

AGENDA

A MEETING OF THE NHS FIFE STAFF GOVERNANCE COMMITTEE WILL BE HELD ON TUESDAY 7 JANUARY 2025 FROM 10.00 AM TO 11.30 AM VIA MS TEAMS

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

Colin Grieve
Chair

					Page(s)
10:00	1.	Apologies for Absence (CG)			
10:01	2.	Declaration of Members' Interests (CG)			
10:02	3.	Minutes of Previous Meeting held on Tuesday 5 November 2024 (CG)	(Approval)	(enc)	1-13
10:04	4.	Chair's Assurance Report presented to Fife NHS Board on 26 November 2024 (CG)	(Information)	(enc)	14-15
10:05	5.	Matters Arising / Action List (CG)	(Assurance)	(enc)	16
10:10	6.	GOVERNANCE MATTERS			
	6.1	Health and Care (Staffing) (Scotland) Act 2019 Quarter 2 Report (RW)	(Assurance)	(enc)	17-23
	6.2	Improved and Safe Working Environment / Health & Safety Quarterly Report (NMcC)	(Assurance)	(enc)	24-39
	6.3	Annual Staff Governance Committee Proposed Workplan for 2025/2026 (DM)	(Approval)	(enc)	40-48
	6.4	Delivery of Annual Workplan 2024/2025 (DM)	(Assurance)	(enc)	49-60
10:30	7.	STRATEGY / PLANNING			
	7.1	Reform, Transform & Perform / People & Change Board Update (DM/SR)	(Assurance)	(enc)	61-66
	7.2	Workforce Planning Update (Brian McKenna)	(Assurance)	(enc)	97-72
10:40	8.	QUALITY / PERFORMANCE			
	8.1	Integrated Performance & Quality Report (DM)	(Assurance)	(enc)	73-84
	8.2	Corporate Risks Aligned to Staff Governance Committee (DM)	(Assurance)	(enc)	85-102
10:50	9.	STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD			
	9.1	Involved in Decisions: iMatter Report (JJ)	(Assurance)	(enc)	103-118
	9.2	Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training (JJ/Jackie Millen)	(Assurance)	(enc)	119-132
	9.3	Wellbeing Champion Update (John Kemp)	(Assurance)	(verbal)	
	9.4	Equality & Diversity Champion Update (SB)	(Assurance)	(verbal)	

11:10 **BREAK**

11:15 **10. LINKED COMMITTEE MINUTES**

- | | | | | |
|------|--|----------------------|-------|---------|
| 10.1 | Area Partnership Forum held on 20 November 2024 (unconfirmed) | (Information) | (enc) | 133-145 |
| 10.2 | Acute Services Division and Corporate Directorate Local Partnership Forum held on 15 November 2024 (unconfirmed) | (Information) | (enc) | 146-164 |
| 10.3 | Health and Social Care Partnership Local Partnership Forum held on 10 September 2024 (confirmed) | (Information) | (enc) | 165-174 |
| 10.4 | Health & Safety Sub Committee held on 6 December 2024 (unconfirmed) | (Information) | (enc) | 175-183 |
| 10.5 | Equality & Human Rights Strategy Group held on 7 November 2024 (confirmed) | (Information) | (enc) | 183-189 |

11:20 **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

- | | | |
|------|--|----------|
| 11.1 | To the Board in the IPQR Summary | (verbal) |
| 11.2 | Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board | (verbal) |

11:22 **12.** Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 28 January 2025 (verbal)

11:25 **13. ANY OTHER BUSINESS**

11:30 Date of Next Meeting: **Tuesday 4 March 2025 at 10.00 am to 12.00 noon** via MS Teams

AGENDA

A PRIVATE MEETING OF THE NHS FIFE STAFF GOVERNANCE COMMITTEE WILL BE HELD ON TUESDAY 7 JANUARY 2025 FROM 11.30 AM TO 12.30 PM VIA MS TEAMS

Colin Grieve
Chair

				Page(s)
11:30	1.	Apologies for Absence (CG)		
11:31	2.	Declaration of Members' Interests (CG)		
11:32	3.	Minutes of Previous Meeting held on Tuesday 5 November 2024 (CG)	(Approval) (enc)	1-3
11:35	4.	Matters Arising / Action List (CG)	(Assurance) (enc)	4
11:38	5.	Business Transformation Update (Ben Hannan/Alistair Graham)	(Assurance) (verbal / presentation)	
11:48	6.	Tender Process for Board Managed 2c Practice: Kennoway & Methilhaven Practice (Lisa Cooper)	(Decision) (enc)	5-15
11:53	7.	SGC Development: RTP Update – WTE Growth Data and Plans (Brian McKenna)	(Assurance) (presentation)	
12:23	8.	Suspensions and Regulatory Referrals (DM)	(Assurance) (verbal)	
12:25	9.	Any Other Business		
12:30	10.	Date of Next Meeting: Tuesday 4 March 2025 at 12.00 noon via MS Teams		

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 5 NOVEMBER 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (Chair)
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Jane Anderson, General Manager, Women & Children's Clinical Services (*observing and for Item 6.3*)
Vicki Bennett, Health & Social Care Partnership (H&SCP) LPF (*deputising for Lynne Parsons*)
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Jenni Jones, Associate Director of Culture, Development & Wellbeing (*part-meeting*)
Ben Hannan, Director of Reform & Transformation
Alison McArthur, Employability & International Recruitment Co-ordinator (*for Item 7.4 only*)
Debbie McGirr, NHS Fife Speak Up / Whistleblowing Coordinator (*observing*)
Margo McGurk, Director of Finance & Strategy (*deputising for Carol Potter*)
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director (*part-meeting*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sue Ponton, Head of Occupational Health (*for Item 10.4 only*)
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 thanked all staff for their continued efforts during the current workforce pressures.

The Chair extended a warm welcome to Lynne Garvey, who was attending her first meeting as the newly appointed Director of Health and Social Care. A special welcome was also extended to Debbie McGirr, NHS Fife's newly appointed Speak Up/ Whistleblowing Coordinator, who was attending the Staff Governance Committee as part of her induction activities. It was noted that Vicki Bennett, H&SCP LPF, was deputising for

the Employee Director, who was in attendance, but may be required to leave the meeting intermittently.

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 those 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 producing the minutes.

1. Apologies for Absence

Apologies for absence were received from members Carol Potter, Chief Executive, Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion and Sinead Braiden, Non-Executive Member & Equality & Diversity Champion.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 3 September 2024

The minutes of the meeting held on 3 September 2024 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 25 September 2024

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 25 September 2024.

5. Matters Arising / Action List

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

6. GOVERNANCE MATTERS

6.1 Update on Equality, Diversity and Human Rights

The Chair invited the Director of Nursing to speak to the report, which provided an update on the work being undertaken to support the Board's Equality and Diversity agenda.

Providing an overview of the various programmes of work, the Director of Nursing highlighted the support for International Recruits, Employee Networks, Fife Pride, Speak Up Week, the planned implementation of the NHS Scotland Anti-Racism Guidance, development of Transgender Policies for staff and patients, the work of the Equality Workforce Sub-Group and workforce monitoring data.

The Committee noted that the NHS Fife Equality Outcomes Report for the period 2021 to 2025 was currently being finalised and that discussions regarding the Equality Outcomes Plan for 2025 to 2029 had commenced. It was agreed that the

Workforce-related Equality Outcomes, which had been drafted as part of the 2025 to 2029 Plan, would be shared with the Committee after the meeting.

Action: Head of Workforce Planning & Staff Wellbeing

The Head of Workforce Planning & Staff Wellbeing advised of the successful launch of the LGBTQ+ Network and provided an update on plans being developed to support the management of the network going forward. It was intended that lessons learned from Employee networks that are currently operating will be used to inform plans to re-establish the Diverse Ethnicity Network early next year.

The Committee was apprised of positive collaborations that had resulted in an invitation to all NHS Fife staff to participate in the Neurodiversity Network being established by Fife H&SCP. It was noted that the first meeting is due to take place in December 2024.

The Committee **took a 'moderate' level of assurance** from the report and **noted** the work being undertaken to support the Board's Equality, Diversity and Human Rights agenda.

6.2 Improved and Safe Working Environment / Health & Safety Quarterly Report

The Chair invited the Director of Property & Asset Management to speak to the report.

The Committee was informed that Fire Advisors will now operate under the Health & Safety Department and that, following discussions with H&SCP, the department will also assume responsibility for providing Violence & Aggression training across the Board. Reiterating the importance of training, an overview of the statistics detailed in the H&S Quarterly Incident Report (which included Sharps, Slips, Trips and Falls, Violence & Aggression, Musculoskeletal, Patient Self-Harm and RIDDOR) was provided. Indicative of an emerging pattern, it was highlighted that 88% of Violence & Aggression incidents are reported to occur within H&SCP areas, with a significant number of these incidents taking place within specific mental health wards. It was confirmed that Incident statistics were also reported to the Area and Local Partnership Forums.

Whilst describing the challenges associated with manual handling training uptake, it was emphasised that staff need to be supported to be released from their day-to-day jobs to promote attendance. The Committee was informed that the Board is now accredited to participate in the Scottish Manual Handling Passport Scheme, which ensures that employees will be trained to a national standard, and that staff from other participating Public Sector bodies who join NHS Fife will not need to be trained again, provided their training is in date.

The Employee Director and J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, commended the level of detail provided in the paper. In response to a query from the Chair, the Director of Health & Social Care offered assurance on the governance pathways in place for escalating, when required, H&S incidents which occur within the Partnership. The Director of Health & Social Care agreed to consider how H&SCP H&S information can be reported into the Committee going forward.

