed and supported to carry out their duties and understand how they contribute to the delivery of the strategic ambitions of the organisation and how they can display the values of NHS Fife.

2.3.3 Financial

The range of analytics and supporting software used to help inform the quarterly communications report are either free-source or included as part of the software package.

The NHS Fife financial outlook remains a challenge to delivering the scope and speed of our ambition in relation to corporate communications and as such a new Corporate Communications Strategy is being written to complement our new Public Participation and Community Engagement Strategy which is going to the NHS Fife Board for formal approval and adoption on the 28th May 2024.

Corporate Communications will also be launching an annual internal communications survey in summer 2024 to allow us to directly engage with NHS Fife staff to understand their communications needs and preferences and triangulate the results of this survey with the data gathered as part of our quarterly communications activity report. This will help to offer reassurance that our communications activity is meeting organisational goals and targets in relation to the NHS Fife Population Health and Wellbeing Strategy and our Re-Form, Transform and Perform (RTP) Framework and ensure that Corporate Communications is providing best value in relation to our programme of activity and available funding.

2.3.4 Risk Assessment / Management

To support delivery of the NHS Fife strategy and the Re-Form, Transform and Perform (RTP) Framework it is important that we review current spend across the organisation including communications and in particular the investment in StaffLink (Powered by Blink) our NHS Fife Staff Communications and Engagement App.

At a time of rapid change, it is important that NHS Fife staff feel informed and supported. Colleagues across NHS Fife need to be able to access information in a timely and appropriate manner to ensure that they can safely deliver the requirements of their post and feel supported in doing so.

The StaffLink App was developed to allow colleagues to be able to access news, information, and guidance as a replacement to our old intranet. The app is available via desktop, tablet and mobile and ensures equity of access to information for those colleagues who are not office based or do not have regular access to a desktop computer.

The quarterly communications report clearly outlines the level of staff engagement with the app and as a result of feedback and analytics we continue to refine content and develop functionality to ensure the App continues to evolve and meets the needs of our diverse range of colleagues.

The software licence costs associated with the Blink platform has been secured until 31st March 2025, however in planning for next financial year, this will need to be kept under review in relation to NHS Fife finances. If funding was to be reduced or withdrawn, we would need to look at creating an alternative mechanism and platform to ensure that staff can continue to access news, information, and guidance to allow them to deliver the requirements of their post and ensure that as an organisation NHS Fife can engage directly with staff across the organisation, during this period of rapid change.

To ensure continuity any service transition would need to be carefully planned and coordinated to avoid the risk of losing direct contact and engagement with colleagues across Fife at a time of re-forming services and service transformation, when good and accessible communications is integral to supporting and enabling change.

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

When developing communications and campaigns we always work to ensure that our communications material and content complies with our statutory requirements and best practice. The NHS Fife Quarterly Communications Report also aligns with our ambitions as an Anchor Institution.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability Impact falls under one of our NHS Fife strategic priorities within the Population Health and Wellbeing Strategy. With the move towards more digital based communications, rather than print and paper, it is important to monitor communications to ensure we understand engagement and preferences in relation to digital communications and ensure that nobody is disadvantaged as a result of a digital by default approach.

2.3.7 Communication, involvement, engagement, and consultation

The quarterly Communications Report was developed in line with currently available analytics software as part of our NHS Fife website Google Analytics, Blink integrated software and Brandwatch social media analytics. The reporting model also adopts best practice in the public and private sectors and has been developed to address the ask in relation to services looking to understand how communications are able to support their need and refine messages and information to ensure it addresses their audience and service need.

2.3.8 Route to the Meeting

The quarterly Communications report is presented to NHS Fife Executive Directors Group and the Area Partnership Forum to facilitate discussion and offer assurance in relation to the range and reach of communications activity undertaken.

2.4 Recommendation

To provide assurance that NHS Fife Corporate Communications activity is being monitored and adjusted to continue to meet the needs of target audience and the organisation.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Issue 4 NHS Fife Corporate Communications Quarterly Communications Report January – March 2024

Report Contact:

Kirsty MacGregor

Director of Communications and Engagement

Email kirsty.macgregor2@nhs.scot

Corporate Communications Quarterly Activity Report

Website, social media, StaffLink and press and media

Issue 4: 1 January – 31 March 2024



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Section 1: Website

Summary of performance (compared with previous quarter)

This report provides an analysis of NHS Fife website traffic for January 1 to March 31 2024.

We take these metrics from **Google Analytics 4**.

The table below gives a broad overview of the number of people visiting our website, as well as their levels of engagement.

We saw an increase in traffic overall compared with the previous quarter (October to December 2023). This was a dramatic rise in total users. We investigated with our partner digital agency, Factory73 and found increases in traffic for specific areas like NHS Fife job recruitment and sexual health. However, these increases only accounted for some of this traffic. We will continue to monitor the situation over the coming months.

Metric	This period	Previous period	Change
Total users	358,823	197,786	+81.42%
First visit	479,511	184,800	+159.48%
Sessions	549,408	302,269	+81.55%
Page views	605,486	548,600	+10.37%

This report covers activity on nhsfife.org during the period January to March 2024.

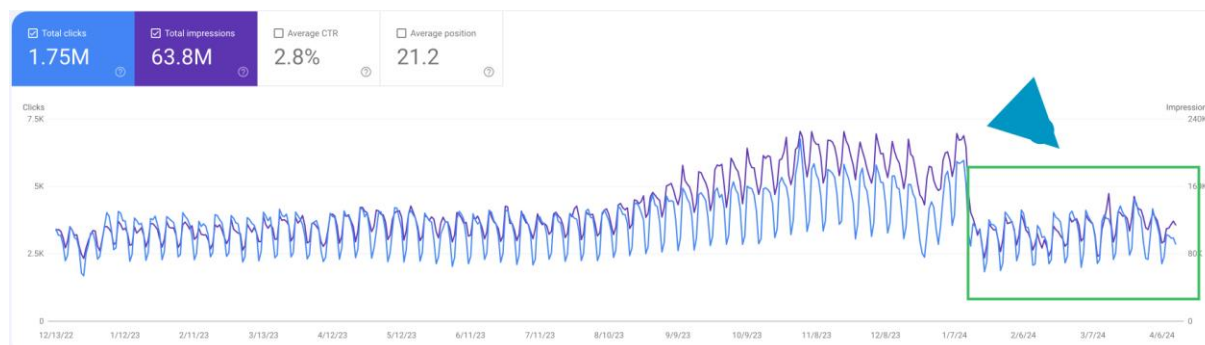
Number of users by traffic source

The table below details the sources of traffic to our website by number of users. Note: “Direct” means the user has come direct to our website by either typing the address into the browser’s address bar or using a bookmark. We saw considerable increases in referrals from external search engines such as Google and Microsoft Bing. We will monitor this over the coming months.

Position	Website	This period	Previous period	Change	Position Change
1	Google Search	209,690	142,447	+47.21%	-
2	Direct	125,794	28,276	+344.88%	-
3	Bing	13,002	8,539	+52.27%	-
4	Unassigned	3,934	351	+1020.8%	New
5	NHS Inform	2,967	3,921	-24.33%	-
6	Facebook mobile	2,881	4,931	-41.57%	-2
7	Yahoo	1,854	1,366	+35.72%	-
8	Facebook mobile link shim*	1,333	2,378	-43.94%	-2
9	Nhsfife.joinblink.com/referral	1,316	1,221	+7.78%	-1
10	Duck Duck Go	1,155	848	+36.2%	-1

*a link shim is a security mechanism used by Facebook to identify malicious websites. It checks them before sending users off to safe websites.

As stated already, we saw big increases in traffic from Google search. However, as the highlighted section of the graphic below shows from Google Search Console, we technically dropped off for referrals from Google from **January to March 2024**. We will continue to monitor this with Factory73 as obviously there is some contradictory data here.



Device and browser overview

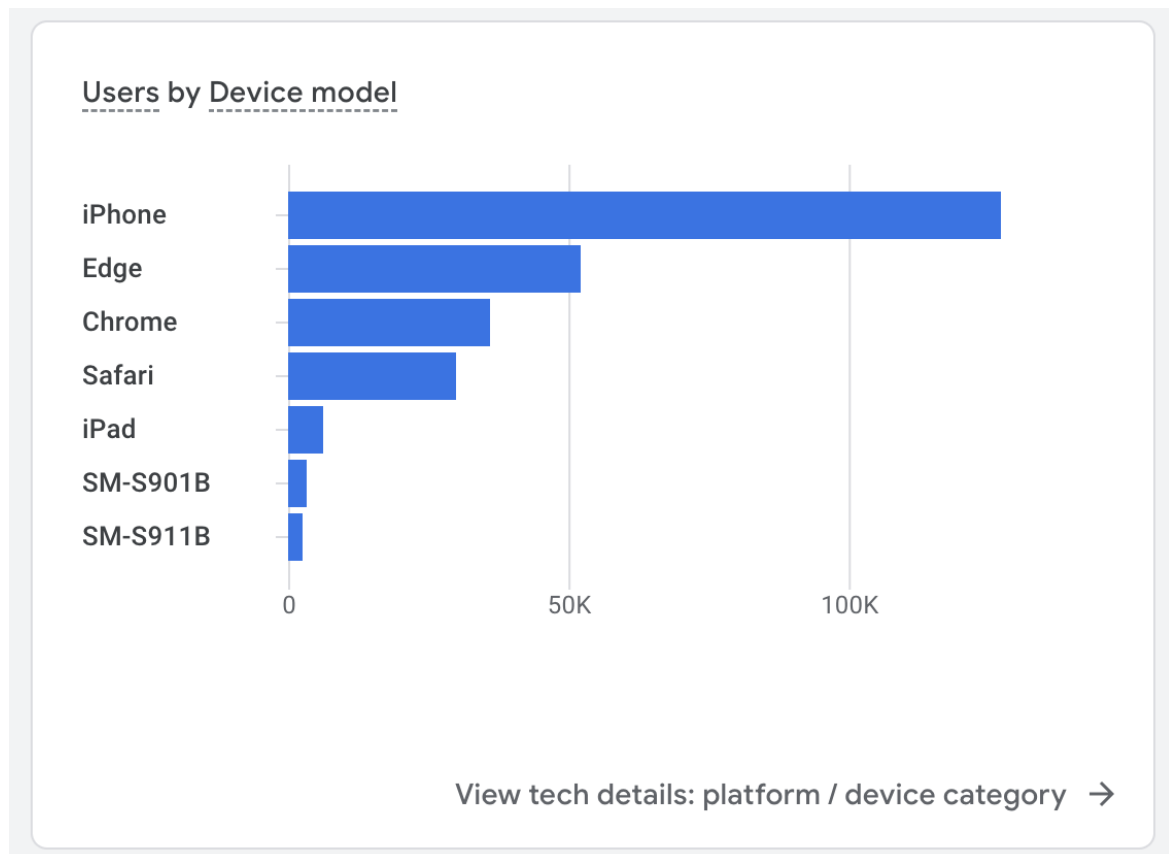
The table below shows the amount of traffic for each type of device by number of users. Some two thirds of users access the website using mobile devices.

Users accessing the website have significantly increased this quarter compared with the previous quarter. Desktop users have more than doubled.

Mobile devices	Desktop devices	Tablets	Smart TV
218,949	127,499	10,907	20

Users by device model

Apple iPhone continues to dominate the market share of mobile devices. More than half of users are on an iPhone



Top content

The table below details the top ten pages on our website, based on *Views*. We saw a large increase in interest to our employment vacancies web page this quarter. Not detailed in this table, but we also saw increases to web pages about sexual health and high temperatures in children. This explains some of the traffic increase though not all.

Position	Page name	This period	Previous period	Change %	Position change
1	Vacancies	37,462	27,624	+35.61%	-
2	Victoria Hospital	22,564	21,480	+5.05%	-
3	Homepage	20,908	20,412	+2.43%	-
4	Search results	11,506	10,341	11.27%	+1
5	Services	10,887	10,120	+7.58%	+1
6	Spinal anaesthetic	10,422	9,714	+7.29%	+1
7	Hospitals and wards	9,423	8,814	+6.91%	+2
8	Nerve blocks for leg surgery	9,305	9,392	-0.93%	-
9	Nerve blocks for arm surgery	8,352	8,308	+0.53%	+1
10	Queen Margaret Hospital	7,962	7,521	+5.86%	-

Requests for reports

Given the breadth of topics and volume of content available on our website, it is impossible to report on the performance of every page.

We are keen to provide reporting which is relevant and useful to you. If you need to understand more about a specific part of our website, please follow the process below:

- Requests should be sent to fife.webteam@nhs.scot **no later than the last day of the month.**
- Detail the data you are interested in analyzing:
 - What pages do you want analyzed?
 - What data would you like? Example: page views, referring pages etc.

Section 2: Social media

At-a-glance

- Continued follower growth across all platforms





Output significantly reduced, 36% down over the quarter – largely driven by the outlier month of December which usually has lots of Christmas related content.

Sustained activity accruing and sharing public feedback is resonating with the public as reflected in the engagement

- Majority of content locally created and is regularly outperforming national campaigns

Channel performance

(Compared with previous quarter)

Channels	Fans	Impressions	Clicks
 Facebook Platform currently has around 190,000 followers who subscribe to see our posts. The current Brandwatch API only collates and analyses data on 'fans'.	45.4K +1%	2.07 million -34%	111.68K -48%
 Twitter	19.98K +0%	Data not available	Data not available
 Instagram	11.57K +0%	312.51K -29%	Data not available
 LinkedIn	7.72K +4%	79.94K +16%	2.79K -56%
Total (513posts) -36%	84,67K +1%	2.46 million (excl Twitter) -32%	111.68K (excl Twitter) -48%

Top five performing labels

NHS Fife labels social media posts to help measure the reach and impact of strategic campaigns during the analysis phase.