Action: Director of Health & Social Care

Whist commenting favourably on the reporting culture in relation to Health & Safety incidents within the organisation, the Director of Property & Asset Management advised that the Board was considering the benefits of implementing a more user friendly reporting system.

The Committee **took a 'moderate' level of assurance** from the update and from the Health & Safety Quarterly Incident Report for the period June to August 2024.

6.3 Attendance Management Update

The General Manager, Women & Children's Clinical Services, spoke to the paper in her capacity as Co-Chair of the Absence Management Oversight Group.

It was noted that Staff Absence had increased from 6.51% in August to 7.07% in September. The Committee was updated that, following a recent Area Partnership Forum, three teams which fall into the high priority areas for Staff Absence within Critical and Complex Care have been identified and managers within these services have committed to exploring the causes for absence and undertaking a Test of Change to support improvements. A progress update will be provided to a future Committee meeting.

Areas with improved attendance figures were highlighted, with due consideration being given to good practice that could potentially be adopted in teams with higher than expected absence rates. It was noted that benchmarking work undertaken with other Boards has indicated that the main variance appears to be in the handling of long-term absence. It was clarified that some Health Boards use policy triggers whilst others use a target setting approach to manage absence. A meeting has been scheduled with Staff Side colleagues to examine the possibility of moving to a target setting approach and to consider how recommendations from the benchmarking exercise can be utilised to reduce absence.

Reference was made to the Heat Map in Appendix 2, which illustrated Staff Sickness Absence against the Scottish Index of Multiple Deprivation Score by postcode and there was discussion as to how this information could be triangulated with other data to provide a wider understanding of Staff Absence.

The Head of Workforce Resourcing & Relations advised that learning gathered from a "What Matters to You" survey, undertaken as part of a multifactorial review conducted by the H&SCP, was being explored to understand how the results could potentially be used across the whole system.

Discussions took place on the importance of having the appropriate level of resources within the HR function to support staff and managers in all aspects of promoting attendance. The Director of Workforce advised that a paper highlighting the resources available within the Workforce Directorate to support the organisation was due to be presented to the Executive Directors' Group later in November.

The Committee **took a 'moderate' level of assurance** from report and the ongoing activity aimed at delivering and sustaining a reduction in sickness absence.

6.4 Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the Annual Workplan 2024/2025, since it was last presented to the Committee on 5 September 2024.

The Committee took a **'moderate' level of assurance** from the update.

7. STRATEGY / PLANNING

7.1 Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce to speak to the report, which provided a progress update on the work being undertaken by the People & Change Board in relation to Supplementary Staffing, Non-Compliant Rotas, Voluntary Severance, Recurring Pay Pressures and the Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award.

To ensure the most effective use of resources, a decision had been taken to stand down the Supplementary Staffing Group. The Committee noted that this workstream now falls under the scope of the People & Change Board. It was highlighted that Supplementary Staffing costs within the Board's retained staff have reduced from an average monthly spend of £1.75 million in 2023/2024 to around £1 million in 2024/2025. In response to a query from J Kemp regarding the net savings achieved, the Director of Finance & Strategy advised that the September 2024 report reflected a net saving of £2.4 million in the first half of the financial year. J Kemp commented that it would be helpful for future iterations of Supplementary Staffing savings updates to be detailed at a net level.

The Committee noted that the Direct Engagement model of Locum engagement, which had been rolled out in early August 2024, has realised savings to date of £109,503 across NHS Fife (Acute and H&SCP). Additional work is being undertaken to increase compliance rates, which are currently at 50%, with the aim of meeting a stretch target of 90% by January 2025, to maximise the savings potential.

The Director of Workforce reported that, at the time of writing, three out of four doctors' rotas are compliant. Additional processes are being put into place to reinforce the requirements for adherence to rest-break policies and protected time, so that rotas are more robust and sustainable going forward.

Discussions are ongoing for plans in relation to voluntary severance as well as to address the challenge of pay pressures. Decisions at a national level are awaited to move forward with the implementation of the Non-Pay elements of the 2023/24 Agenda for Change Pay Award, specifically in relation to the Reduced Working Week and Band 5 Nursing Review.

The Director of Workforce expressed sincere thanks to all stakeholders for their commitment and dedication to deliver improvements within the above workstreams.

The Director of Reform & Transformation commented favourably on the progress that had been made with regard to the Whole Time Equivalent review overseen by

the People & Change Board and how this would support workforce planning assumptions for 2025/26.

The Committee **took a 'moderate' level of assurance** in relation to the work being undertaken by the People & Change Board.

7.2 Annual Delivery Plan 2024/2025 Quarter 2 Report

The Director of Finance & Strategy spoke to the report, which detailed the Quarter 2 update on the progress of the Annual Delivery Plan (ADP) 2024/2025.

Whilst highlighting key aspects of the report, the Committee was informed that of the 200 deliverables included in the 2024/2025 ADP, 21 are aligned to the Strategic Priority to improve Staff Experience and Wellbeing. Reference was made to Appendix 1 of the report, which illustrated that, as of September 2024, 16 of these deliverables have been assessed as being 'on track' and five are 'at risk'. The Committee was offered assurance that none of the 'at risk' deliverables are unlikely to be completed.

The Committee **took a 'moderate' level of assurance** from the report and **endorsed the ADP Q2 return**, prior to formal approval by the NHS Fife Board and onward submission to the Scottish Government.

7.3 Employability Initiatives & Programmes Update

The Head of Workforce Planning & Staff Wellbeing introduced the paper, which provides an overview of the Employability initiatives and programmes being developed within the Board.

The Employability & International Recruitment Co-ordinator provided a comprehensive overview of this programme of work as detailed in the paper, which included plans to host Health & Social Care Careers Events, two in March and two in September 2025. It was noted that seven pupils are currently on the EMERGE programme and efforts are underway to arrange placements for these pupils in NHS Fife. The Committee was advised that, with the support of the Committee Chair, a donation had been received from the Raymond Fernie Foundation, which would be utilised to purchase uniforms and sundry items to support pupils who have been offered placements in NHS Fife as part of this programme.

A number of other initiatives were also highlighted including Foundation Apprenticeships, partnership with Motivation Commitment and Resilience (MCR) Pathways, the Youth Recruitment Pathway (which includes a collaboration with The King's Trust), Fife Council Community Wealth Building 'Life Chances' programme, Targeted Modern Apprenticeships, engagement with the Department for Work & Pension (DWP), Work Placements and the Armed Forces Talent Programme.

The Committee commended the partnership working evidenced across the whole system between NHS Fife, H&SCP, Fife Council, DWP and other bodies and how this links with the Board's aspirations as an Anchor organisation. The Director of Communications & Engagement extended an offer of support to ensure that the various programmes were appropriately publicised across the organisation's internal and external communication networks and channels.

The Committee **took a ‘moderate’ level of assurance** from the report, including the implications of the current Employability initiatives and how these align with the Board’s Corporate Objectives and Anchor Institution ambitions.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board’s performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

The Committee was informed that that Sickness Absence as at September 2024 was 6.5%, however, this figure had since increased to 7.1%. PDPR performance had reduced from 44.5% to 42.9% and vacancy rates for Medical & Dental had improved from 6.2% to 2.8%. Nursing & Midwifery vacancy rates had seen a marginal reduction from 3.8% to 3.5%, whilst there had been an increase from 3.7% to 5% in Allied Health Professionals (AHPs) vacancy rates. The Director of Workforce highlighted the impact of ongoing service pressures on the metrics reflected in the IPQR.

The Director of Acute Services drew the Committee’s attention to current significant operational pressures owing to increased admissions within the Emergency Department and Admissions Units. These challenges were further exacerbated by ongoing efforts to manage the implementation of service redesign. Noting that the operation was currently compromised on a number of fronts, it was advised that an escalation would be made to the Chief Executive.

The Director of Health & Social Care highlighted the high level of absence due to stress, particularly in Community Care settings, where critical need had seen a dramatic increase from 40 to 150. It was reiterated that the system was under intense pressure, compounded by the ongoing financial challenges.

In response to a query from V Bennet, H&SCP LPF, regarding the decline in PDPR metrics, the Director of Workforce and Associate Director of Culture, Development and Wellbeing recognised the importance of PDPR, but highlighted the importance of taking a balanced view as to how this can be managed, in light of the significant operational pressures being faced by the organisation.

The Committee **took a ‘moderate’ level of assurance** from the report, acknowledging the operational pressures impacting the organisation at the present time and **endorsed** the workforce section of the IPQR.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Professional Standards Update

The Chair invited the Medical Director to speak to the report, which summarised the approach being adopted by NHS Fife to enhance management of the Professional Standards for Doctors and Dentists.

A comprehensive overview of the remit and governance structures linked to the workstreams that fall within the purview of the newly established Medical and Dental Professional Standards Oversight Group was provided.

The Committee noted the scope of activity, which included Medical Appraisal and Revalidation, Consultant and SAS Doctor Job Planning, all aspects of Undergraduate Medical Education, Post Graduate Medical Education, including Rota Compliance, Deanery visits and Medical Workforce strategic planning.

The Committee **took a 'moderate' level of assurance** from the report in relation to the work of the Medical and Dental Professional Standards Oversight Group.

9.2 Treated Fairly & Consistently: Workforce Policies Update

The Head of Workforce Resourcing & Relations spoke to the report, which provided an update on the Workforce Policy development work being undertaken by the HR Policy Group.

Reference was made to Section 2.3 of the report, which detailed the policies that have been reviewed and updated by the HR Policy Group. It was advised that a soft launch of the Once for Scotland refreshed workforce policies under phase 2.2 would take place between October 2024 and January 2025. A self-assessment of the policies was currently being conducted in partnership, and awareness sessions would be arranged during December 2024 and January 2025, to support Board readiness. The new suite of policies would be implemented from February 2025.

The Committee **took a 'significant' level of assurance** from the report, which confirms the work undertaken by the HR Policy Group in support of the Once for Scotland Workforce Policies Programme.

9.3 Staff Governance Standard 2023-2024: Assurance of Compliance

The Head of Workforce Resourcing & Relations spoke to the report, which reflected the content of the draft Staff Governance Standard 2023/2024 Assurance of Compliance Return, required to be submitted to the Scottish Government by 6 December 2024.

Reference was made to Annex A, which detailed the Draft 2023/2024 Assurance Statement, and Annex B, which contained information requested by the Scottish Government in relation to Bullying and Harassment, Whistleblowing and Retire and Return data within the Board.

The Committee **took a 'significant' level of assurance** from the report, **approved** the draft Staff Governance Standard 2023/2024 Assurance of Compliance (Annex A) and **noted** the progress on the Staff Governance Annual Monitoring Return and iMatter Staff Experience 2022/2023 report, which continues to provide evidence of compliance with the Staff Governance Standard, in line with the Committee's Workplan.

9.4 Appropriately Trained: Core Skills / Mandatory Training, PDPR Uptake and Protected Learning Time

The Associate Director of Culture, Development and Wellbeing spoke to the report, which provided an update in relation to the organisation's Core Skills training compliance, PDPR and ongoing activities to support the implementation of the Protected Learning Time policy (PLT).

It was reported that, as at September 2024, overall Core Skills training compliance was 60%, reflecting a 7% increase since May this year. The Committee noted that targeted support offered across Workforce, Finance, Estates & Facilities and H&SCP has resulted in the positive outcomes evidenced in the report. Core and Mandatory training resources are currently being reviewed by the Core Skills Short Life Working Group, with the aim of delivering a refreshed programme by the end of March 2025. This programme will include a blended Corporate Induction programme and combined Core Skills training sessions, in addition to updated eLearning resources. Consideration is also being given to how more face-to face training can be delivered, whilst making employee attendance as easy as possible. Work to develop a dashboard report for managers in eESS/OBIEE is in the testing phase and will be available to managers by the end of 2024.

It was highlighted that 163 managers have attended PLT Lunchtime Byte sessions, with 95 scheduled to attend before the end of November 2024. Overall, feedback from attendees has been positive. Team contributions to national workstreams in relation to PLT, including development of a Training Passport, measures for success and system modifications are ongoing.

The Committee noted that PDPR engagement levels have seen a reduction from 44.5% in July to 42.9%, against the corporate objective of 60%. It was agreed that careful consideration needs to be given as to how increased engagement levels can be supported in the context of current significant operational pressures.

In response to a request from the Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF), the Associate Director of Culture, Development and Wellbeing welcomed the suggested participation of Trade Union colleagues in future Corporate Inductions, with the aim of providing employees an understanding of partnership working and Trade Union recognition in the NHS Fife.

The Committee **took a 'limited' level of assurance** from the report detailing the work currently underway to support Core Skills Training compliance, PDPR and PLT in NHS Fife.

9.5 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, to provide an update on this area of work.

Whilst sharing feedback from conversations that took place with staff during the walkabouts conducted during the recent Speak Up Week, J Kemp emphasised the importance of direct management engagement and communication with staff,

particularly when implementing changes as part of the RTP agenda, in order that the impact on employees and their wellbeing can be considered.

In response to a comment from the Speak Up / Whistleblowing Coordinator, the Director of Acute Services recommended that feedback and outcomes from Speak Up Week be shared with staff to demonstrate that their voice has been heard and to reinforce speaking and listening as a normal part of the organisation's culture. It was agreed to consider further how this feedback could be communicated in future Whistleblowing reports.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

9.6 Whistleblowing Quarter 2 2024/2025 Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee noted that there has been one whistleblowing concern raised during the previous quarter, which remains under investigation but close to resolution at Stage 2, while two anonymous concerns have been raised during the second quarter. There have been no articles within the local press highlighting new issues of a Whistleblowing nature. Key points in the Quarter 2 report were highlighted, including the activities during Speak Up Week and the commitment demonstrated by the Board's Senior Leadership Group, via individual pledges to support a Speak Up culture within the organisation. Going forward, it was intended to develop a schedule of events throughout the year, aimed at encouraging staff to speak up.

The Committee was updated on the dedicated Speak Up email and phone line that had been set up, as well as plans to utilise a contact tracker to record all staff engagement, so that themes could be identified going forward. The work being undertaken by the Whistleblowing Oversight Group was also highlighted.

The Speak Up / Whistleblowing Coordinator was invited to provide an overview of her new role and remit.

The Committee **took a 'moderate' level of assurance** from the update provided in the Quarter 2 Whistleblowing Performance Report.

9.7 Whistleblowing Champion Update

There was no update provided, due to apologies tendered by K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Nursing, Midwifery & Allied Health Professionals (NMAHP) Annual Reports 2023/2024

The Chair invited the Director of Nursing to speak to the report, which provided an assurance that all Nursing, Midwifery and Allied Health Professionals (AHPs) in

NHS Fife are up-to-date and practising to the appropriate regulatory and professional standards.

In relation to AHPs, the Committee was advised that 88% have completed supervision whilst there has been 81% engagement with Personal Development Planning. An overview of the Nursing & Midwifery registration and revalidation process was provided, which encompassed a review of Practice hours, Continuous Professional Development related feedback, written Reflective Accounts and Reflective Discussion.

The Committee **took a 'significant' level of assurance** from the 2023/2024 NMAHP Annual Reports.

10.2 Volunteering Annual Report 2023/2024

The Chair invited the Director of Nursing to speak to the report, which outlined the important contributions of volunteers in NHS Fife and the challenges of maintaining and expanding the services provided by this group.

The Committee was informed that efforts are ongoing to recruit additional volunteers, with 200 individuals currently going through the recruitment process.

In response to a query from the Chair regarding the possibility of utilising employability initiatives to recruit volunteers, the Director of Nursing advised that collaborative work with Fife Voluntary Action Group in this area was ongoing.

The Committee **took a 'Significant' level of assurance** from the 2023/2024 Volunteering Annual Report.

10.3 Medical Appraisal & Revalidation Annual Report 2023/2024

The Medical Director spoke to the report, which provided an update on the Appraisal and Revalidation activity required to be completed every five years by all Doctors in Primary and Secondary Care, as stipulated by the General Medical Council (GMC).

The Committee was advised that doctors in NHS Fife are up to date and practising to the appropriate professional standards. It was noted that the recruitment of Appraisers in Secondary Care remains a challenge, due to the pressures in Job Planning.

The Committee **took a 'significant' level of assurance** from the report, noting that NHS Fife continues to support doctors to comply with the GMC requirements in relation to Appraisal and Revalidation.

10.4 Occupational Health and Wellbeing Annual Report 2023/2024

The Head of Workforce Planning & Staff Wellbeing introduced the report, which provided an overview of the 2023/2024 Occupational Health Service activities, highlighting key successes and challenges.

Emphasising resource pressures and the increasing demand for services, the Head of Workforce Planning & Staff Wellbeing invited the Head of Occupational Health to speak to the report.

The Committee noted that there had been a 59% increase in demand across all core services and that the department has lost 20% of its resource since 2019 due to high levels of staff absence, loss of significant posts such as the OH Physician, Administration Team Lead and experienced Bank staff, all of which have had a significant impact on the service.

The Head of Occupational Health provided a comprehensive overview of the services provided, including the requirement to respond to unplanned activities such as outbreaks, establishment of a combined Occupational Therapy Service to address mental, physical and fatigue management issues, provision of mental health support via the OH Mental Health Nurse, reduction in waiting times for Staff Counselling Services and development of a robust Management Referral Triage process. Ongoing challenges were described as increased demand, reduced resources, conflicting priorities and high DNA and cancellation rates, particularly with regard to immunisation appointments. It was clarified that whilst this posed a risk, staff vaccination is not mandatory, and efforts are ongoing to improve attendance.

Priorities for 2024/2025 were highlighted, which included the introduction of a new OH software platform that would potentially reduce DNA and cancellation rates, improvement in musculoskeletal pathways and accessibility for staff and increasing the visibility of the Service among employees.

The Committee commended the work of the Occupational Health Service whilst acknowledging the challenges being faced by the Service.

The Committee **took a 'moderate' level of assurance** from the update.

11. LINKED COMMITTEE MINUTES

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

- 11.1 Area Partnership Forum held on 18 September 2024 (unconfirmed)
- 11.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 August 2024 (unconfirmed)
- 11.3 Health & Social Care Partnership Local Partnership Forum held on 2 July 2024 (confirmed)
- 11.4 Health & Safety Sub Committee held on 6 September 2024 (unconfirmed)
- 11.5 Medical & Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

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

13. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 26 November 2024

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

14. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

15. DATE OF NEXT MEETING

Tuesday 7 January 2025 at 10.00 am via MS Teams.

Meeting: Staff Governance Committee

Meeting date: Tuesday 5 November 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee's Workplan is on track and updated for each meeting of the Committee.

2. The Committee considered the following items of business:

2.1 The Committee took a '*moderate*' level of assurance from the Equality, Diversity and Human Rights update, noting the establishment of the new LGBT+ Network, the plans to link with Fife Council / HSCP's Neurodiversity Network, the new Workforce Equality Sub Group and the new NHS Scotland Anti-Racism guidance, which will form the basis of future NHS Fife plans.