*Posts without a label are often ad hoc requests that are not associated with a particular subject or campaign.

Rank	Labels	Impressions	Number of posts using label inc as percentage of all posts	Clicks	Engagements
1	Posts without label	2.31 million	96 (19%)	23.48K	2.99K
2	Feedback	356.54K	51 (10%)	11.78K	2.53K
3	Maternity	332.4K	31 (6%)	9.18K	1.11K
4	Kirkcaldy Health Centre	321.99K	11 (2%)	19.09K	1.22K
5	Donation	295.37K	24 (5%)	11.06K	1.81K

Local content and campaigns

This quarter has again seen us work to develop and promote numerous strategic local social media content and campaigns. Highlights include:

- Messaging discouraging people who are unwell visiting hospitals/similar messaging around norovirus
- Mat stats maternity headlines
- Localised Right Care, Right Place messaging with bespoke videos and graphics
- Serialised interview with local GP about winter illnesses and their management
- Spotlight jobs recruitment tool
- Promotion of new online pregnancy self-referral form
- Sharing of public feedback on services
- Care Opinion service feedback sharing
- Access therapies Fife promotional videos
- New scabies information pages/information hub for care homes
- Promotion of third year student midwife NHS Fife open day
- Promotion of new podiatry advice line
- Promotion of regular Babybites weaning sessions
- Partnership work with ADAPT's KY clubs to promote their drug and alcohol support services
- NHS Fife Board member recruitment

Campaign focus: Winter 23/24

Our localised winter campaign plan was developed following a winter planning session, which involved colleagues in communications, urgent care, and health promotion. It used locally created assets to refine and augment nationally agreed messaging.

The social media campaign and accompanying web pages were developed to align with a range of measures to help alleviate winter pressures by ensuring people have the **knowledge, opportunity, and confidence** to both keep well and, when they become unwell, to make informed and appropriate choices related to their care.

The campaign was delivered in four stages:

- Encouraging winter preparation and resilience
- Promoting self-management of minor illness or injury (symptom and expectation management)
- Promoting the most appropriate resource for healthcare needs (Right Care, Right Place)
- Raising awareness of how people can support us and continue to access the best possible care during periods of particular pressure.

Example assets (images and video stills):



Performance analysis: Whilst there is no formal benchmark to compare our localised messaging performance to the national assets we have used in previous years, the level of engagement was notably higher than we would usually get for nationally issued materials.

As such, we are confident that the localised approach we took to winter messaging ensured that more people were made aware of our messages and, therefore, they were more likely to engage in the behaviors that we asked of them.

Campaign	Number of localised posts	Impressions	Engagements	Reactions
Winter 23/24	47	112,000	697	426

Most viewed posts over the quarter

[Kirkcaldy Health Centre unplanned closure](#) - this post went out on the evening of Sunday 24 March following the discovery of a gas leak at Kirkcaldy Health Centre. It gave important information to the patients of the three GP practices impacted.

Around 50,000 people seen the post and it was engaged with by over 400 people – particularly high given the time of night and the targeted nature of the post.

Due to unforeseen circumstances, Kirkcaldy Health Centre will be closed tomorrow (Monday 25 March).

- ▶ Dr Egerton and Partners
- ▶ Dr Morris and Partners
- ▶ Drs Mitchell, Morris and Fordyce

If you have a pre-arranged appointment at one of the centre's three GP practices, please do not attend. Your practice will be in touch with you to offer you a new appointment time. Practices will still be running a reduced service for those with an urgent need and these patients should call 01592 729 250.

If you require non-urgent healthcare, please visit nhs.uk or call NHS 24 on 111. In a serious emergency, always call 999. Work is ongoing to reopen the health centre as soon as possible and a further update will be issued in due course.

Image: Google Streetview



Other top performing posts over the quarter included:

- Information on the waiting list management platform, [Patient Hub](#)
- Fife's first baby born in 2024 – [Henry George Buchanan](#)

Most engaged post

[Fife's first baby born in 2024](#): Over 1200 people reacted to this post, which featured one of the first photographs taken of Henry George Buchanan



NHS Fife
Published by Craig Hamilton · 1 January · 🌐

...

Congratulations to Jamie and Andrew Buchanan 🥳

Their son, Henry George Buchanan, was the first baby born in Fife this year - entering the world at just two minutes past midnight!



Analysis of posts by other users

This analysis looks at social media posts mentioning “NHS Fife”. The data includes public posts from sources such as organisations, politicians, journalists, partner agencies, and individuals.

Key points:

- 1.5K mentions of NHS Fife on social media
- 309 accounts talking about NHS Fife across the quarter on social media.
- 736,000 people reached by the above mentions.

Total volume across all searches

Benchmarked for Jan 1, 2024 - Mar 31, 2024 (UTC) against data from the Oct 2, 2023 - Dec 31, 2023 (UTC)

Total mentions

1.5K / ↘ 3%
Previous period: 1.5K

Total reach

736K / ↘ 22%
Previous period: 943K

Total impressions

0 / ↘ 0%
Previous period: 0

Unique authors

309 / ↘ 15%
Previous period: 361

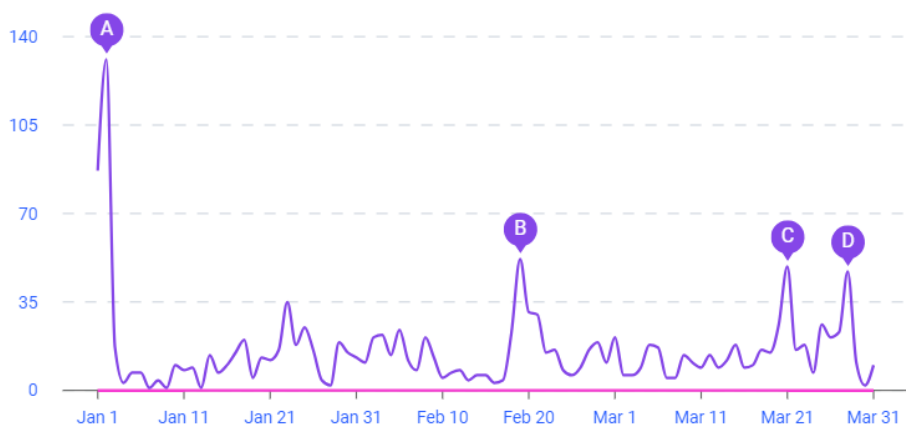
Spikes in social media mentions

19 February (52 mentions) - related to the provision of ME specialists in Scotland, following the death of Keith Anderson. [Example from BBC.](#)

21 March (49 mentions) – mention of member of the public posing as a nurse at St Andrews Hospital as part of wider national coverage of calls from a data watchdog to keep patient data more secure. [Example from Inverness Courier.](#)

28 March (47 mentions) - relating coverage of the unplanned closure of Kirkcaldy Health Centre. [Example from the Courier.](#)











Mention volume by Day ▼ broken down by searches ▼



Platforms mentioning “NHS Fife”

Social media and news websites continue to be where NHS Fife is most often mentioned, with the notable inclusion of Reddit. Reddit mentions are forum posts by individuals and are more informal – often asking questions around waiting times or GP/dental access in a specific area, which are answered or contributed to by people in the Reddit community.

Top sites broken down by searches

Site	Total ▼
 dunfermlinepress.com	115
 thecourier.co.uk	64
 facebook.com	56
 centrafifetimes.com	51
 fifetoday.co.uk	48
 scotsman.com	34
 heraldscotland.com	31
 instagram.com	25
 careopinion.org.uk	24
 dailymail.co.uk	24

Section 3: StaffLink

Total number of active users – 8892

The Stafflink app is used 24/7 and accessed via desktop and mobile devices.

Total Stafflink Opens by device type January - March	
Web	534,740
iOS	97,922
Android	28,725
Desktop (shortcut)	2352

The graph below shows the average app openings by day and time.

Average App Opens by Hour and Day of Week*

Hour of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0	385	360	358	353	439	359	268
1	291	252	277	302	307	269	265
2	293	244	213	245	244	237	218
3	193	220	239	214	258	211	238
4	222	249	193	253	249	199	239
5	276	303	255	268	282	273	248
6	443	436	487	509	480	399	302
7	1322	1654	2002	1582	1325	520	440
8	5024	5425	5789	5471	4828	813	691
9	6777	7254	7453	7189	5937	914	877
10	6557	6908	7018	6892	5960	1054	906
11	7084	7690	7234	7275	6298	1088	1036
12	6600	6794	7129	6522	5644	985	985
13	6466	6596	6859	6370	5714	1163	1082
14	6730	7091	6844	6802	5755	1046	1068
15	6938	7247	6880	6936	5802	1180	1097
16	5455	6005	5640	5687	4742	1123	1031
17	3008	3258	2597	2672	2361	1338	1033
18	1721	1750	1557	1601	1389	912	950
19	1259	1421	1409	1167	1166	727	830
20	1230	1233	1168	1156	1001	789	904
21	1100	1140	1108	970	837	730	840
22	731	880	885	821	738	576	743
23	658	620	598	566	589	509	481

Newsfeed postings and interactions

A total of **513** 'all staff' newsfeed posts were created over the period, generating **3277** reactions and **324** comments.

Newsfeed posts are divided into different categories for ease of access. These include:

News – key organisational news and information.

- Health and Wellbeing – latest news on staff health and wellbeing information and support.
- Training and Development – information on staff training and development opportunities.
- Staff Room – a range of #TeamNHSFife community information including staff achievements, events, and corporate discounts.

Trending posts

Trending posts are newsfeed posts which achieve a particularly high number of views, likes and comments. Staff achievement posts are consistently some of the highest trending posts on the central 'all staff' newsfeed.

Top trending posts between January and March 2024 were:

1. RTP - Briefing 1

The screenshot shows a social media post with the following details:

- Priority** · 12 Feb
To: All Staff
- Chief Executive**
Updates from the Chief Executive of NHS Fife
- NHS Fife Briefing: Financial Challenges - Update for Staff**
- Text: "This briefing provides a summary of actions and information in relation to our new *Re-form, Transform and Perform* programme to address our financial challenges." and "In late December 2023, the Scottish Government announced its draft budget for 2024/25 and this included details of the indicative funding level for Health Boards." and "It is clear the current financial pressures are going to increase significantly next year...see more"
- Image: NHS Fife banner with text "Re-form, Transform and Perform" and "From a UK national health authority >"
- Share button
- Reactions - 47 | Comments - 0 | Views – 16,344

2. Staff Flu/Covid Vaccination


Featured · Priority · 24 Jan
To: All Staff

NHS Fife
Keeping employees up to date with what's going on at NHS Fife

Don't Miss Your Chance To Get Vaccinated Against Flu And COVID-19 This Winter!

Flu and COVID-19 are still present and circulating within our community. Don't miss your chance to get vaccinated this winter.

Healthcare and social care staff can drop into vaccination clinics across Fife with no appointment necessary. You'll find details of your nearest clinic by visiting: [...see more](#)



Don't miss your chance to get vaccinated against Flu and COVID-19 this winter

Reactions - 15 Comments - 0 Views – 15,673

3. New BSL Interpreter Appointed

Featured · News · 31 Jan
To: All Staff

NHS Fife
Keeping employees up to date with what's going on at NHS Fife

NHS Fife Welcomes New Dedicated British Sign Language (BSL) Interpreter

NHS Fife has appointed its first dedicated BSL interpreter to help improve the experience for Deaf BSL users attending hospitals in Fife.

Mandy McCreddie is a qualified BSL interpreter and took up her role within NHS Fife's Patient Experience Team in January. Mandy has been signing for more than 20 years and has worked as an interpreter for many years.

Reactions - 75 Comments - 1 Views – 10,706

News posts – top 10

Position	News post	Reactions	Comments	Views
1	LIMS System Rolled Out	48	9	9945
2	ANP/ENP New Uniform Colour	62	4	9458
3	Changes to Arjo Disposable Slings	6	-	6693
4	Death of Sonya Wardlaw	32	4	6567
5	OT Team’s Breakfast Club for In-Patients	50	1	6214
6	March T.E.A.M Update	9	-	5978
7	NHS Scotland Event: Poster Abstracts	5	-	5784
8	Bank Staff – Move to Loop	6	2	5116
9	RTP Briefing: Issue 3	1	-	4585
10	Population Health and Wellbeing Strategy – Mid-Year Report	6	-	4506

News posts make up the bulk of posts within the newsfeed.

Health and wellbeing posts – top 5

Position	News post	Reactions	Comments	Views
1	Cycle to Work Scheme Open	17	13	4401
2	Stay Well This Winter	2	-	3914
3	Small Talk Saves Life Campaign	9	-	3846
4	Menopause Drop-in Session	-	4	3522
5	Remembering Together Workshops	4	-	3408

Staff room posts – top 5

Position	News post	Reactions	Comments	Views
1	Dr Allie Ramsay – Masters Degree in Medical Ethics and Palliative Care	67	12	10,376
2	Katrina Hunter Retiral	86	17	9988
3	Surgical ANP – New Uniform	73	4	7758
4	Gail Watt Retiral	83	2	6106
5	Happy New Year Message	13	-	4313

Training and development

Changes have been made to the way training development information is shared on StaffLink. Instead of individual news posts, a dedicated weekly Training Update was introduced in January.

The update, which goes out every Monday, brings together all current training and learning opportunities in one place along with featured training/learning news.

Since launching on **8th January 2024**, the weekly updates have been viewed a total of **44,757** times, with an average **3729** views each week.

Hub usage

The Hub is currently segmented into four key areas:

- **Organisational Content** – the core area where staff information, guidance and documentation can be found.
- **Team Content** – content that is only available to view by a specific team or service area. Currently there are only a small number of teams using this on a regular basis. This is an area we continue to grow.
- **Quicklinks** – helpful shortcuts to key staff or service information.
- **StaffLink User Guides** – provides user guidance on StaffLink and hints and tips.

Hub opens	January 2024	February 2024	March 2024
Organisational Content	106,383	98,379	92,776
Team content	16,328	14,019	13,381
Quicklinks	7226	6310	5843
Stafflink User Guides	260	286	286

Most popular hub folders and items Jan-Mar

1	Staff Room	15,908
2	Business Systems	11,330
3	Vacancies	7994
4	FROG (Fife Referral Organisational Guidance)	7085
5	Dining Room and Grab and Go Menus	6506
6	Acute	5037
7	ADTC/Medicines Management	4953
8	ASQ British English	4110
9	Reference	3892
10	ASQ 3 British English	3797

Section 4: Press and media

Highlights

NHS Fife's interactions with local and national media in quarter four spanned a range of different topic areas. There have also been a number of notable campaigns and initiatives in which Corporate Communications have been working to drive support for in quarter four.

Theatres – Corporate Communications continues to work closely with theatres and individual clinical specialties to highlight and promote noteworthy service developments and improvements. Quarter four saw NHS Fife announce the 500th robotic-assisted procedure having been carried out, and a new treatment for enlarged prostate offered as a day-case procedure under local anaesthetic.

- **'Harry's Teeth' Dental Book** – NHS Fife and Fife Health and Social Care Partnership's communications teams worked with STV News to promote a new dental book aimed to improve dental health in pre-school children. Penned by senior dental nurse, Tracy Pirie, the book is now being used as a learning aid in nurseries across Fife. The STV piece was picked up widely and used across all regional bulletins of the channels evening news.

General Practice – Corporate Communications continue to work closely with Primary Care Administration as well as individual practices to provide ongoing support. In some instances this is to provide localised information about short-term pressures on individual practices, such as where they are operating a reduce service due to staff sickness, or to remind local people of the range of alternatives to their GP practice. In other cases it has been to inform patients of a change in practice management or that practice partners have terminated their GMS contract.

Proactive news releases

Corporate Communications issued seven proactive press releases in quarter four. This compares with 15 in quarter three and six in quarter two. As always, the capacity within corporate communications to gather and issue proactive releases is influenced by other work, and most notably by the number and complexity of reactive enquiries the service is required to field from the press.

These recent proactive news releases are below:-

1. Kind donation helps to improve the experience for young patients

Issued – 16 January 2024

[Kind donation helps to improve the experience for young patients | NHS Fife](#)

2. 500 robotic surgical procedures carried out in Fife with more patients treated closer to home

Issued – 24 January 2024

[500 robotic surgical procedures carried out in Fife with more patients treated closer to home | NHS Fife](#)

3. Confirmed case of measles in northeast Fife

Issued – 30 January 2024

[Confirmed case of measles in northeast Fife | NHS Fife](#)

4. NHS Fife appoints dedicated interpreter to improve the experience of British Sign Language users

Issued – 05 February 2024

[NHS Fife appoints dedicated interpreter to improve the experience of British Sign Language users | NHS Fife](#)

5. NHS Fife first in Scotland to offer innovative prostate procedure as an outpatient appointment

Issued – 29 February 2024

[NHS Fife first in Scotland to offer innovative prostate procedure as an outpatient appointment | NHS Fife](#)

6. Fife dental nurse writes book to encourage children to practice good dental habits

Issued – 22 March 2024

[Fife dental nurse writes book to encourage children to practice good dental habits | NHS Fife](#)

7. NHS Fife agrees major new partnership with the University of St Andrews

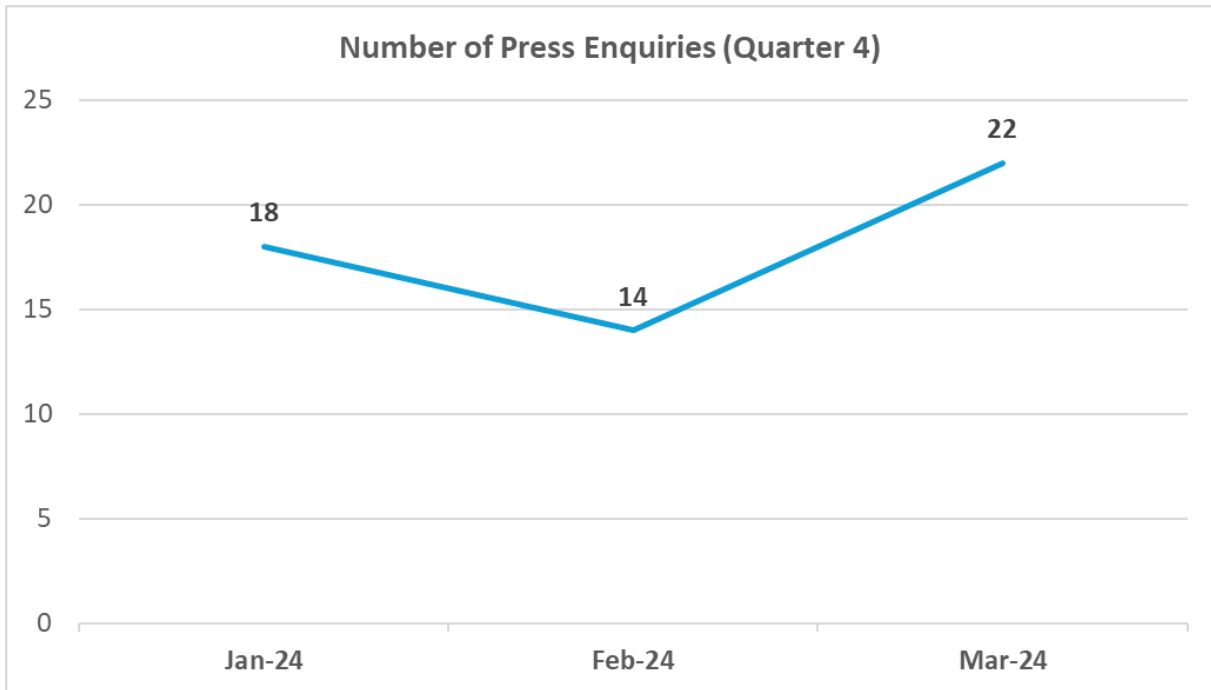
Issued – 26 March 2024

[NHS Fife agrees major new partnership with the University of St Andrews | NHS Fife](#)

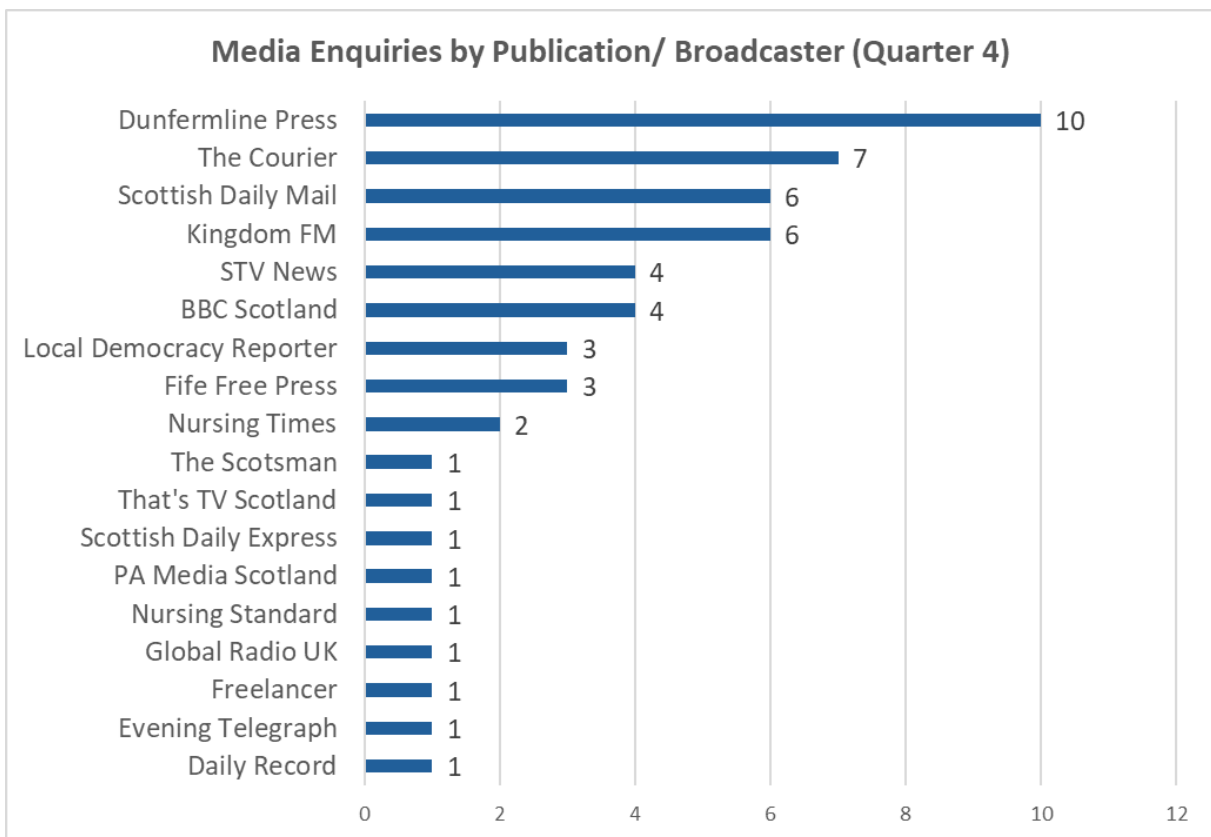
Reactive media responses

Reactive responses continue to account for the vast majority of formal statements issued by NHS Fife, albeit there is considerable variance in the volume of enquiries. It remains the case that comments and statements from elected representatives, most often related to nationally published performance data or responses to FOI requests, are a frequent source of enquiries from local media.

The table below shows the volume of enquiries received broken down by month between January – March 2024.

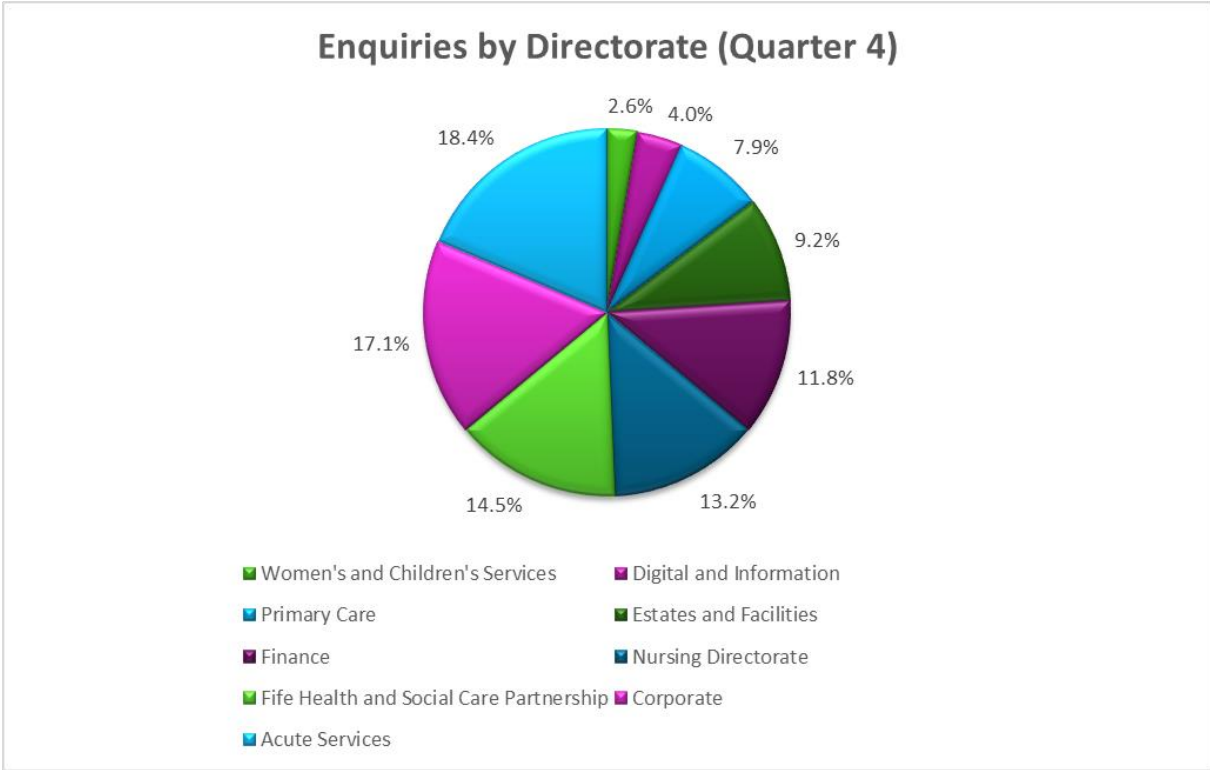


Between January – March 2024, NHS Fife received a total of 54 media enquiries, up from 43 in Q3. In a slight break from the norm, only 56% of enquiries came from our local media – most often, such enquiries equate nearer 70% of enquiries. A fuller breakdown of enquiries by publication/broadcaster is included in the following table:



While media enquiries during quarter three spanned a wide range of topics, the areas most frequently asked about were around access to dentistry, projects impacted by the freeze on new capital projects, and recent SPSO decision reports.