2.2 The Committee took a '*moderate*' level of assurance from the Improved and Safe Working Environment / Health & Safety Quarterly update, noting the reviewed and updated Manual Handling Policy and that the NHS Fife Ligation Risk Policy has been updated to be a Fife wide document. Improvements to facilities which support the provision of a safe environment for both staff and patients and in training arrangements for fire safety and violence & aggression were noted, alongside regular incident statistic reporting to the Area and Local Partnership Forums.

2.3 The Committee took a '*moderate*' level of assurance from the Attendance Management updates provided, noting the on-going efforts of the Attendance Management Oversight Groups in this area. Further details are included in the minutes.

2.4 The Committee received a detailed update and took a '*moderate*' level of assurance from the report on the various Employability initiatives in train within the Board, including for example, Modern Apprenticeships, King's Trust placements, the Armed Forces Talent Programme and planned health specific careers events. This activity supports our Anchor ambitions and mitigates future workforce planning and delivery Risks.

2.5 The Committee took a '*moderate*' level of assurance from the update provided from the People & Change Board, including the Supplementary Staffing savings achieved to date, the actions to implement changes to junior doctors' rotas to facilitate compliance and on the plans for a Voluntary Severance policy. Information on recurring pay pressures and on the work in respect of the Non-pay elements of 2023/2024 pay award were also noted by the Committee.

2.6 In addition, the Committee heard feedback on a number of very informative and assuring Annual Reports, including Nursing, Midwifery and Allied Health Professionals, Volunteering, Medical Appraisal and Revalidation and the Occupational Health Service.

3. Update on Performance Metrics

The Committee took a '*moderate*' level of assurance from the IPQR update provided:

- A reduction in the Board's reported sickness absence rates from 7.47% in July to 6.51% in August 2024, which is therefore unlikely to meet the local trajectory and local target of 6.5% by 31 March 2025.
- A 1.6% increase in the PDPR metrics (42.95% as at September 2024), so not anticipated to meet the reduced local PDPR target of 60% by 31 March 2025.

4. Update on Risk Management

The Corporate Risk report was not presented to the meeting, given the limited changes to the content of the workforce related risks and the comprehensive People & Change Board update provided

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
November 2024

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Tuesday 7 January 2025

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	5/11/24	Update on Equality, Diversity and Human Rights	Workforce-related Equality Outcomes (drafted as part of the 2025-2029 Plan) to be circulated for feedback post-meeting.	RW	Outcomes circulated on 6/11/24.	Closed
2.	5/11/24	Improved and Safe Working Environment / Health & Safety Quarterly Report	Consider how information on health and safety from the H&SCP can be reported into the Committee going forward.	LG	Update to be provided at SGC on 7/1/25.	Closed
3.	3/9/24	Integrated Performance & Quality Report	Review the measurement and reporting of performance in relation to vacancy rates, in conjunction with how this would fit into the larger picture of organisational performance.	CG/DM/SF/RW	Discussions commenced with Planning & Performance Team. Output to be shared at a Staff Governance Development Session to be scheduled for December 2024. Presentation of proposed revised IPQR vacancy data to be presented at SGC Private Session on 7/1/25.	Closed
4.	3/9/24	Staff Health & Wellbeing Update	Review options for employing additional resources to reduce Staff Psychological Support waiting times.	RW	Meeting has taken place with Head of Psychology Service and Staff Health & Wellbeing Group and resource allocation will be considered as part of future service plans.	Closed

Meeting: Staff Governance Committee

Meeting Date: Tuesday 7 January 2025

Title: Health and Care (Staffing) (Scotland) Act 2019: Quarter 2 Report 2024/2025

Responsible Executive: David Miller, Director of Workforce

Report Author: Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

Executive Summary

- This report gives an overview of the Board's current activity in respect of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), which was implemented on 1 April 2024 and highlights the importance of the implementation of eRostering and SafeCare within the Board.
- To note the collective efforts of the local Implementation Group and Heads of Service who provided feedback to inform the content of this report. The local Implementation Group has continued to use an MS Forms Questionnaire for gathering information from services and this has helped to build up the overview of current actions and issues to be addressed in future quarters.
- The Board has submitted the second High Cost Agency quarterly return to Scottish Government and this will give an opportunity to continue the existing work on the reduction in agency staffing and to benchmark with other Boards.
- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to our staff health and wellbeing agenda.

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe, Effective and Person Centred

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

- Provided with a 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 Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires quarterly compliance reporting to the Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as “Board level clinicians” – Executive Directors of Medicine and Nursing and Director of Public Health) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements, to ensure appropriate staffing.

Within NHS Fife, the Director of Workforce has the delegated lead responsibility for Board compliance with quarterly and annual reporting. Details of the information required within these reports is available upon request and a summary is provided within this paper.

In addition, the Board is also required to submit quarterly high cost agency staffing reports as required by NHS Circular DL(2024)6, a copy of which is also available upon request.

2.2 Background

As previously reported to the Staff Governance Committee, the aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services and is applicable to approximately 7,300 staff, across all in-scope functions of NHS Fife.

Whilst many of the Act requirements (listed at Appendix 1 with our current RAG status) are not new concepts, they must now be applied consistently to all roles in scope, intended to:

- Enable safe, high-quality care and improved outcomes for people.
- Support the health, well-being and safety of patients and the well-being of staff.

Underpinning all duties and responsibilities placed on NHS Fife when considering staffing within health care is the application of the guiding principles (available upon request), noting that no one factor is more important than another.

Duties of Healthcare Improvement Scotland (HIS)

As previously reported, HIS have a number of new duties within the Act which are described fully within the HIS Healthcare Staffing: Operational Framework and are summarised below:

- HIS: monitoring compliance with staffing duties
- HIS: duty of Health Boards to assist staffing functions
- HIS: power to require information

To assist HIS with their functions, it has been agreed to provide HIS with copies of the Board quarterly reports. In addition, quarterly Board engagement meetings commenced in September 2024, facilitated by a Senior Programme Advisor from the Healthcare Staffing Programme and will include nominated representatives from NHS Fife (Executive Nurse Director, Director of Workforce, Directors of Nursing, Head of Workforce Planning and Staff Wellbeing and HCSA / Workforce Planning Lead). The next HIS Engagement meeting is due to take place on 6 January 2025.

2.3 Assessment

A summary of progress made during Quarter 2 is detailed below, highlighting key achievements, together with key milestones and risks to be considered in advance of the combined Quarters 3 and 4 / Annual Report, due to the timescale for the Annual Report being submitted to the Scottish Government by 30 April 2025.

Key Achievements during Quarter 2:

- In line with HCSA Technical Guidance, the relevant HCSA requirements have been built into relevant procurement tender documentation and evaluation in instances where, for example, in-scope services are purchased from third parties or GP practices are being considered for transfers out to Independent Practice status.
- Completion figures in respect of HCSA eLearning Training sessions during 2024 are detailed below:
 - Domain 1 fundamentals of health and care staffing: **35**
 - Domain 2 workload and workforce planning: **266**
 - Domain 3 managing and using workload and workforce planning data: **18**
 - Domain 4 quality assurance and governance: **17**
- Continued use of MS Forms to assess compliance with the Act within clinical services, identify areas for improvement, and to support inclusion of narrative into the annual reporting template. Analysis of these forms has led to a commitment to repeat promotional campaigns relating to HCSA before the end of Quarter 4.
- A revised data capture process will be introduced for Quarter 3 and 4, ensuring clinical leaders and managers are focused on the specific elements of each duty when confirming their RAG status.
- Development of a range of SOPs relevant to the Act covering Staffing Level Risk Assessment and Escalation Process; and Duty to Seek Clinical Advice.
- The Specialty Specific Common Staffing Method Tool Runs have been completed for 2024, as planned. We continue to refine the Common Staffing Method governance arrangements relating to the scheduling of annual tool runs during 2025, plus reporting the output of these reports to the Executive Director Group and Board.

Key Milestones / Actions for Quarters 3 and 4

- A template has been developed and will be implemented to enable “Board level clinicians” to summarise overall compliance with HCSA requirements, and provide a RAG status of compliance, for their profession. This template will be incorporated into future quarterly reports.
- A revised communication campaign is to be launched to promote HCSA, specifically on what HCSA means to staff, managers and clinical leads. It is intended for this campaign to be launched before the end of Quarter 4.
- A clearer understanding of the impact of the non-pay element of the 2023/2024 pay deal on our ability to meet HCSA requirements, specifically the WTE impact of

introducing the 36 hour working week by March 2026 and the introduction of Protected Learning Time.

- Greater emphasis on Fife’s path to green in respect of compliance with HCSA, including follow up on actions from the MS Forms assurance questionnaire, how compliance can be measured or tracked through data being entered within eRostering and SafeCare, and how this can underpin the production of future quarterly and annual reports.
- The Workforce Hubs went live in November 2024, with the aim to reduce Bank and Agency staffing requirements, by enhancing the visibility and governance arrangements relating to staffing levels and supplementary staffing requirements. In advance of this, clinical skills refresher training was undertaken as required, to support the mobilisation of contracted staff to areas of greater risk.

eRostering and SafeCare

eRostering and SafeCare are integral to HCSA requirements and have been implemented in Wards 5, 6, 7 and 8 at Queen Margaret Hospital, Wards 1 and 2 at St Andrews and Tarvit Ward at Adamson Hospital, Cupar. In addition, as part of the MHLD in-patient pilot, SafeCare has been implemented in Dunino Ward at Stratheden Hospital. The BAU eRostering team have been recruited and are now established.

Following discussions with the Director of Finance and Director of Nursing, eRostering implementation is currently paused whilst Deep Dive roster reviews with existing areas are being carried out. The roster reviews are moving at pace and will ensure rosters are accurate and additional support / training is provided, this includes:

- Making sure funded establishments and eRoster demand templates are aligned.
- Fully maximising Autoroster feature, where appropriate.
- All colleagues have access to Loop to view their roster and request annual leave.
- Train / support staff to ensure the eRostering system is being used correctly and effectively.

Once any corrections and revised templates are in place, this will support the implementation of SafeCare in these existing areas and help inform an effective and robust process for on-boarding new services when implementation resumes.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users and support their health, safety and well-being.

Reference to steps taken to have regard of guiding principles (patient references) when arranging appropriate staffing.

Reference to steps taken to have regard of guiding principles (patient references) when planning and securing health care services from third parties.

2.3.2 Workforce

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users through provision of appropriate staffing and support the wellbeing of staff. This includes assessment and compliance against the following duties of the Act:

- Appropriate staffing
- Real-time staffing assessment
- Seek clinical advice
- Adequate time given to leaders
- Appropriate staffing: training of staff
- Follow common staffing method and associated training and consultation
- Reference to steps taken to have regard to guiding principles (staff references) when arranging appropriate staffing and
- Reference to steps taken to have regard of guiding principles (patient references) when planning and securing health care services from third parties

2.3.3 Financial

The current financial outlook has the potential to impact on the Board's progression to full compliance. The Board has provided its second quarterly HCSA High Cost Agency Report that highlighted challenges within known areas (individual details will be made available on request), and work is continuing in these areas via the Supplementary Staffing Group and the People and Change Board.

2.3.4 Risk Assessment / Management

Assessment and compliance against:

- Risk escalation processes
- Arrangements to address severe and recurrent risks

Information on decisions taken which conflict with clinical advice, associated risks and mitigating actions.

The current HCSA risk is reviewed on a regular basis, in line with the requirement to review Corporate Risks aligned to the Staff Government Committee. This includes the formal quarterly reporting on progress to the Scottish Government. The HIS engagement meeting held in September 2024 supported our assessment of reasonable assurance.

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

An impact assessment has not been completed at this stage, as the Act applies to all clinical staff groups.

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 support in terms of delivery of training and education on workload tools and workforce planning.
- Multi professional engagement and collaboration.
- Support for NHS Fife's HCSA Implementation Group.

An MS Teams Channel is used for sharing of information with members of the multi-disciplinary Implementation Group, with those who assisted with Guidance Chapter Testing, together 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 Board's Workforce Planning Lead, eRostering Programme Lead, HCSA Implementation Group, Executive Director of Nursing, Director of Nursing Corporate, Director of Workforce, and Executive Directors Group whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Assurance** – Review and scrutinise the information provided in this paper and confirm that it provides assurance that NHS Fife Board requires, noting that that this is an iterative process and that reporting will evolve.
- **Noting** – Relevant group members will receive a combined third and fourth internal quarterly HCSA report in March 2025, which will form the basis of the first annual report.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Health and Care Staffing Act: Duties, Requirements and current RAG status.

Report Contacts:

Brian McKenna, Board Workforce Planning Lead /
Rhona Waugh Head of Workforce Planning and Staff Wellbeing
E-mail: brian.mckenna@nhs.scot / rhona.waugh2@nhs.scot

Appendix 1 – Health and Care Staffing Act: Duties and Requirements

Green	Substantive	Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow	Reasonable	Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber	Limited	Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red	No Assurance	No systems are in place for any NHS functions or professional groups

Duties of the Act	Applicable	Level of Assurance
Guiding principles: staffing for health care	Applicable to all roles in scope	Reasonable
Guiding principles: staffing for health care (planning and securing of health care from others)	Applicable to all roles in scope	Reasonable
Duty to ensure appropriate staffing in healthcare	Applicable to all roles in scope	Reasonable
Duty to ensure appropriate staffing: agency workers	Applicable to all roles in scope	Reasonable
Duty to have real-time staffing assessment in place	Applicable to all roles in scope	Reasonable
Duty to have risk escalation process in place	Applicable to all roles in scope	Reasonable
Duty to have arrangements to address severe and recurrent risks	Applicable to all roles in scope	Reasonable
Duty to seek clinical advice on staffing	Applicable to all roles in scope	Reasonable
Duty to ensure adequate time given to clinical leaders	Applicable to all roles in scope	Reasonable
Duty to ensure appropriate staffing: training of staff	Applicable to all roles in scope	Reasonable
Duty to follow the common staffing method including Common staffing method: types of health care	Applicable to specific types of health care, locations and kind of employees*	Reasonable
Training and consultation of staff	Applicable to specific types of health care, locations and kind of employees*	Reasonable
Overall Level of Assurance		Reasonable

*summarised as where staffing level tools already exist; so in respect of Nursing, Midwifery and Emergency Departments.

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 7 January 2025
Title:	Staff Governance Standards Overview - Improved and Safe Working Environment
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Neil McCormick, Director of Property & Asset Management

Executive Summary

- This paper provides an update on the activity against the Staff Governance Standard undertaken in respect of Property & Asset Management including health and safety provisions which demonstrate that staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- The governance of health and safety matters is considered by the Health & Safety Sub-Committee which is a formal part of our Clinical Governance framework. It is, however, recognised that this is an integral part of Staff Governance and also that best practice and the legislative framework for health and safety requires close working in partnership with our workforce.
- HIS returned for an unannounced follow up inspection on 3 December 2024 which addressed a number of issues identified in the original inspection, some of which related to the built environment.
- The fire safety roles and responsibilities detailed in CEL 11: FIRE SAFETY POLICY FOR NHSSCOTLAND (2011) have been updated and incorporated into SHTM 80: Fire Safety Model Management. This supersedes the information contained in CEL(2011)11. This was issued to Boards on 27 November 2024.
- The Health & Safety department provide health and safety and fire safety advice and training and manages training for manual handling and violence and aggression. The department ensures that there are appropriate risk assessment and management arrangements in place and monitors incidents which are considered by the Health & Safety Sub-Committee. The incident report is considered by the Health and Safety Sub-Committee and the Local and Area Partnership Forums.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- Local policy
- NHS Board Strategic Priority (To Improve Staff Experience and Wellbeing)

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

- Safe
- Effective
- Person Centred

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

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

2. Report Summary

2.1 Situation

This paper provides an update on the activity against the Staff Governance Standard undertaken in respect of Property & Asset Management, including health and safety provision, which demonstrate staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2.2 Background

The following requirements from the Staff Governance Standard are pertinent to Property & Asset Management including health and safety:

- The personal health, safety and wellbeing of patients and staff should be paramount in the design and operation of services.
- There are appropriate monitoring and audit arrangements in place and appropriate risk assessment and management arrangements are also in place.
- All staff have equal access to comprehensive, confidential and high-quality occupational health and safety advice services as a means of improving the health and wellbeing of staff and promoting attendance.

The governance of health and safety matters is considered by the Health & Safety Sub-Committee, which is a formal part of our Clinical Governance framework. It is, however, recognised that this is an integral part of Staff Governance and also that best practice and the legislative framework for health and safety requires close working in partnership with our workforce.

2.3 Assessment

Governance

The Health & Safety Sub-Committee meets quarterly and is chaired by the Director of Property and Asset Management.

There is a current Health and Safety Policy <https://www.nhsfife.org/about-us/policies-and-procedures/general-policies/nhs-fife-health-and-safety-policy/>.

NHS Fife have a full complement of staff within the Health and Safety team. The Health & Safety Manager has also recently taken responsibility for the Fire Advisors. In addition, we are taking on violence and aggression training across the Board following a move of a budget for a vacant post in the H&SCP to the Health & Safety team.

The Health & Safety Department provides health and safety and fire safety advice and training and manages training for manual handling and violence and aggression. The department ensures that there are appropriate risk assessment and management arrangements in place and monitors incidents which are considered by the Health & Safety Sub-Committee. The Incident Report is considered by the Health and Safety Sub-Committee and the local Partnership Forums. It includes:

- Sharps Incidents (staff)
- Slips, Trips and Falls (Staff)
- Violence and Aggression (staff)
- Musculoskeletal Incidents (staff)
- Self-harm (patients)
- RIDDOR (all)

A quarterly incident report is attached at Appendix 1 (September - November 2024).

In addition, there are several technical groups which consider the safety of patients and staff within our estate including:

- Water Safety Group
- Ventilation Safety Group
- Decontamination Group
- Electrical Safety Group

These groups consider the specific risks for their areas and arrange for audits to be carried out by appointed external Authorising Engineers (AE), who also provide advice to the Board and certify NHS Fife as Authorised Persons (AP).

The Water Safety Group, Ventilation Safety Group and Decontamination Group report to the Infection Control Committee which in turn reports to the Clinical Governance Committee.

The Board also has a Fire Safety Group and employs several Fire Advisors to ensure that fire risk assessments are carried out and training is provided to staff.

There is also significant joint work with the Infection Protection and Control Team (IPCT).