A breakdown of enquiries by directorate is provided below:

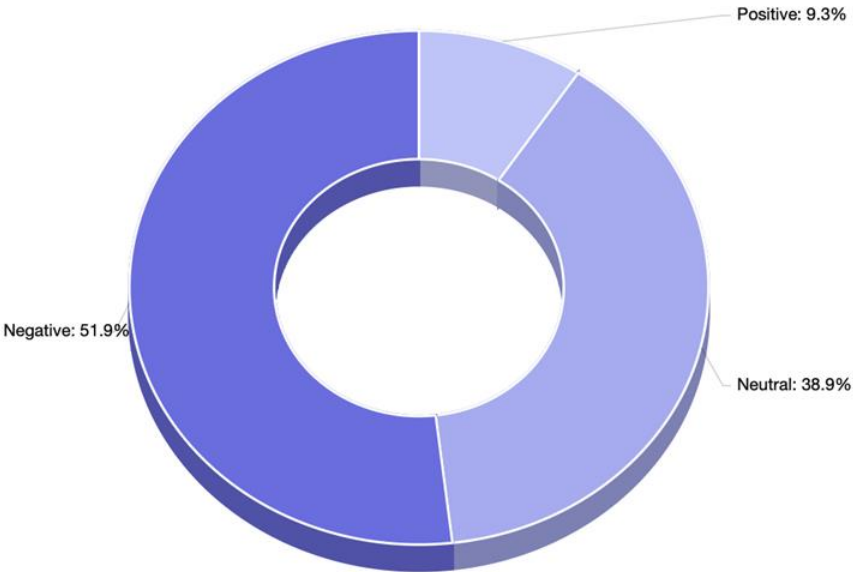


Coverage tone

The reactive media enquiries we receive most often relate to stories which are either negative or neutral in their tone, and are only rarely positive.

The table below shows the tone of coverage generated solely through reactive media responses between 01 January – 31 March 2023:

Coverage Tone (Quarter 4)



It is worth noting that, when combined with the coverage generated through proactive press releases, the tone of coverage is significantly more positive.

Planned proactive activity for next quarter

Over the coming months Corporate Communications will be supporting publicity for a range of large projects and initiatives, most notably the RTP programme. This is over and above the day-to-day interaction with press and media.

These are wide ranging and include the following:-

- **Pressures on primary care** – There continues to be considerable coverage interest in the pressures on General Practice. Away from the day-to-day pressures, we will shortly be announcing the outcome of the tender to provide general medical services from Park Road Practice in Rosyth, following approval by the NHS Fife Board in March 2024.
- **Robotic Prostate Cancer Surgery** – Following on from the development of robotic-assisted surgery in Fife, the prostate cancer surgery has been repatriated to Fife from NHS Lothian. The 100th procedure has now been carried out and this milestone will be marked in the coming weeks.
- **Teddy Bear** – Our Children’s Ward will shortly be retiring their teddy bear, Judy, which has accompanied thousands of young people with them to theatre since it was first donated in 1996. As two new teddy bears are set to replace Judy, Corporate Communications are working with the Children’s Ward as we engage with the public to help us name the two new bears. While this may seem slightly frivolous, we do anticipate the story will attract a reasonable level of attention.
- **Donations** – Two upcoming donations are due to be made in the coming weeks to the Victoria Hospice and the Children’s Ward. Corporate Communications are working with colleagues in these areas and the Fife Health Charity to spotlight these donations and talk about the potential benefits these will bring for patients and staff.

Glossary of terms

Stafflink

- **Active users** - users who have opened StaffLink within the last month.
- **App opens** - every time a user opens the app counts as an app open.
- **Newsfeed** - a targeted feed providing the latest up-to-the-minute organisational and #TeamNHSFife news.
- **Trending posts** - trending posts are some of the most popular newsfeed articles among users. Trending posts algorithms take account of the number of views, comments, and reactions.
- **Reactions** - staff can express their reaction (love, care, like, curiosity and happiness) to individual newsfeed posts.
- **Comments** - comments or questions left by members of staff on newsfeed posts.
- **Hub** - a central source for all files, documentation, and staff-facing information.

Social media

- **Brandwatch** – software used by NHS Fife to analyse social media content and performance, and gauge how others are interacting relative to local healthcare issues or services. The tool helps NHS Fife to extract more meaningful insight around campaigns.
- **Fans** – fans are unique users that identify as liking NHS Fife on their profile.
- **Followers** – followers are unique users who have subscribed to regular social media updates from NHS Fife.
- **Impressions** - the number of times the post or story was shown in a person's news feed.
- **Reach** –the number of unique people who have seen a post.
- **Engagements** – an aggregate of reactions, comments, and shares on a post.
- **Reactions** – where someone interacts with an NHS Fife post – such as a ‘love’ or a ‘like.’
- **Comments** - where someone has posted a comment on a post/story.
- **Clicks** – where someone clicks into a post to find out more about it.
- **Labels** – thematic labels help us categorise and assess the performance of content and campaigns.
- **Unique authors** – an individual person who has written a post on social media.
- **Mentions** – where “NHS Fife” has been mentioned in a social media post.
- **Interaction analysis** - the process of tracking conversations and sentiment on social platforms to see what people are discussing and how they feel about them.

Website

- **Session** - each session has a unique identifier that is automatically sent to GA4 as an event parameter. Session ID is stored in one of the Google Analytics cookies, and the value is sent in the ga_session_id parameter.
- **User** - an individual who interacts with your website or app. Each user can visit your website multiple times. For example, one user could create three sessions on your website, with each session containing multiple page views.
- **Page views** - reports on the total number of times events have been collected. For example, a user who navigates to the ‘about us’ page, then the ‘contact us’ page, and then back to the ‘about us’ page will result in two views of the ‘about us’ page and one view of the ‘contact us’ page.
- **Total users** - the total number of users based on the selected date range. For example, if you have January selected as a date range and there are 1,000 users for that date range, this value would be reported as the total number of users.
- **First visit** - this is collected the first time someone visits the website.

**Corporate Communications
NHS Fife**

Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

Communications mailbox: fife.communications@nhs.scot

Website mailbox: fife.webteam@nhs.scot

StaffLink mailbox: fife.stafflink@nhs.scot

www.nhsfife.org

- [f facebook.com/nhsfife](https://www.facebook.com/nhsfife)
- [t twitter.com/nhsfife](https://twitter.com/nhsfife)
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- [in linkedin.com/company/nhsfife](https://www.linkedin.com/company/nhsfife)

STAFF GOVERNANCE COMMITTEE
(Meeting on Tuesday 14th May 2024)

The main focus of the Area Partnership Forum meeting held on 20th March 2024 was the Re-form, Transform and Perform Programme: there was an overview of the programme and updates from the Workstreams, and discussion thereof.

In addition to standing items, topics also discussed included the Vacancy Management Revised Process, Attendance Management Actions 2024/ 25, DL(2024)03 - Removal of Temporary COVID Special Leave and Reduced Working Week Guidance.

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH MARCH 2024 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: Lynne Parsons, Employee Director

Present:

Vicki Bennett, British Dietetic Association
Wilma Brown, UNISON
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
John Hackett, Regional Officer, UNISON
Ben Hannan, Director of Pharmacy & Medicines
Paul Hayter, UNISON
Joy Johnstone, Federation of Clinical Scientists
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Janette Keenan, Director of Nursing
Kirsty MacGregor, Associate Director of Communications
Liam Mackie, Royal College of Nursing

Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Maxine Michie, Deputy Director of Finance
David Miller, Director of Workforce
Ben Morrison, Royal College of Podiatry
Carol Potter, Chief Executive
Sandra Raynor, Head of Workforce Resourcing & Relations
Caroline Somerville, UNISON
Gillian Tait, Senior Officer, Royal College of Nursing
Joy Tomlinson, Director of Public Health
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

L Parsons welcomed everyone to the meeting, in particular J Jones attending her first Area Partnership Forum (APF) and G Tait in her role as regional Royal College of Nursing (RCN) representative; and introductions were made.

Apologies were noted from S Adamson, M-A Gillan, N Groat, W McConville, N McCormick, L Noble and A Verrecchia.

L Parsons acknowledged, and thanked colleagues for, their continued efforts during this challenging time.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

It was noted that, inadvertently, an early version of the minutes of the meeting held on 24th January 2024 had been circulated to APF members and the correct version would be shared for approval in due course.

W Brown voiced her disappointment that workforce information is still unavailable to Forum members, despite requesting updates for quite some time. S Raynor explained that work is ongoing to develop Key Performance Indicators (KPIs) in partnership in order to set timescales, measure performance and expectations and to provide meaningful data. W Brown highlighted that members have raised concerns, particularly regarding the length of time their employee relations cases are taking to resolve. D Miller proposed sharing information currently available on employee relations and absence data with APF staff side colleagues; with the agreeing of KPIs a

SR

priority.

The Action List was reviewed, and the status of actions agreed.

03. MATTERS ARISING

S Raynor informed the Forum that a Job Evaluation Performance database is under development which will detail live cases, the number of new posts and Significant Case Reviews (SCRs) during reporting periods, and those actioned/closed off. It was agreed to share the report with APF members in due course.

There were no other matters arising.

04. RE-FORM, TRANSFORM, PERFORM PROGRAMME

04.1 Presentation: Re-form, Transform, Perform Programme

B Hannan delivered an overview of the Re-form, Transform, Perform (RTP) Programme, drawing attention to the priority areas being addressed by each workstream to achieve initial savings of £25m, with a further £30m of savings required to close the financial gap. Key messages from the APF / SLG Workshop and feedback from staff is being taken on board: lessons learned so far include communicating appropriately and with a sufficient level of detail.

It was agreed to share the presentation with Forum members.

BH

APF **noted** the information.

04.2 Medicines Workstream Update

J Tomlinson advised the Medicines Workstream has met once. There is a challenging programme to deliver £2m of identified savings. The group is linking with and building on the work of other workstreams. C McKenna confirmed that the intention is to create additional efficiency opportunities and streamline processes wherever possible.

APF **noted** the update.

04.3 Workforce Workstream Update

D Miller reported that the Workforce Workstream has so far met twice, to determine how best to deliver savings within the wide-ranging remit, including establishing sub-groups to work on:

- Reducing non-compliant junior doctor rotas and supplementary staffing
- Reducing Bank and Agency spend (a Staff Bank Consolidation paper was going to EDG in April)
- Reducing sickness absence – currently higher than desired at 7.6%; exploring initiatives to support staff to return to work
- Vacancy management process – additional controls implemented, thinking differently about posts (see also Item 06.1)
- Workforce planning – areas of focus include the concerning (lack of) nursing graduates for 2025/ 26; no further Scottish Government (SG) funding for international recruitment; demand modelling, retention strategy and skill mix; moving to a 36-hour week; protected learning time; Review of Band 5Nursing Roles.

Working with colleagues in the Project Management Office (PMO), in partnership and incorporating staff feedback, to prepare an Implementation Plan and FAQs guidance.

APF **noted** the update.

04.4 Service Design and Delivery Workstream Update

C Dobson indicated that the Unscheduled Care cost reduction has been secured. The opportunity is being taken to redesign services, particularly the Flow Navigation Centre moving to Acute Services and determining cost reductions in other areas. It is planned to reduce the number of Surge Beds after Easter, which will be challenging in terms of demand and winter pressures. A Short Life Working Group has been set up to review Discharge and Flow. A decision has been taken not to recruit to vacant posts; and changing the use of the Surgical Short Stay area. Also reviewing Bank cover to Outpatients and Health Records. Procurement is exploring a number of schemes, including a review of single use items.

N Connor and C Dobson are working collaboratively to achieve savings particularly in the areas of Unscheduled Care, Surge Reduction, Capacity and Flow.

N Connor reported that the Systems Leadership update for H&SCP plans for a £39m savings programme which will be taken to the Integrated Joint Board (IJB) next week. An Extraordinary LPF (Budget Discussion) was held yesterday, to discuss the details.

APF **noted** the update.

04.5 Infrastructure Workstream Update

B Hannan confirmed that a decision has been taken to close three administrative buildings, realising £2m savings in estate rationalisation through reduced utilities, maintenance and business rates costs.

Lessons learned from feedback received on the approach include communicating on a more personal level, e.g., through line managers, rather than a corporate email briefing. It was also disappointing that no previous conversations were held with staff to raise awareness of the impending moves, recognising the importance of working in partnership and the need to implement changes across the organisation at pace.

APF **noted** the update.

04.6 Other Initiatives

M Michie explained that SG has directed that Corporate Directorates must deliver a 3% savings target. Work ongoing to achieve this includes:

- Business Transformation workstream – exploring how to reduce inefficiencies, avoid duplication, drive out waste and optimise digital solutions.
- Legacy COVID-19 costs – no funding since last year, looking to stop these costs occurring e.g., redeploying staff across the system.
- Electivity – one of the biggest challenges, exploring measures to reduce the need for patients to receive treatment out with NHS Fife.

APF **noted** the update.

It was agreed to share with APF members, the RTP Framework document after it has been to the Board on 26 March 2024, along with the Medium-Term Financial Plan.

BH

In the discussion that followed, M McGurk emphasised that considerable service transformation, at pace, would be required to deliver the identified savings, designed around services not impacting patients. B Hannan stressed the intention is to develop plans collectively and in partnership, and at pace to meet SG timescales. Commitments include communicating clearly and refining processes as we go; offering support to managers to manage change well; and to take on board suggestions received to help staff understand how we will work together and manage the changes and delivery phases.

Next steps include a ramping up of communications through staff briefings and walkrounds. K MacGregor advised that a Q&A's document is being compiled and a dedicated mailbox for RTP set up for staff to raise their concerns, questions and ideas (using an anonymous suggestion form if preferred). It was acknowledged there will be some difficult decisions ahead and it is important staff feel informed and empowered to get involved.

05. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

05.1 Acute Services Division and Corporate Directorates Health & Safety Committee Update

C Dobson reported the Committee had met again earlier this week; the group is starting to form and has a standardised agenda. The work has started from a basic point, in terms of risk assessments to ensure all are in place in services as required. Attendance continues to be positive, and it is planned to develop the committee as we go.

APF **noted** the update.