Review of Activities

- HIS returned for an unannounced follow up inspection on 3 December 2024, and met with the Director of Property & Asset Management on 4 December 2024. Progress was reviewed on Victoria Hospital, Phase 1 improvements, our approach to the maintenance of ageing buildings together with the behavioural elements of Estates and IPCT working together closely to identify and resolve built environment risks. I was able to give a level of assurance that significant change had been enacted since their last visit in partnership with Acute Services.
- The fire safety roles and responsibilities detailed in CEL 11: FIRE SAFETY POLICY FOR NHSSCOTLAND (2011) have been updated and incorporated into SHTM 80: Fire Safety Model Management (<https://www.nss.nhs.scot/publications/shtm-80-nhsscotland-firecode-fire-safety-model-management-structure/>). This supersedes the information contained in CEL(2011)11. This was issued to Boards on 27 November 2024.
- In addition to the statutory fire safety requirements detailed in The Fire (Scotland) Act 2005 and supporting regulations, Health Boards are mandated to adhere with the fire safety management structure, competency framework, fire safety training and technical benchmarks as detailed in the current NHS Scotland SHTM Firecode suite of guidance documents.
- A review of compliance with the new standards and an action plan is underway and will be brought to the Health & Safety Sub-Committee at the next meeting in March 2025.

Challenges

Key challenges for the Health & Safety team moving forward are:

- Continually reviewing out-of-date policies and procedures.
- The provision of mandatory training which has been challenging with significant progress made in terms of manual handling.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The design and operational delivery of facilities and services can improve the quality of patient care.

2.3.2 Workforce

The Staff Governance Standard is key for promoting the health and wellbeing of staff.

2.3.3 Financial

There are no specific financial issues within this paper.

2.3.4 Risk Assessment / Management

The majority of work carried out as detailed in this paper uses standard risk assessment methodology and risks where appropriate are escalated using the corporate risk register.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

There are some areas of potential improvement opportunities relating to Climate Emergency:

- Refurbishment and improvement of facilities includes LED lighting which reduces carbon emissions.
- The areas which have the most significant backlog maintenance could be removed from the estate allowing improvement in backlog maintenance whilst providing an improved & safe working environment.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

- EDG, 20 December 2024
- Staff Governance Committee, 7 January 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** level of assurance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Health & Safety Quarterly Incident Report (September - November 2024)

Report Contact:

Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

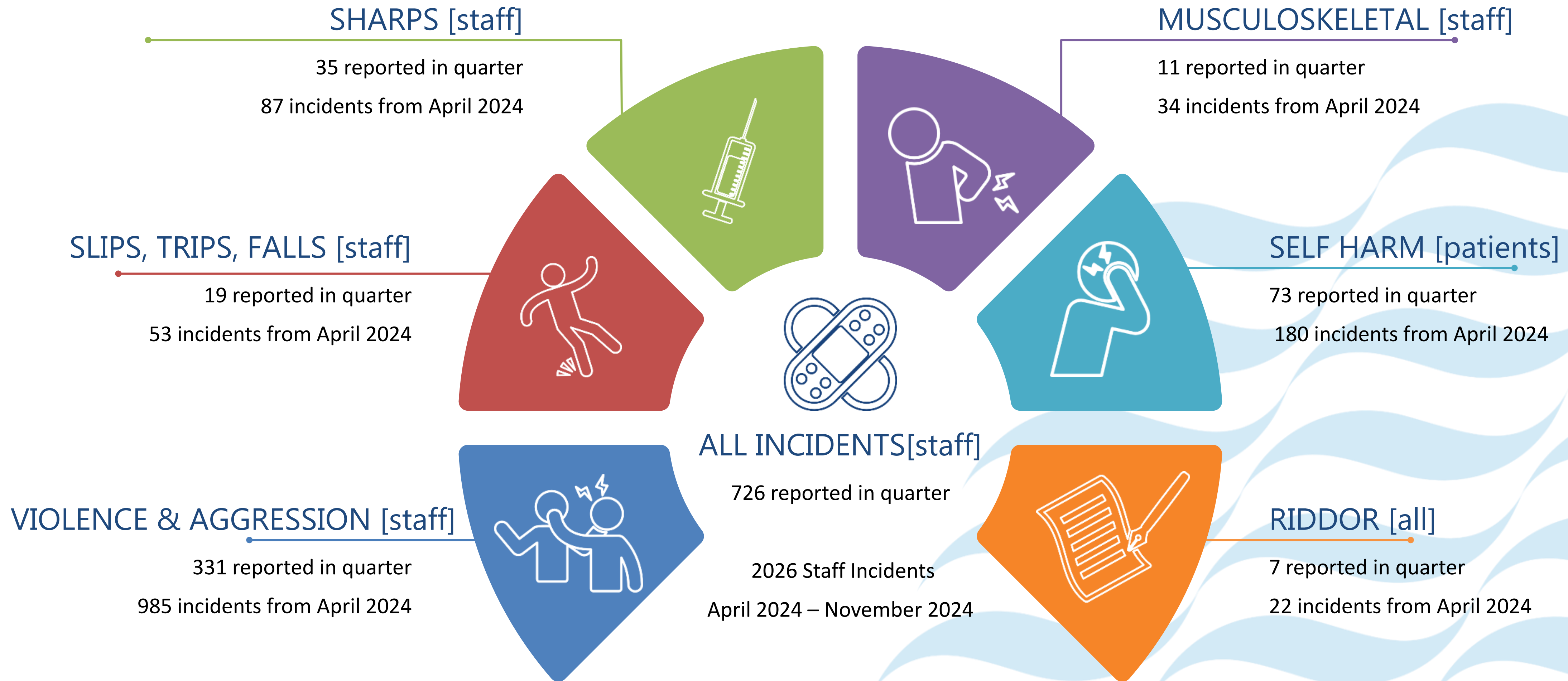
NHS Fife Incident Report

September 2024 – November 2024

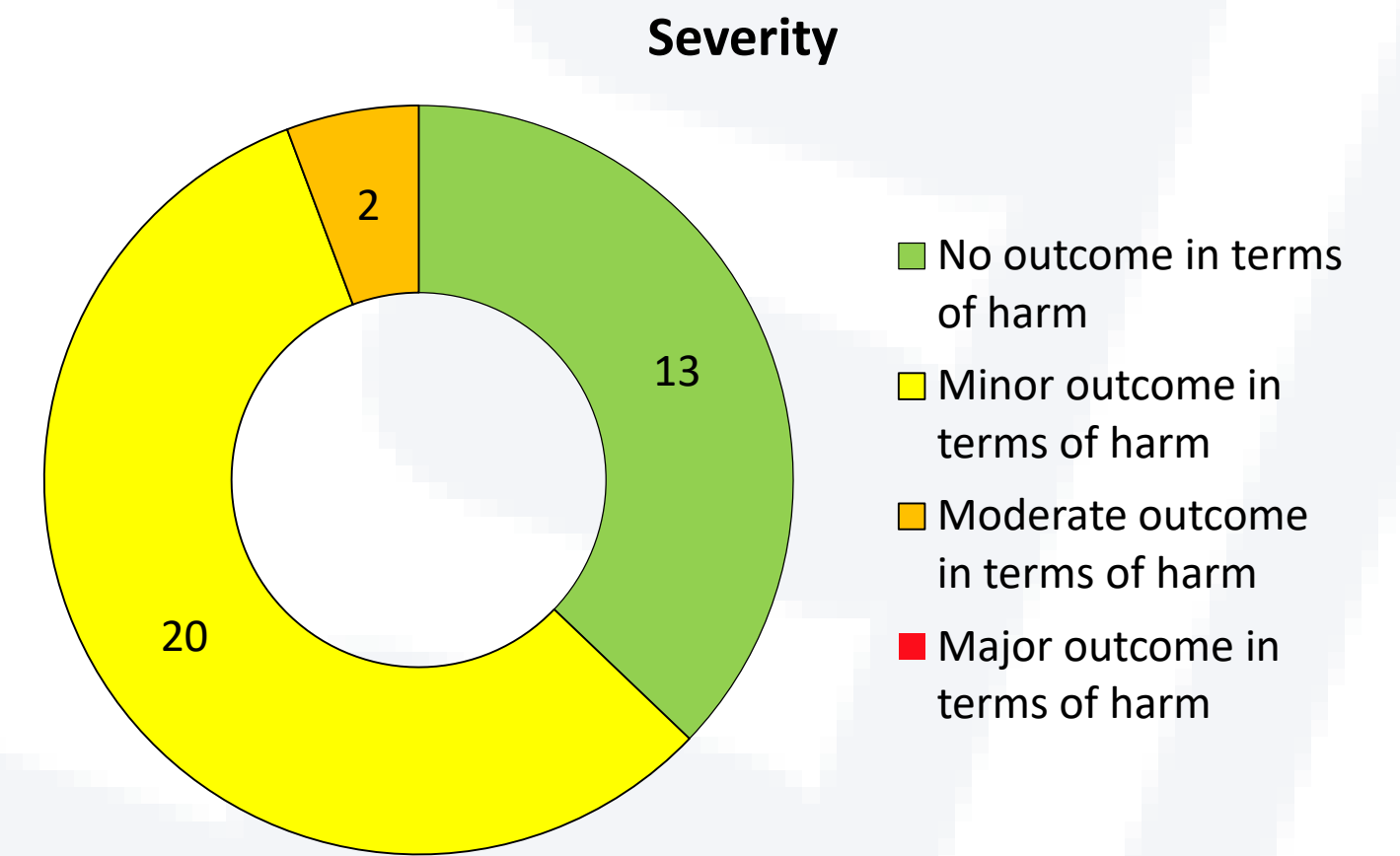
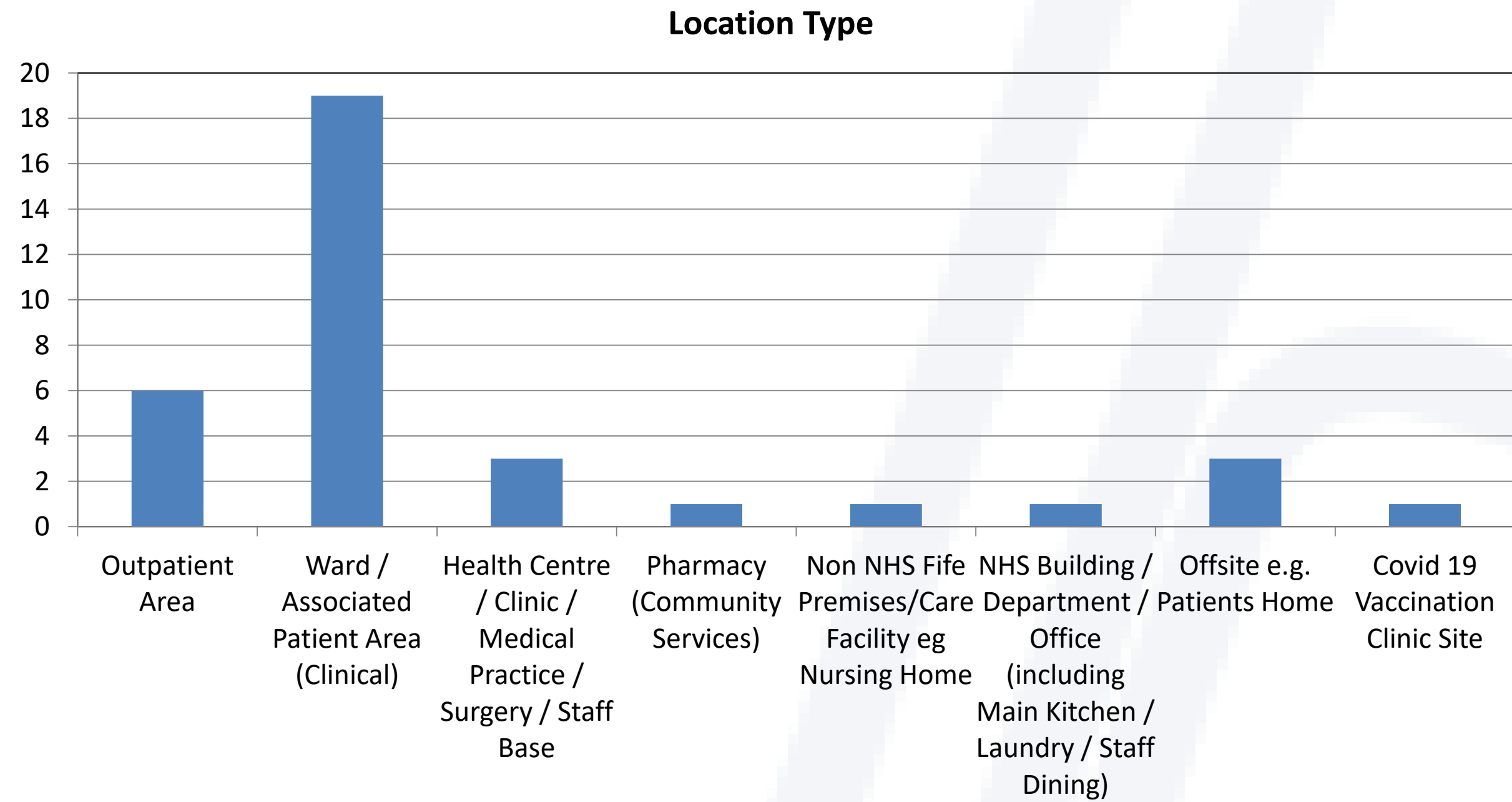
Health & Safety Sub Committee