05.2 Attendance Management Actions 2024/ 25

S Raynor talked to the paper which indicates the actions we intend to take during 2024 / 25 and the need to do something different to achieve a sustainable reduction in absence levels: resources are limited, it is important to think creatively and implement initiatives that make the most impact. As indicated at Staff Governance Committee on 06 March 2024, an Attendance Management Oversight Group is being (re)established to take a multifaceted approach to improving attendance. S Raynor advised she is meeting the Chair of the Group next week and the first meeting is being scheduled for April 2024. The Terms of Reference are being revised to reflect the change in focus. The Group will also build on the analytical data that the Workforce Planning Team report, to target priority areas rather than use a blanket approach.

S Raynor explained that she and Melanie Jorgensen, HR Team Leader have had an initial discussion with a company called Thrive, who are keen to work in partnership with NHS Fife to support mental health challenges (our highest absence category) - although it would be a 'spend to save' type investment - the aim is to recognise anxiety concerns and offer support at an early stage.

It was acknowledged there hasn't been the usual 'dip' in sickness absence after winter. It was agreed to share the latest absence figures and trends with Forum members. R Waugh was pleased to advise that the offering from the Occupational Health Mental Health Nurse, of early intervention to support staff to stay at/ return to work, has paid dividends.

RW

APF **noted** the report.

06. TREATED FAIRLY AND CONSISTENTLY

06.1 Vacancy Management Revised Process

D Miller explained that additional steps have been added to the vacancy management process – as detailed in the appendix of the report – which apply to all administrative posts, clinical posts, AfC posts above Band 6 and any new posts. The objective is to encourage managers to think differently in terms of vacant posts, however, it's not about *preventing* recruitment. Approvals through the revised process are around 75-80%, with approximately 15% of requests asked for further information to inform decisions or encouraged to consider staff on the redeployment list. The process will continue to be reviewed and refined, which has been established with the best of intentions.

APF **noted** the report.

06.2 Whistleblowing Quarter 3 Report

S Raynor confirmed the report covers activity between October – December 2023. Appendix 1 provides details of concerns raised and feedback on the previous quarter.

In terms of Confidential Contacts, we have recently increased numbers and established a network, which meets regularly on a face-to-face basis. There are a number of actions to build on the network, including peer support sessions for those new to the confidential contact role.

S Raynor advised that C Potter is Chairing the first Whistleblowing Assurance Group in April 2024. Initial steps include developing the Terms of Reference as we move into a different format and creating a decision-making group to receive complaints and determine how best to manage the concern lodged.

APF **noted** the report.

07. WELL INFORMED

07.1 Annual Delivery Plan

C Potter informed colleagues that the Annual Delivery Plan document is being finalised, which sits alongside the RTP work and Medium-Term Financial Plan. SG has provided guidance, identifying 10 recovery drivers, particularly in the areas of Mental Health, Primary Care and Women's Health. The SG ask is to determine high level plans and trajectories. The Plan is being discussed at the Executive Directors Group (EDG) tomorrow (21 March 2024).

APF **noted** the update.

07.2 Finance Performance & Sustainability Report

M Michie advised that the report reflects the financial position as at 31 January 2024. Key highlights include: there is currently a £12m deficit, with a year-end forecast shortfall of £13m. This is a significant improvement from the previously reported £23m forecast outturn. Two factors have contributed to this: additional SG (non-recurring) funding (to all Boards) in February 2024 and a reduction in CNORRIS contributions. Nevertheless, the overspend is significant: the main financial challenges include workforce, SLAs with other Boards and inflationary pressures. However, savings of £8m have been made, although not achieving the £15m savings target. In addition, it was perhaps underestimated the time it takes to make changes and to deliver savings; we must work at pace during 2024/ 25 and continue to drive forward financial savings.

M Michie reported that H&SCP has confirmed there will be no requirement for

any risk share for 2023 / 24 despite significant financial challenges they are also experiencing.

M Michie confirmed capital expenditure is on target and all monies will be committed/ spent by the end of this financial year.

APF **noted** the update.

07.3 Communications Update

K MacGregor advised that the quarterly Communications Activity Report for January – March 2024 is being finalised and will be circulated in due course.

K MacG

Not unsurprisingly, the current priority is communication around the RTP programme. Communications will develop and evolve as we move forward to engage with and keep staff informed.

After the Easter break, an all-staff survey will be issued around internal communications; hoping it will be an annual survey to enable us to benchmark activity and to collect feedback on how best to communicate with staff.

As part of being an Anchor Institution, we currently have a University of Dundee student working within the Communications Team helping to design and assist with evaluation of the reporting.

APF **noted** the update.

08. APPROPRIATELY TRAINED

08.1 Core Training Compliance Update

J Jones talked to the report, confirming an overall compliance rate of 56% for the nine core areas. Detailed in the report is recovery and connection activity with core training providers as we continue to increase accessibility and improve uptake of training in these areas.

APF **noted** the update.

08.2 Personal Development Plan & Review Completion

J Jones advised the report indicates a 10% increase on last year, at 42%; and includes helpful actions to improve completion rates.

J Jones suggested the two reports go hand-in-hand and although numbers are important, the most important aspect is investing in the PDPR conversation and improving staff learning and wellbeing to ensure staff feel valued and supported. J Jones indicated providing managers with reports is also helpful.

W Brown raised her concern that NHS Fife has not achieved the target 80% in either Core Training or PDPR completion for some time. C Dobson reported that providing training on wards and clinical areas is well attended and more effective than releasing staff to attend training in another venue. B Hannan observed that some staff are not eligible for PDPRs e.g., on long term absence.

APF **noted** the update.

09. INVOLVED IN DECISIONS

09.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

C Dobson reported that the ASD&CD LPF met on 15 February 2024, with a full

agenda, including the usual standing items. Three key highlights from the meeting are:

Isla Bumba, Equality & Human Rights Lead attended to present the Diverse Ethnicity Staff Survey findings. The LPF are supportive of the development of an anti-racism strategy and with J Jones appointment, we are hoping to make a positive difference around 'culture' within Acute Services.

There was a good discussion around the RTP agenda, recognising the request for more detail on changes. After Easter, C Dobson and A Verrecchia plan to go through the proposals in more depth and generate ideas with LPF colleagues.

Hospital Pharmacy at Weekends: there have been face-to-face staff consultations, a FAQs will be issued to provide clear and consistent messaging and further consultation on options around shift patterns is planned. B Hannan confirmed the programme is progressing to resolution this year; however, there needs to be a longer term sustainable plan.

It was agreed to circulate the report to the Forum.

CD

APF **noted** the update.

09.2 Health & Social Care Partnership Local Partnership Forum Update

W Brown advised that topics discussed at the recent H&SCP LPF included: Attendance Management information, Staff Health & Wellbeing, Recruitment, Health & Safety Update, Winter Pressures and the Whistleblowing Report. There was nothing requiring escalation.

A very good presentation was given at ELT and H&SCP LPF in terms of Finance, with a helpful breakdown of where savings are coming from to make tangible differences. Additional Budget meetings have also been held.

N Connor indicated that in terms of 'Transformation', the Community Rehabilitation and Care Model had been approved at the Integrated Joint Board (IJB) and discussed at and supported by H&SCP LPF.

APF **noted** the update.

09.3 Staff Experience – iMatter Survey 2024/25

J Jones talked to the report: the SBAR gives an overview of the key success of the 2023/ 24 iMatter campaign for NHS Fife: our questionnaire response rate (66%) and Action Plan engagement rate (67%) were the highest out of all 14 NHS Scotland territorial boards and is the highest engagement rate achieved by the board in both areas since the survey began.

J Jones stressed the need for meaningful action plans, so that staff feeling valued and engaged in their teams. Set out in the report is activity to encourage managers to have valuable conversations with their teams.

C Potter observed that video clips prepared last year were successful and suggested each director contribute to the film clip to encourage staff participation in the annual survey.

APF **noted** the update.

10. ITEMS FOR NOTING

The following item was **noted** by APF, with nothing requiring escalation:

- 10.1 ASD&CD Local Partnership Forum – Minutes of 21st December 2023
- 10.2 NHS Fife Staff Health & Wellbeing Group – Minutes of 12th December 2023
- 10.3 ASD&CD Health & Safety Committee – Minutes of 29th November 2023
- 10.4 NHS Circular – Refreshed Employer Flexible Retirement Guidance; New Requirements for Submission of Retirement Applications; and Price Change for Additional Pension and Early Retirement Reduction Buy Out (ERRBO)
- 10.5 HR48 – NHS Fife Retirement Policy
 - 10.5.1 Protocol for Recognition of Service for Staff who are Retiring
 - 10.5.2 Retirement Factsheet (updated)
- 10.6 HR15 – NHS Fife Organisational Change Policy
 - 10.6.1 Standard Operating Procedure – Manager’s Guide
- 10.7 Area Partnership Forum Workplan 2024/25

11. AOB

11.1 DL(2024)03 - Removal of Temporary COVID Special Leave

D Miller confirmed that as of 1 April 2024, any staff absent with COVID-19 symptoms will be treated in line with all other ‘sickness absence’ rather than classified as ‘special leave’ (which was temporarily put in place to assist staff and the NHS through the COVID-19 pandemic).

W Brown indicated there had been no consultation or discussion at STAC on the DL. W Brown hoped managers would use Infection Control type leave if staff test positive for COVID-19.

APF **noted** the contents of the Directors Letter.

11.2 Reduced Working Week Guidance

D Miller explained that a separate workstream within the RTP Workforce Workstream, with PMO support, has been established to assist with implementation of the reduction from 37.5 hours to a 37-hour working week without loss of earnings from 1 April 2024. It was recognised that it would be more straightforward to reduce the working week in some areas than in others. D Miller stressed it is not within the spirit of the agreement to reduce time in amounts that are so small that the member of staff does not benefit from an improved work life balance; or to extend unpaid breaks. National guidance is awaited (including clarity for part-time staff). The short implementation time was acknowledged; however, Boards have been discouraged from making any changes before guidance is issued to ensure a consistent approach across NHS Scotland.

APF **noted** the update.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 22nd May 2024 at 13:30 hrs.

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

(Thursday 15 February 2024)

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 15 FEBRUARY 2024 AT 2.00 PM VIA MS TEAMS

Present:

Claire Dobson (CD), Director of Acute Services (**Chair**)
 Andrew Verrecchia (AV), Unison
 Norma Beveridge (NB), Director of Nursing (Acute Services)
 Miriam Watts (MW), General Manager – Planned Care
 Neil McCormick (NM), Director of Property & Asset Management
 William Nixon (WN), Health & Safety Manager
 Joy Johnstone (JJ), FCS
 Neil Groat (NG), SoR
 Melanie Jorgensen (MJ), Interim HR Team Leader

In Attendance:

Isla Bumba (IB), Equality & Human Rights Lead Officer (for Item 2)
 Fiona Forrest (FF), Deputy Director of Pharmacy (for B Hannan)
 Gillian McKinnon (GMck), Executive Assistant to Director of Acute Services (**Minutes**)

	Action
<p>1 WELCOME & APOLOGIES</p> <p>CD opened the meeting and welcomed everyone.</p> <p>Apologies were received from Jill Chambers, Caroline Somerville, Donna Galloway, Belinda Morgan, Louise Noble and Benjamin Hannan.</p>	
<p>2 DIVERSE ETHNICITY STAFF SURVEY REPORT</p> <p>Isla Bumba (IB), Equality & Human Rights Lead Officer advised the Diverse Ethnicity Staff Survey took place during October 2023 and was available for any staff that identify as a diverse ethnicity. The purpose of this survey was to see if there was any discrimination or racism, how staff feel and their experiences.</p> <p>IB advised we had 75 respondents to the survey which was advertised through StaffLink and a printed copy of the QR code was sent out to all services across NHS Fife.</p>	

IB provided a detailed presentation to LPF colleagues on the questions and staff survey results.

IB advised NHS Grampian has been named NHS Scotland's first anti-racist health board and they have produced an anti-racism strategy. There are a number of things within their strategy that we can pull into NHS Fife and use to help shape how we will move this forward.

IB advised a key issue that was raised was how do we report incidents of racism and discrimination. Datix is not used well for this and perhaps we should consider an informal reporting route.

IB advised another issue that was raised was around staff wellbeing, team building, cultural humility but also managerial training. We need to have a good staff network up and running.

IB advised for patients and families that are repeat offenders for micro-aggressions or physical aggressions we are exploring a soft warning or gentle reminder letter which explains the standard of behaviour that we expect from our service users when they are engaging with our services.

NG referred to the methods of reporting and referred to the Whistleblowing Policy and whether confidential contacts could be something that could work in this context. IB advised using confidential contacts will be core as to how we approach reporting. There was a suggestion made that we introduce a telephone answering machine for staff to leave a voice message regarding a negative experience. A Short Life Working Group (SLWG) is being developed to explore this further.

NB advised Datix was not particularly user friendly, and it depends on what information we are looking to collect. We do need to be flexible in what we offer staff in terms of methods of reporting.

NB advised she was interested to hear about staff-to-patient interactions. IB advised the most common perpetrators were patients, closely followed by patient's families/friends/carers.

CD advised as part of the Health & Safety Update Report a staff-on-staff incident had been highlighted. We may need to look at all of the protected characteristics in our strategy.

WN advised NHS Dumfries & Galloway has managed to have a box added into Datix which asks how many times an adverse event has happened and is a searchable function for pulling reports. This may be one of the options of being able to capture multiple events of violence and aggression/discrimination.

FF thanked IB for her presentation and welcomed the information around confidential contacts on how we report and manage incidents. When talking about the introduction of a soft warning or gentle reminder letter for

repeat offenders how can we encourage/educate good behaviours and the right culture/language for both the public and all our staff. IB hoped we will start to see improvements when our staff feel more confident to call out this type of behaviour. The use of communications will also help with this approach and culture shift for both our staff and our patients.