NHS Fife Incident Dashboard

September 2024 – November 2024 Incidents Summary



September 2024 – November 2024 Staff Sharps Incidents Summary



SHARPS INCIDENTS

Sub Category's searched – Contact with needle / other sharps (during operation / medical / clean / dirty)

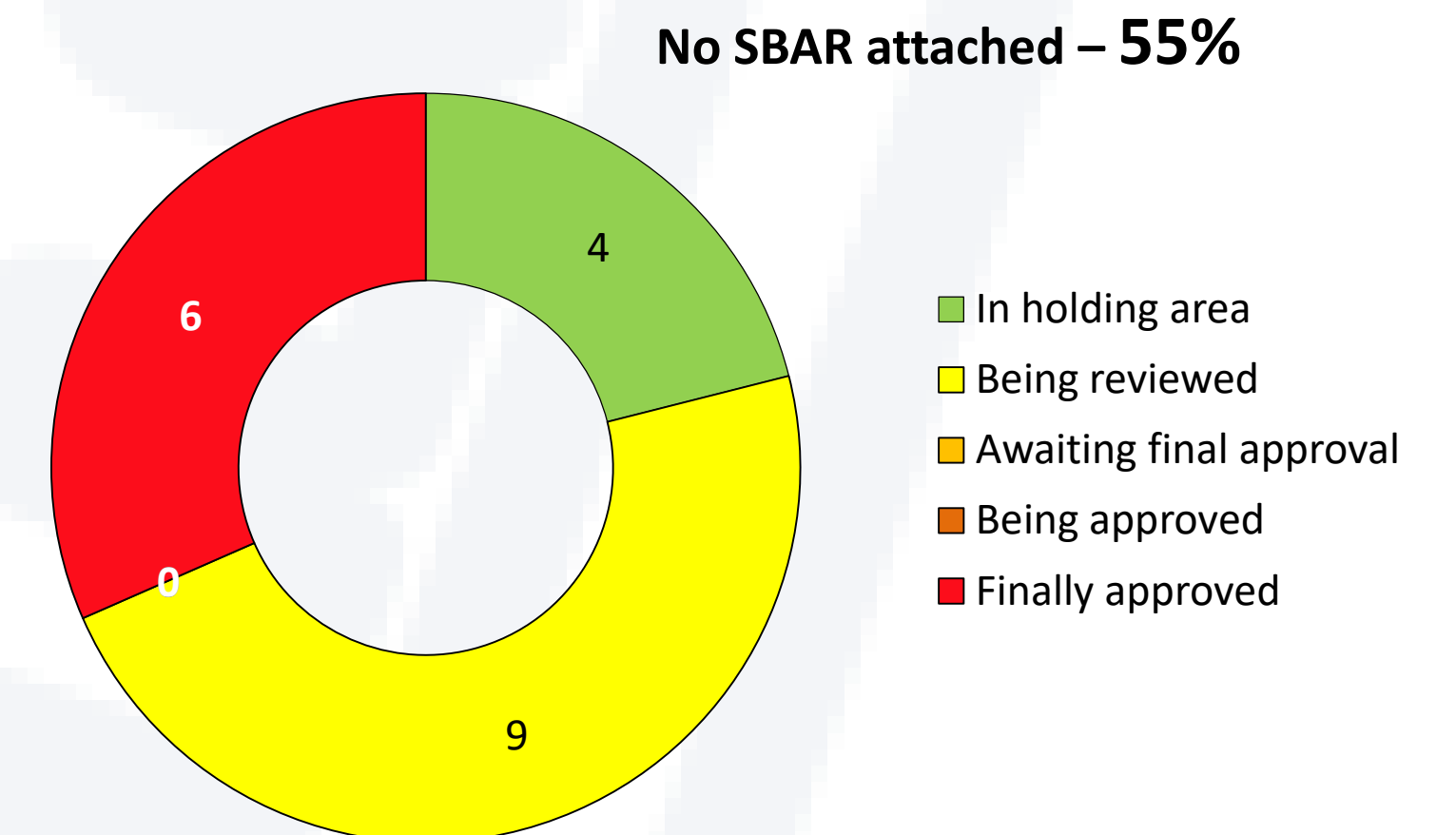
Sharps is now a standing agenda item at ASD&CD H&S Committee meetings

35 x sharp incidents reported in this quarter.