MJ advised one of the difficulties highlighted is around being able to record multiple incidents. We need to ensure that the organisation appropriately supports its staff. The work around supported learning will be important.

AV advised he was sad to hear that we have staff who work for our organisation that do not feel that they can speak out because it might jeopardise their job whilst challenging racism. Further work is required around this.

AV advised there had been previous conversations around recording events of violence and aggression/discrimination on patient records, however he was pleased to hear about the soft warning or gentle reminder letter for repeat offenders.

AV advised we need to encourage staff to have the confidence to challenge inappropriate behaviours and for the organisations to back up staff to do this.

AV advised IB should progress the additional box being added into Datix that NHS Dumfries & Galloway have. WN agreed to forward a screenshot of the information to enable her to pick up a conversation with Paul Smith which would be a way of capturing a more accurate picture of how many incidents are happening.

CD asked about next steps and whether there is an ambition to have a strategy within NHS Fife. Jenni Jones, Associate Director of Culture & Wellbeing is joining the organisation on 4 March 2024 and CD would be happy to direct her towards IB to help in the development of a strategy for NHS Fife. IB advised since receiving the survey results there is certainly an appetite to push this work forward. CD confirmed the ASD & CD Local Partnership Forum are champions for this work and would be happy to provide any help and support.

A copy of IB's presentation would be shared with LPF colleagues.

GMcK

3 MINUTE OF PREVIOUS MEETING – 21 DECEMBER 2023

The Minutes of the Meeting held on 21 December 2023 were accepted as an accurate record.

4 ACTION LIST & MATTERS ARISING

4.1 Health & Safety Update Report

WN advised we do not have this information available. The only way we find out if staff are supposed to be on shift is when the DNAs are reported and the SCNs can tell us. We are unable to progress this further. Close action.

GMcK

4.2 **Health & Safety Update Report**

WN confirmed he had standardised the axis on the graphs within his report. Close action.

GMcK

4.3 **Attendance Management Update**

MJ confirmed she had picked up a conversation with LN. Additional information has been added into the Attendance Management Report and MJ will talk to those sections under Item 6.2. Close action.

GMcK

4.4 **Acute & Corporate Adverse Events Report**

NM advised an update on the sharps incidents in the service yard was discussed at the January ASD & CD Health & Safety Committee.

WN to provide an update on these incidents as part of Item 5.1. Close action.

GMcK

4.5 **Issues for Next Meeting**

CD advised a finance update would happen from the next meeting. Jill Chambers has agreed to join this group. Close action.

GMcK

5 **HEALTH & SAFETY:**

5.1 **Health & Safety Incident Report**

The Health & Safety Incident Report for the period December 2023 to January 2024 was distributed and noted, for information.

WN advised there were 19 sharps (staff) incidents reported in December 2023/January 2024, 83 incidents since April 2023. There are a few incidents with no SBAR attached. Some staff have found it difficult if they have closed off an incident to retrospectively place the SBAR on the Datix. Any member of the Health & Safety Team would be able to upload them as they have access to Datix once incidents have been closed. There are 7 minor harm incidents.

WN advised there were 5 slips, trips, falls (staff) incidents reported in December 2023/January 2024, 31 incidents since April 2023. There was 1 moderate harm and 4 minor harm incidents.

WN advised there were 16 violence and aggression (staff) incidents reported in December 2023/January 2024, 128 incidents since April 2023. There were 8 no harm, 7 minor harm, 1 moderate harm incidents. 2 incidents were reported to the police, 1 in AU1 and 1 in Ward 42. 1 incident has been considered a hate crime, a protected characteristic incident in the female changing area and 1 sexual harassment incident in theatre recovery. In the report there is a comparison between HSCP and Acute Division incidents.

WN advised there were 5 musculoskeletal (staff) incidents reported in December 2023/January 2024, 26 incidents since April 2023. There were 2 no harm and 3 minor harm incidents.

WN advised there were 8 self-harm (patients) incidents reported in December 2023/January 2024, 26 incidents since April 2023. There were 2 no harm, 7 minor harm and 1 major harm incidents.

WN advised there were 2 RIDDOR (all) incidents reported in December 2023/January 2024, 13 incidents since April 2023. There were 2 minor harm incidents, a nurse was assaulted by a patient which resulted in an over 7-day absence, and a nurse exposed to harmful substances after a sharps incident. There are a few not yet known RIDDOR incidents and a few finally approved.

WN advised there were 119 incidents (staff) in December 2023/January 2024, 720 incidents since April 2023.

WN provided an update on the sharps' incidents in the service yard.

WN advised a 30 litre sharps box had been brought in a cage from Ward 42. There was no lid, the contents were visible and loose and there was no signature on the label. The Waste Management office transferred the contents into a blue 30 litre closed off container. Following investigation, it would appear the lid had not been fully secured after leaving the ward and during transit to the service yard. Posters will be provided to remind staff that there are 4 clicks when assembling the sharps bin to ensure there is no repeat of the incident.

WN advised there was also one incident where staff had decanted clinical waste bags into the waste trailer. The bag was not tied properly, and the contents of the bag emptied over the inside of the trailer which had contained several needles. The needles were properly disposed of.

AV advised he was concerned to hear about the hate crime incident within the female changing area and asked if this was a staff-on-staff incident. WN confirmed it was a staff-on-staff incident and this incident is being dealt with internally.

6 STAFF GOVERNANCE:

A Well Informed

6.1 Director of Acute Services Brief – Operational Performance

CD advised there has been continual pressure at the front door and across the system. We are at maximum surge capacity and are also using Surgical Short Stay and the Day Intervention Unit. We have been at OPEL purple for the past couple of weeks. All teams are working hard to manage that pressure, but it has been extremely challenging at times.

CD advised within planned care patients are being reviewed on a case-by-case basis to try and get through our planned care activity and our majors' cases.

MW advised this time last year we had some real staffing pressures however our current staffing has been sufficient to cope with the challenges and pressures. We also have some new consultant appointments that will help as we move forward.

6.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

MJ advised the overall sickness absence figure for NHS Fife was 7.64% in November and 7.80% in December 2023.

Acute Services Division

MJ advised the overall sickness absence figure for the Acute Services Division was 7.70% in November and 8.27% in December 2023. The sickness absence rate was an increase on November 2023 and was the 8th consecutive month of being above 7%. The December 2023 rate was lower than the previous year.

MJ advised the next section of the report is a summary that relates to staff in post, supplementary staffing, staff leave, age profile, leavers and new starts. There is a slight concern around the establishment gap and how accurate this is.

MJ advised COVID special leave absence was 0.26% in December 2023, and this was the 9th consecutive month of being below 1%. Emergency Care had the highest sickness absence in December 2023 at 10.25%, followed by Women, Children & Clinical Services at 7.52% then Planned Care at 7.02%.

MJ advised the highest number of hours lost was due to anxiety/stress/depression followed by gastro-intestinal problems. The highest number of episodes was due to gastro-intestinal problems followed by cold, cough, flu – influenza sickness absence category.

MJ advised the highest number of hours lost was in the Nursing and Midwifery Band 5+ category, and the highest percentage rate was in Medical Support. We have added in a new section which shows the WTE staff in post and this was 3085.

MJ advised both short-term and long-term absence increased in December 2023. There were 33 areas with over 10% sickness absence.

Corporate Services Directorate

MJ advised the overall sickness absence figure for the Corporate Services Directorate was 7.03% in November and 6.57% in December 2023. The sickness absence rate decreased in December 2023 to 6.57% and this is the 6th month in a row it has been above 6%. December 2023 was lower than in December 2022.

MJ advised COVID special leave decreased to 0.24% in December 2023 and has been consistently below 1% since September 2022. The Facilities Directorate had the highest sickness absence rate in December 2023 at 10.21%, followed by the Estates Directorate at 4.96% and Corporate Services at 4.39%. Within the other Divisions the Workforce Directorate had the highest sickness absence rate at 6.76%, followed by Pharmacy Services at 5.73%.

MJ advised the highest number of hours lost was due to anxiety/stress/depression. The highest number of episodes was due to cold, cough, flu – influenza followed by gastro-intestinal problems sickness absence category.

MJ advised the highest number of hours lost was in Support Services and they also had the highest percentage absence rate.

MJ advised both short-term and long-term absence decreased in December 2023. There were 13 areas with over 10% sickness absence.

CD advised many colleagues had been around the sickness absence agenda for a long time. There is some discussion about triangulation of data to ascertain if there are particular areas where we could have most impact in terms of supporting staff to be able to come to work.

MJ advised one of the returns for Scottish Government is for a significant reduction in sickness absence by 2024/25 and this is a real challenge. There will be discussions to see what we can do differently and try to be more innovative in terms of what we can do to improve our sickness absence rates and attendance.

6.3 Feedback from NHS Fife Board & Executive Directors

NM advised meetings over the last few weeks have focussed on how we can improve our financial position. There are significant concerns regarding this year's outturn position in terms of our predicted overspend and also next year's predicted budgets. There has been lots of discussions around that and the development of the Reform, Transform and Perform (RTP) Programme. Colleagues are encouraged to watch the Chief Executive's video on StaffLink around this.

NHS Fife Board Meeting

NM advised a meeting of the NHS Fife Board took place on 30 January 2024. This was our Acting Chair, Alistair Morris' last meeting. Our new Chair, Patricia Kilpatrick took up post at the beginning of February 2024.

NM advised the Board considered the Population Health and Wellbeing Strategy Mid-Year Report, updates on the Anchor Institute Programme and the Annual Climate Emergency and Sustainability Report 2022/23.

Executive Directors Group

NM advised there had been a lengthy discussion today about finance and also a number of reports presented from the Workforce Directorate. There was also an update on the Healthcare Improvement Scotland (HIS) Inspection, progress with the action plan and some of the work that has been happening to improve the facilities within Ward 5.

6.4 Finance Update

CD confirmed Jill Chambers will join this group going forward. Updates will be provided on our financial position and the financial challenges we are facing for next year and the coming years.

7 B Appropriately Trained

7.1 Training Update

CD agreed to share the Training Compliance Update paper that was shared with the Executive Directors Group (EDG) for

CD

information. There is still lots of work to be undertaken but we are seeing some improvement within manual handling. We do have a colleague who will be going out to support more cascade training around BLS.

7.2 Turas Update

CD agreed to share the Personal Development Plan (PDP) & Review/Appraisal Update paper that was shared with EDG for information. Colleagues should continue to have those PDP conversations with their line manager and to record progress within Turas. It was noted this work continues to be a challenge due to operational pressures however noted these conversations are important.

CD

8 C Involved in Decisions which Affect Them

8.1 Staff Briefings & Internal Communications

CD advised NM had highlighted the Chief Executive's message around RTP and to sign-post colleagues to this important message.

CD advised AV/CD do have an LPF walk round coming up. If colleagues have a suggestion of an area/department they would like them to visit, they should get in touch. These important briefings and walk rounds would continue.

8.2 iMatter

MJ advised any teams that have recorded an action plan should arrange to revisit those action plans to record progress. Teams do still have time to record an action plan if they have not already done so as long as this is done before the next annual survey.

MJ advised the 2024 iMatter survey begins in May 2024. If teams wish to share their iMatter story they can contact fife.imatter@nhs.scot by end of February 2024.

9 D Treated Fairly & Consistently

9.1 Current/Future Change Programmes/Remobilisation

CD advised we have heard already about the requirement for quite significant change across the system which will be a key part of our RTP programme as we move forward. The commitment from CD and the Acute Senior Leadership Team continues around that close engagement with staff side colleagues. An RTP update will be brought to every ASD & CD LPF meeting.

9.2 Hospital Pharmacy at Weekend

FF advised we have undertaken our face-to-face staff consultation events with support from staff side and HR colleagues. We have consulted with over 200 staff. There has been a lot of discussion, some useful suggestions and some concerns which we are currently working through. We will be issuing some Frequently Asked Questions (FAQs) to our staff to provide some consistent and clear messaging.

FF advised there will also be further staff consultation on some options around the shift patterns. This will probably delay timescales therefore we will require to put in place a further extension of our existing rotas while we work through that consultation and 1:1 meetings with staff.

10 E Provided with an Improved & Safe Working Environment

10.1 Staff Health & Wellbeing Update

The Staff Health and Wellbeing Update Report was noted for information.

MJ advised the Haven is located within Phase 2, Victoria Hospital and a space for people with faith or non-faith can use. The Spiritual Care Team are keen to explore how staff use this space and how it can be improved. The Haven Staff Survey can be accessed via the link in the Update Report or via StaffLink. The survey closes on Friday 16 February 2024.

MJ advised the NHS Fife's Staff Health and Wellbeing Action Plan has been approved and will be available on StaffLink in the very near future.

MJ advised the new NHS Fife Cycle to Work Scheme will be launching on 4 March 2024 and will be open all year for NHS Fife employees. This is a salary sacrifice scheme where the employee gives up part of their pre-tax salary for an agreed period in exchange for hire of a bike and/or safety equipment. The salary sacrifice is taken from the gross salary rather than the net pay this means the employee pays less income tax and national insurance. Further information will be made available on StaffLink.

10.2 Capital Projects Report

The December 2023 Capital Projects Report was noted for information.

NM advised a meeting of the Fife Capital Investment Group (FCIG) took place recently. All the money is in the process of being spent

by the end of the financial year. We are confident that all work will be completed by the end of the financial year.

NM advised the upgrade works to Ward 5 are progressing and a visit took place this week with CD, estates and infection control colleagues to see the progress. It is anticipated this will be completed around 29 February 2024.

NM reported we have been advised by Scottish Government that all major capital projects should not be pursued for the next 2-years. Some of the projects we had around the modernisation of facilities for mental health and Kincardine and Lochgelly Health Centres have been officially paused and we have been told not to spend any more money developing schemes at the moment.

NM advised by the end of 2024 we have been asked to provide a maintenance only plan for our estate. By the end of 2025 we have been asked to do a whole systems initial agreement outlining what our aspirations are for future years and the funding that we want. We have to look at all of our schemes and prioritise those in a list for Scottish Government. Any future funding will be contingent on it fitting into the whole systems agreement for Fife which will be updated on a 5-year basis.

10.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period February 2023 to January 2024 was noted, for information.

10.4 **Reinforced Autoclaved Aerated Concrete (RAAC)**

NM advised there were 3 more blocks that we had asked to be part of the national surveys, but they have not been surveyed yet. None of these blocks are in the Acute Division or Corporate Services but are in community settings.

It was agreed this item could be removed from the agenda meantime, and for NM to provide an update as anything arises moving forward.

GMcK

11 **ISSUES FROM STAFF-SIDE**

There were no new issues raised from staff-side colleagues.

12 **MINUTES FOR NOTING:**

12.1 **Capital Equipment Management Group**

The Minutes of the Capital Equipment Management Group meetings held on 7 December 2023 were noted, for information.

12.2 **ASD & CD Health & Safety Committee**

The Minutes of the ASD & CD Health & Safety Committee meeting held on 22 January 2024 was noted, for information.

13 HOW WAS TODAY'S MEETING?

13.1 **Issues for Next Meeting**

It was agreed a Reform, Transform, Perform Programme (RTP) update would be added to the agenda.

BH

13.2 **Issues for Escalation to Area Partnership Forum**

There were no issues for escalation to the Area Partnership Forum.

14 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

15 DATE OF NEXT MEETING

Thursday 25 April 2024 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2023/150223

LOCAL PARTNERSHIP FORUM
(Meeting on 16 January 2024)

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 16 JANUARY 2024 AT 9.00 AM VIA TEAMS

PRESENT: Wilma Brown, Interim Staff Side Representative, NHS Fife (Chair)
Nicky Connor, Director of Health & Social Care
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
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Jennifer Bell, Chartered Society of Physiotherapy
Kenny McCallum, UNISON
Kirsty Cairns, UNISON, NHS Fife
Lee Ryan, HR Business Partner, Fife Council
Lisa Cooper, Head of Primary & Preventative Care Services
Tanya Lonergan (for Lynn Barker, Director of Nursing – HSCP)
Lynne Garvey, Head of Community Care Services
Melanie Jorgensen, HR Team Leader, NHS Fife
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Sharon Adamson, RCN
Steve Michie, Fife Council Health & Safety
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch
Yvonne Batehup, UNISON Welfare Representative
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Eleanor Haggett, Staff Side Representative, Fife Council
Elizabeth Crighton, OD & Culture Specialist (Wellbeing)
Hazel Williamson, Communications Officer, H&SC
Helen Hellewell, Deputy Medical Director, H&SC
Liam Mackie, UNISON Fife Health Branch
Lynn Barker, Director of Nursing - HSCP
Lynne Parsons, Employee Director / Society of Chiropodists and Podiatrists
Paul Hayter, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 21 NOVEMBER 2023	
	The Minute and Action Log from the meeting held on 21 November 2023 were both approved as accurate records of the meeting.	

NO	HEADING	ACTION
3	JOINT CHAIRS UPDATE	NC/LG
	<p>Wilma Brown updated on a recent visit she made to Glenrothes Hospital where she was impressed by the staff and how welcoming it felt. Lynne Garvey acknowledged Wilma's comments on her visit and felt it reflected the work which has been undertaken. Nicky Connor asked to accompany Lynne Garvey on a future walk about at Glenrothes Hospital.</p> <p>Nicky Connor gave a brief update on the ongoing recruitment to the head of service for complex and critical care post, interviews will be held towards the end of January and an update will be provided to LPF members in due course.</p> <p>Debbie Fyfe asked that brief updates on ongoing projects be given to keep staff up to date.</p>	
4	SUSTAINABLE WORKFORCE AND SUPPLEMENTARY STAFFING	AV
	<p>Tanya Lonergan provided this update on behalf of Lynn Barker. This paper is part of a series of reports providing an update on Fife HSCP workforce development and use of supplementary staffing. In February 2023 NHS Scotland directed all boards to implement an initial set of measures during April 2023 to reduce the usage/reliance. This directive came to support achieving consistency in agency controls across all health boards and within services to support patient safety, as required by the Health and Care (Staffing) (Scotland) Act 2019 and to address the value sustainability relating to use of an agile and flexible workforce. This work is overseen by the NHS Fife Bank & Agency Programme Board and HSCP Sustainable Workforce Group.</p> <p>Tanya gave an overview of the progress being made, which is in line with similar sized boards in Scotland. There are no current areas of concern.</p> <p>Debbie Fyfe commented that this report provides comprehensive information from a health perspective, but nothing is provided from the social work/social care side. Previously a report on this was provided and Debbie has requested that this be reinstated. Audrey Valente confirmed that the first of these reports would be presented to the March LPF meeting.</p>	
5	HEALTH & WELLBEING	
	Employee Relations Cases	
	<p>Melanie Jorgensen had provided a written update on the current NHS cases which have increased to 20, resolution timescales vary depending on a number of factors, but managers are being signposted to appropriate resources and advice to ensure cases can be dealt with efficiently. Discussion took place around whether some cases could be dealt with by managers without being made formal grievances, which could be helped by additional training for newer managers. There is a lot of information for managers on the Once for Scotland website.</p> <p>Lee Ryan gave a verbal update on 37 current Fife Council cases which has also increased since the last report. Experiencing similar issues to NHS Fife on timescales and the challenges with investigations.</p>	

5 HEALTH & WELLBEING (CONT)

Staff Health & Wellbeing

Melanie Jorgensen had provided a written report on this from an NHS perspective. Melanie highlighted Value Based Reflective Practice which is being introduced with seven facilitators currently being trained. The person organising this is Lynne Innes who is currently seconded to NHS Fife from NES.

Roy Lawrence gave a brief update including outlining Elizabeth Crighton's new role as OD & Culture Specialist (Wellbeing) which covers the whole partnership. The Wellbeing Group are working on a Framework for the partnership.

6 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Rona Laskowski covered this update which gave an overview of ongoing areas of work including lone working, mandatory training compliance and peer to peer audits. At the end of 2023 an exercise took place to update information on lone worker fobs.

Discussion took place around reporting of health and safety incidents and ensuring that employees and managers were aware of what needed to be recorded and how to log them. This appears to be an issue in some parts of both Fife Council and NHS Fife.

Steve Michie advised that Fife Council has set up a Corporate H&S Strategy Group which is looking at mandatory training in all Fife Council services. A Health, Safety and Wellbeing Survey is being issued to all FC staff in February.

Mandatory Training – Dashboard and Trajectory - Update

The most up to date figures available were shared at the LPF Meeting on 21 November 2023 and there will be an update at the next meeting on 13 March 2024.

H&S Updates – NHS and Fife Council

Billy Nixon and Morag Stenhouse had both provided written updates which had been circulated with the papers for the meeting.

Morag gave a quick summary of her report which covered January to December 2023.

Discussion took place around ensuring staff who are issued with lone worker fobs are compliant with the need to wear them for their own safety. This is raised in all team meetings within the service. There was also discussion around risk assessments around house visits and the wearing of head torches and ice grips by home carers to reduce risks. Staff engagement will be key to ensuring compliance.

7 FINANCE UPDATE / BUDGET

Finance Update

Audrey Valente gave an overview of this paper which is projecting an overspend of around £4m, which is a significant change from the September 2023 position. This is due to the Fife Council Pay Award, use of locum staff and GP prescribing (volume rather than increased costs). This will have an impact on unmarked Reserves.

Regarding the upcoming Budget, dialogue is still ongoing with both Fife Council and NHS Fife. Agreement is awaited on the final budget allocation and this is expected to be reported to the March LPF meeting.

Transformation Update – Transforming Overnight Care

Rona Laskowski presented this report which had been updated since it was taken to governance committees and the LPF in November 2023. The report is going to Quality & Communities on 17 January 2024 and Finance, Performance and Scrutiny Committee on 18 January 2024 prior to the IJB meeting on 2 February 2024.

Rona covered the detail in the report and outlined how it was proposed to modernise the model of delivery with the provision of technology enabled care and responder hubs where appropriate. Work is ongoing with the 19 external providers through the setting up of a Forum. A range of digital options are being considered and the emphasis will be on rights-based practice.

Once fully implemented this programme will provide around £7m in savings and timelines will be at the appropriate pace for service users. Modelling for responder hubs is required to ensure equity of care and a range of staff ratios are being considered. Formal communications will begin following the IJB meeting on 2 February 2024.

Debbie Fyfe requested that communications to staff and service users/families is done in parallel.

RLas

8 SERVICE PRESSURES & WORKFORCE UPDATE

Lynne Garvey advised that a Multi-Factorial Review of Attendance was being undertaken and would be shared at a future LPF meeting.

LG/RLas/
LC

Within Lynne's area vacancies and absences are highest within the Medicine of the Elderly and Care at Home services. HR data helps highlight where the key areas of focus are. Sickness and absence panels continue to be held. Work is ongoing to identify suitable recruitment campaigns.

Rona Laskowski advised that Mental Health and Adult Resources (Accommodation) are the vacancy and absence hotspots within her portfolio. These are adding particular pressure to the substantive workforce and work is ongoing to recruit via a Mental Health campaign.

Lisa Cooper is currently looking at alternative models of care as there have been difficulties recruiting staff with appropriate skills to AHP posts. The Flow and Navigation Hub has now transferred from the partnership to Acute and this took place following active dialogue with all staff.

NO	HEADING	ACTION
8	SERVICE PRESSURES & WORKFORCE UPDATE (CONT)	
	<p>Over the festive period the Urgent Care service were particularly busy with around 2,000 face to face appointments, 1,000 telephone calls and 500 home visits, an increase on previous activity.</p> <p>A daily huddle continues to be held to look at resources and support sustainability.</p> <p>Discussion took place around the staffing and recruitment issues in all three portfolios as well as the independent and private sectors. It was agreed that a novel approach would be needed to engage with younger people and encourage them into a career working within the care sector.</p>	
9	UPDATE ON NATIONAL CARE SERVICE	
	<p>This had been circulated prior to the meeting although it was felt there was not much of an update to report. There is a further meeting scheduled for later in January which may provide more information.</p>	
10	WORKFORCE STRATEGIC RISK DEEP DIVE	
	<p>Roy Lawrence advised that the Finance, Performance & Scrutiny Committee were undertaking a deep dive into each of the high scoring risks within the Strategic Risk Register. This one will be taken to the March FP&S Committee and Roy was keen to ensure LPF members can influence design.</p>	
11	INTERNAL AUDIT REPORT ON WORKFORCE	
	<p>Roy Lawrence advised that an Internal Audit has recently been completed which scrutinised the IJB Workforce Plan and the mitigating actions within the design and delivery of the three-year Workforce Strategy & Plan 2022-25 and ongoing annual Workforce Action Plans that support the delivery of the Strategy. Four action points were raised, three of these have already been dealt with and work is ongoing on the fourth.</p> <p>The report will be taken to the Audit & Assurance Committee on 19 January 2024.</p> <p>LPF members can provide feedback to Roy out with the meeting.</p>	
12	LPF ANNUAL REPORT 2023-2024	
	<p>Roy Lawrence advised that work on the Annual Report would begin in late March/early April.</p>	
13	ITEMS FOR BRIEFING STAFF	
	<p>Communications in relation to Transformation should be issued to staff and service users/families at the same time.</p>	
14	AOCB	
	<p>Debbie Fyfe raised an issue regarding three vacancies which have been advertised within Fife Council at FC12 with no apparent consultation with Trade Unions. Debbie has requested to meet with Nicky Connor to discuss.</p>	

NO	HEADING	ACTION
14	AOCB (CONT)	
	Debbie also requested that a list of all posts in the partnership on FC8 and above (and NHS equivalent) be provided to the LPF. This was done previously but not for a number of years.	MJ/LR
15	DATE OF NEXT MEETING	
	Wednesday 13 March 2024 – 9.00 am – 11.00 am	

Health & Safety Sub-Committee
(Meeting on 8 March 2024)

No issues were raised for escalation to the Staff Governance Committee



**Minute of the H&S Sub-Committee Meeting
Friday 8 March 2024 at 12.30 pm on Teams**

Present

Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
 Conn Gillespie, Staff Side Representative (CG)
 Dr Chris McKenna, Medical Director (CMcK) (joined at 12.45 pm)
 Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)

In Attendance

Billy Nixon, H&S Manager (BN)
 Anne-Marie Marshall (Manual Handling Team Lead (A-MM)
 Paul Bishop, Head of Estates (PB)
 Andrea Barker, Executive Assistant to the Director of Property & Asset Mgmt (Minute)

The order of the minute may not reflect that of the discussion
 The meeting was recorded on Teams

No.		Action
1	<p><u>Welcome & Apologies</u></p> <p>NMcC welcomed members of the Sub-Committee to the meeting.</p> <p>Apologies were received from Janette Keenan, Ian Campbell & Nicola Robertson.</p>	
2	<p><u>Minute/Matters Arising:</u></p> <p>The Minute of 8 December 2023 was approved as an accurate record.</p> <p><u>Action</u> - PB</p> <p>Item 8.1 <u>Radon Monitoring</u></p> <p>PB advised the Sub-Committee that re-sampling will take place once all of the required preliminary works are complete. Update for next meeting.</p>	PB
3	<p><u>Governance Arrangements:</u></p> <p>3.1 <u>2023-24 'draft' H&S Sub-Committee Annual Statement of Assurance</u></p> <p>The 2023-24 'draft' Annual Statement of Assurance was circulated to the Sub-Committee for comment.</p> <p><u>Post Meeting Note</u> - Minor amendments were made and the document and the final version was circulated to the Sub-Committee for information.</p> <p><u>Post Meeting Note</u> - The Annual Statement of Assurance (final) was submitted for consideration to:</p>	Andrea

	<ul style="list-style-type: none"> Clinical Governance Committee on 3 May 2024 <p>3.2 <u>2024-25 H&S Sub-Committee Terms of Reference</u></p> <p>The 'draft' ToR was circulated and approved by the Sub-Committee pending the addition of reference being made to regular attendees.</p> <p>Post Meeting Note - An additional paragraph was added to the ToR:</p> <p><i>The Health & Safety Sub-Committee may invite individuals to attend meetings for particular agenda items, however, the Health & Safety Manager, Manual Handling Team Lead, Head of Estates and acting Head of Spiritual Care will normally attend meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.</i></p> <p>Post Meeting Note - The ToR (approved) was distributed to the Sub-Committee for information.</p> <p>3.3 <u>2024-25 'draft' H&S Sub-Committee Annual Workplan</u></p> <p>BN advised that the 2024-24 'draft' H&S Sub-Committee Annual Workplan will be available for circulation to the Sub-Committee in the near future.</p> <p>Action - Completion of the 'draft' H&S Sub-Committee Annual Workplan - to follow.</p>	<p>Andrea</p> <p>BN</p>
<p>4</p>	<p><u>Operational Updates</u></p> <p>4.1 <u>H&S Incident Report</u> (Dec 2023 - Feb 2024))</p> <p>The H&S Incident Report for the period December 2023 to February 2024 was distributed and noted by the Sub-Committee.</p> <p>Sharps (staff) 41 reported incidents in the quarter, of which:</p> <p>21 incidents - no harm 19 incidents - minor harm One incident - moderate</p> <p><i>Total of 129 incidents for the period April 2023 to February 2024</i></p> <p>Slips, Trips & Falls (staff) 25 reported incidents in the quarter, of which:</p> <p>5 incidents - no harm 16 incidents - minor harm 4 incidents - moderate harm</p> <p><i>Total of 67 incidents for the period April 2023 to February 2024</i></p> <p>Violence & Aggression (staff) 424 reported incidents in the quarter, of which:</p> <p>309 incidents - no harm 103 incidents - minor harm 12 incidents - moderate harm</p>	

Total of 1,402 incidents for the period April 2023 to February 2024

Musculoskeletal (staff)

8 reported incidents in the quarter, of which:

3 incidents - no harm

5 incidents - minor harm

Total of 38 incidents for the period April 2023 to February 2024

Self-Harm (patients)

90 reported incidents in the quarter, of which:

56 incidents - no harm

23 incidents - minor harm

9 incidents - moderate harm

One incident - major harm

One incident - extreme harm

Total of 288 incidents for the period April 2023 to February 2024

Action - In terms of patient self-harm incidents, the Sub-Committee **agreed** that a HSCP breakdown report would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points.

Riddor (all)

8 reported incidents in the quarter, of which:

One incident - minor harm

4 incidents - moderate harm

3 incidents - major harm

Total of 37 incidents for the period April 2023 to February 2024

4.2 Sharps Review Update

BN **advised** that Sharps Audits continue on the VHK site.

4.3 Workplace/DSE Review

BN **advised** that the Workplace/Display Screen Equipment Policy has been submitted to the General Policies group for review. He added that there were very few changes made to the document.

A Working from Home self-help checklist is being prepared and will be available alongside the policy.

4.4 Reduction of Violence & Aggression (V&A) at Work Policy

BN **advised** that the V&A at Work Policy is in the process of being reviewed and an electronic version will be available in the near future.

4.5 Control of Contractors Review

The Control of Contractors Policy and Procedure documents were due for renewal in October 2023.

RL

	<p>PB advised that the updated Control of Contractors Procedure has been written. An Attendance System is being considered to accompany the Procedure which will allow contractors to go directly to some of our smaller more remote sites rather than travelling and signing in to register for a permit to work at one of our bigger sites.</p> <p>In terms of the Control of Contractors Policy, PB advised that this will be updated to encompass the new systems.</p> <p>When complete, the Control of Contractors Policy and Procedure documents will be passed over to BN and his team for approval.</p>	
5	<p><u>NHS Fife Enforcement Activity</u></p> <p>There was no enforcement activity to report within NHS Fife.</p> <p>Enforcement activity continues in several Boards throughout Scotland.</p> <p><u>Plastic Bags (Black)</u></p> <p>Following a clinical decision around safety, A-MM advised that black plastic bags have been removed completely from wards. An alternative perforated bag is being considered as a replacement.</p>	
6	<p><u>Policies & Procedures</u></p> <p>6.1 <u>H&S Policies & Procedures</u></p> <p>Health & Safety Policies & Procedures are covered in section 4 above.</p> <p>A-MM added that she is working closely with the partnership on a Lone Working Policy and a Ligature Risk Assessment Policy.</p>	
7	<p><u>Performance</u></p> <p>7.1 <u>ASD&CD H&S Committee Update</u></p> <p>BN - ASD&CD H&S Committee meetings continue to take shape with Claire Dobson and Andy Verrecchia as Co-chairs. Attendance is good.</p> <p>7.2 <u>HSCP H&S Assurance Group Update</u></p> <p>The HSCP H&S Assurance Group minute of 6 February 2024 was circulated to the group for information.</p> <p>RL added that the past two meetings were showing positivity around engagement, useful information and influencing practice around health and safety.</p> <p><u>Cameron House, Cameron Hospital, Windygates</u></p> <p>RL advised that there were three concerns brought to the last HSCP H&S Assurance Group meeting in relation to Cameron House namely, the lift, heating and fire smoke detectors. She added that the smoke detector</p>	

	<p>concern has been addressed and the heating concern has become slightly less of an issue as the weather is getting warmer.</p> <p>NMcC added that Cameron House will be closing in the near future in terms of a cost saving exercise as part of the Re-form, Transform, Perform Infrastructure plans. Haig House and Hayfield House will also close.</p> <p><u>Violence & Aggression (V&A) Training</u></p> <p>RL relayed vulnerabilities within the HSCP in terms of V&A training adding that the current compliance rate across the mental health workforce is around 35%. Difficulties releasing staff due to challenges of having enough capacity to deliver services.</p> <p><u>Bank Staff - Violence & Aggression Training</u></p> <p>RL advised of the vulnerabilities at the moment around balancing the skill set of staff who are trained in V&A given the HSCP's dependency on Bank staff. This has resulted in people being moved around in order to have safe staffing levels with a mix of skill sets.</p>	
<p>8</p>	<p><u>Any Other Business</u></p> <p>8.1 <u>Manual Handling</u></p> <ul style="list-style-type: none"> • Scheduled and additional courses continue. • Turas online learning revamp is on-going. • Bank staff training continues. • Bank staff have 3 months to complete their initial training with mobile phone alerts sent out as reminders. • Work continues with several Business Managers of the Partnership who are carrying out health and safety audits with risk assessors identified and trained. • Arjo Manual handling equipment and service level agreement provision is below par at the moment, however, work continues with Procurement to make improvements. • Manual Handling staff are all trained on the Lateral Lifting Project and the team are in receipt of the equipment. This will commence in May/June 2024 to coincide with the University of Dundee second Year nursing students returning. • The Manual Handling team are now trained in Single Handed Care • Downstream Bed training is being taken forward with the Partnership with the Manual Handling team fully trained. • A heavier plus size patient bed Service Level Agreement is being considered and work continues with Procurement. This will improve the quality of patient care and give staff some assurance. <p>8.2 <u>Retiral of Rona Laskowski</u></p> <p>NMcC extended thanks and best wishes, on behalf of the Sub-Committee, to Rona who will retire from her post with the HSCP on 7 June 2024.</p>	
<p>9</p>	<p><u>Date & Time of Next Meeting</u></p>	

	Friday 7 June 2024 at 12.30 pm on Teams	
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Unconfirmed

Directorate for Health Workforce
Catriona Hetherington,
Health Workforce Pay, Practice and
Partnership Division
E: Catriona.Hetherington@gov.scot



Scottish Government
Riaghaltas na h-Alba
gov.scot

NHS Fife
Chief Executive
Chair
Employee Director
Human Resources Director

02 April 2024

Dear Colleagues,

**NHSSCOTLAND STAFF GOVERNANCE STANDARD MONITORING
FRAMEWORK AND IMATTER STAFF EXPERIENCE 2022/2023**

Thank you for taking time to demonstrate your commitment and support to the NHSScotland workforce and your continued focus on the Staff Governance Standard

We have reviewed your Board return to offer feedback in **Appendix 1** that:

- highlights those areas which we felt were of particular note and could be shared as good practice across Boards for example through HR Director and Employee Director forums; and
- recommends what your Board Staff Governance Action Plan and any subsequent return should look to include.

We ask that actions that have been identified from your Board iMatter reports and the [Health and Social Care Staff Experience Report 2023 \(www.gov.scot\)](http://www.gov.scot) are considered within your 2023/2024 Staff Governance Plan. For ease of reference, your Board iMatter scores, which are mapped against each of the five Staff Governance Standard Strands in order to provide a measure of employee engagement against these elements, is provided in **Appendix 2**. Your iMatter response rate, Employee Engagement Index and action plan completion rate results are shown in **Appendix 3**.

Directorate for Health Workforce
Staff Governance Monitoring Exercise
April 2024

The current Staff Governance monitoring arrangements will be discussed at the Scottish Workforce and Staff Governance (SWAG) Committee in April. We will write to you again in due course to update on the outcome of these discussions.

Please let me know if you have any questions about the detail contained in the Appendices or if you would like to take the opportunity to meet with Scottish Government Officials for a follow up discussion.

Yours sincerely

Catriona Hetherington
Head of Staff Governance
Scottish Government

Directorate for Health Workforce
Staff Governance Monitoring Exercise
April 2024

Appendix 1 - Staff Governance Monitoring - NHS Fife – 2022/23

What worked well and could be shared as good practice?

- **iMatter Questionnaire:** Work to be more inclusive, dedicated workshops and partnership working to increase iMatter response rate.
- **Board Member Visibility:** A series of visits designed to provide Board members and Executive Directors with visual exposure, coupled with concise briefings aimed at providing staff with updates on discussions held during Board meetings.
- **Culture:** Executive Director presence within trauma informed leadership sessions and training for managers to promote compassion, collaboration and inclusion.
- **Bullying and Harassment:** Policy training and unified messaging, collaboratively developed, aimed at aiding managers in promptly resolving cases at an early stage.
- **Communication:** Variety of communication and continuous improvement engagement methods to ensure staff are well informed.
- Active participation from staff and trade unions through LPF to strengthen decision making and yield favourable recruitment outcomes.
- **Staff Safety:** Variety of training and skills workshop to provide safer environments for staff and public, complemented with post-incident interviews with staff to help promote and improve training.
- **Employability:** Developing strategic alliances with key partners to amplify awareness of career pathways and attract new talent.

Areas that you may wish to feed into your Staff Governance Action Plan and subsequent return for 2023/24

- **Wellbeing:** Progress of H&S Executive Management of Stress at Work Risk Assessment and Talking Toolkit.
- **Performance Management:** Impact of development work to enhance core training actions and PDP&R completion.
- **Staff Engagement:** Progress against work to enhance and support the user experience to encourage staff engagement.
- **Whistleblowing:** Progress against themes identified and lessons learned relating to whistleblowing awareness and impact of 'how to speak up' and 'Know Who to Talk to Campaign'.

- **Culture:** Progress against NHS Fife Leadership Framework to develop leadership culture and wellbeing.
- **Planning:** Progress against System Leadership Group to support delivery of improvements in culture and future needs of the population.
- **Recruitment:** Consideration into how apprenticeships could be used to provide access and development opportunities for new and existing staff.
- **Staff Safety:** Consideration into Trauma informed approaches within violence and aggression training, and how staff participation into training is recorded.

Appendix 2. iMatter Components and Staff Governance Strands

	Well Informed	Appropriately Trained and Developed	Involved in decisions	Treated fairly and consistently	Improving and safe working environment
Questions included in strand score	<ul style="list-style-type: none"> *Clear about my duties and responsibilities *Get the information I need to do my job well. *Direct line manager is sufficiently approachable *Understand how role contributes to the goals of my organisation *Board members responsible for my organisation are sufficiently visible 	<ul style="list-style-type: none"> *Given time and resources to support my learning growth *Have sufficient support to do my job well *Get enough helpful feedback on how well I do my work *Feel appreciated for the work I do 	<ul style="list-style-type: none"> *Confident my ideas and suggestions are listened to *Confident my ideas and suggestion are acted upon *Involved in decisions relating to my job *Have confidence and trust in my Direct line manager *Involved in decisions relating to my team *Have confidence and trust in Board members who are responsible for my organisation *Feel sufficiently involved in decisions relating to my organisation 	<ul style="list-style-type: none"> *Treated with dignity and respect as an individual *I am treated fairly and consistently *Confident performance is managed well within my team *My team works well together *Confident performance is managed well within my organisation 	<ul style="list-style-type: none"> *My work gives me a sense of achievement *My direct line manager cares about my health and well-being *My organisation cares about my health and well-being *Get the help and support I need from other teams and services within the organisation to do my job
Health & Social Care	79	77	72	79	78
NHS Fife	79	76	72	79	78

NHS Fife and Health and Social Care Staff Governance Strands comparison between 2022 and 2023.

	Health and Social Care	NHS Fife	Health and Social Care	NHS Fife
	2022		2023	
Well Informed	79	78	79	79
Appropriately Trained and Developed	75	74	77	76
Involved in decisions	71	70	72	72
Treated fairly and consistently	78	77	79	79
Improving and safe working environment	77	76	78	78

Appendix 3. iMatter response rate, Employee Engagement Index, Action plans and reports