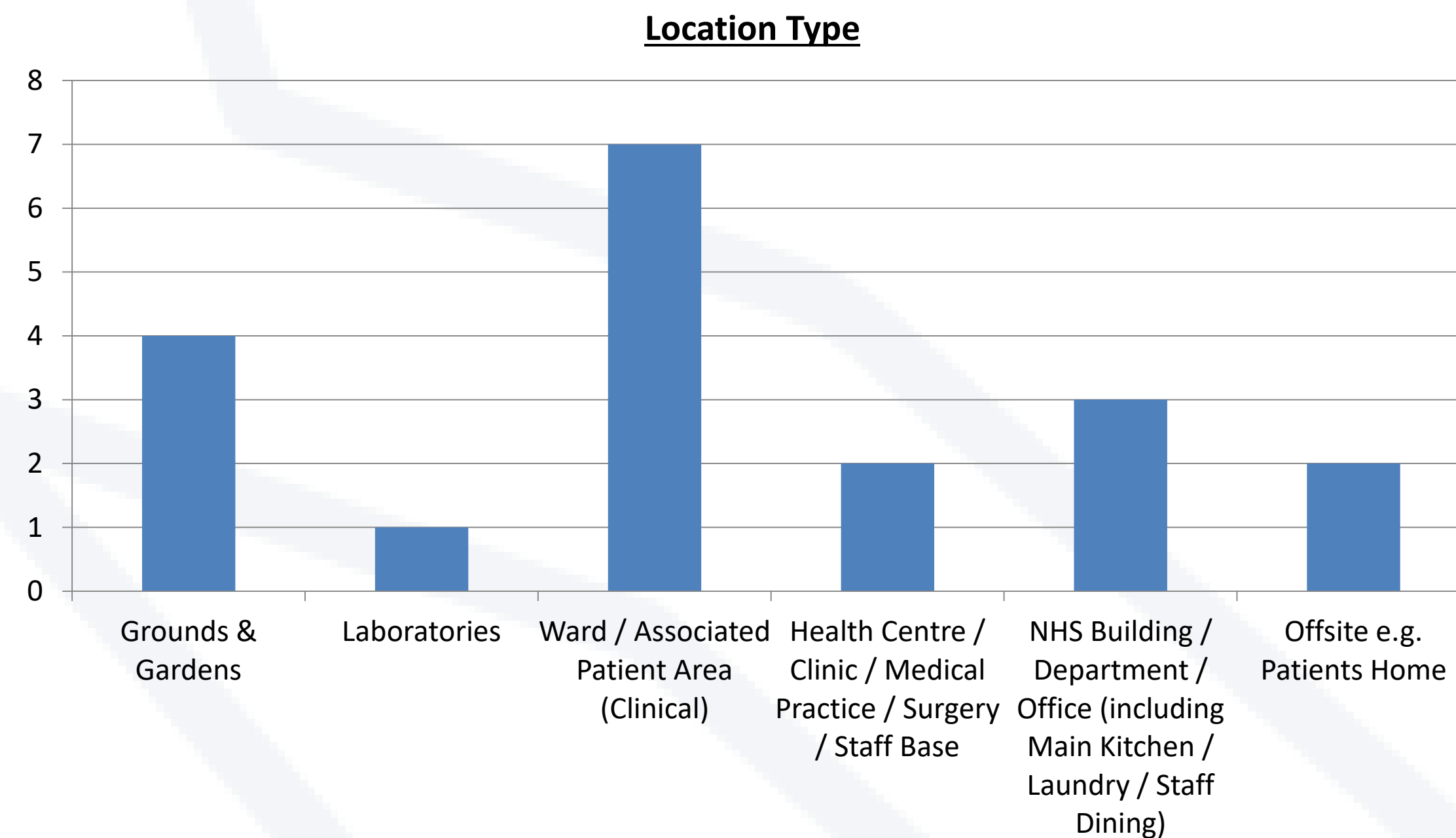
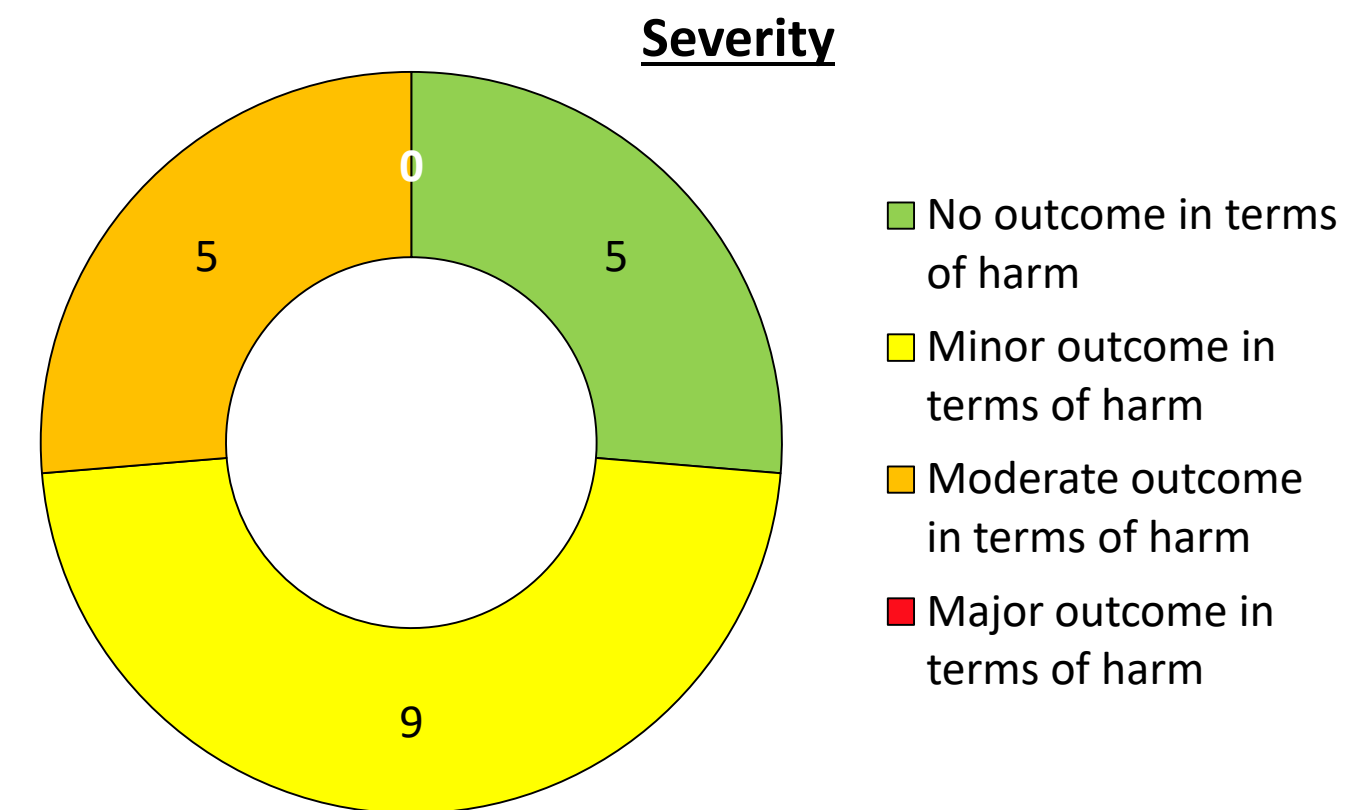
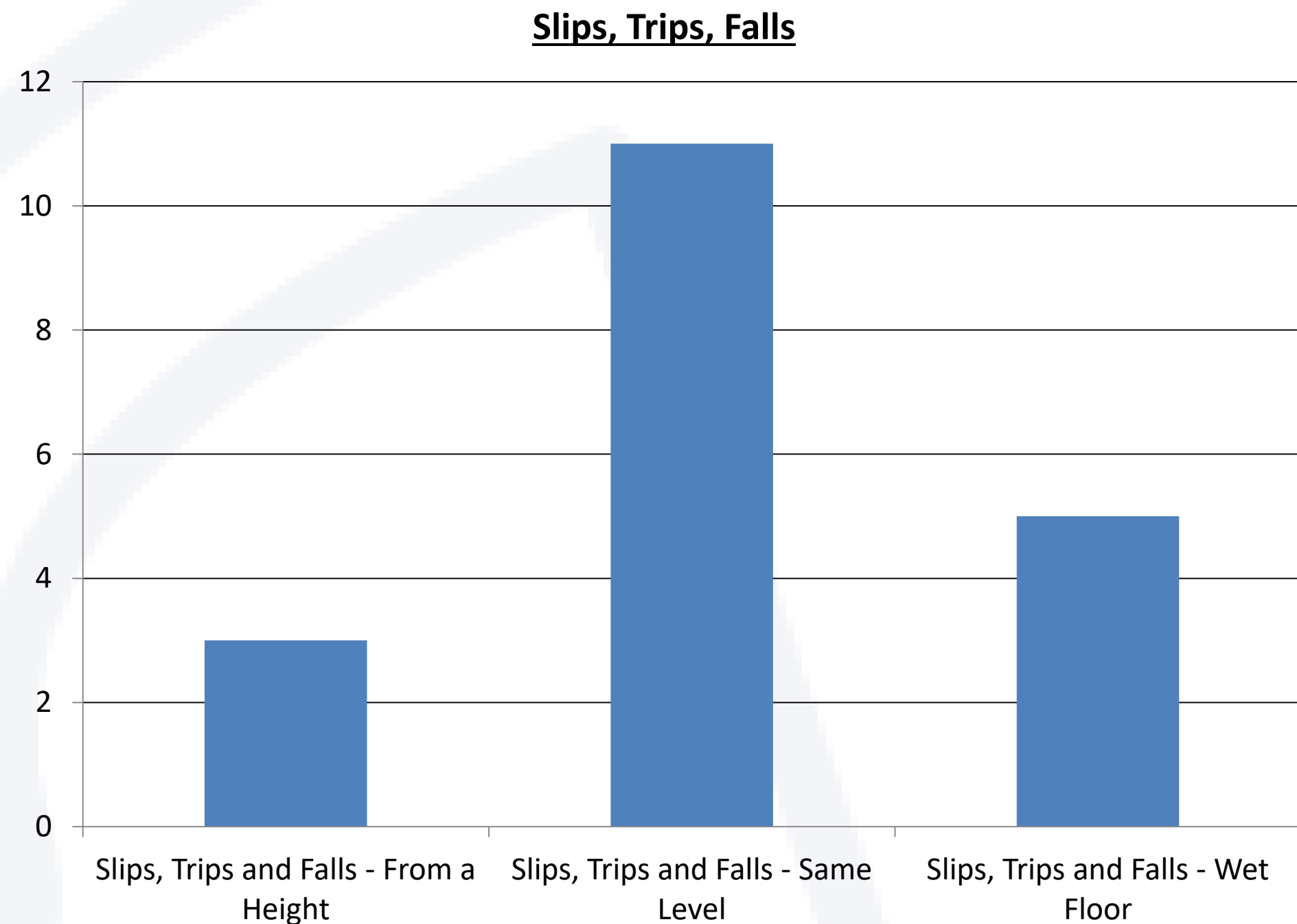
13 x no harm, 20 minor harm, 2 x moderate harm, 0 x major harm

19 x sharps incidents reported with no SBAR attached

(2 x incorrectly reported sharps incidents changed to correct incident type)



September 2024 – November 2024 Staff Slips, Trips and Falls Incidents Summary



Slips, Trips, Falls

Sub Category's searched – Slips, Trips and Falls (from height / same level / wet floor)

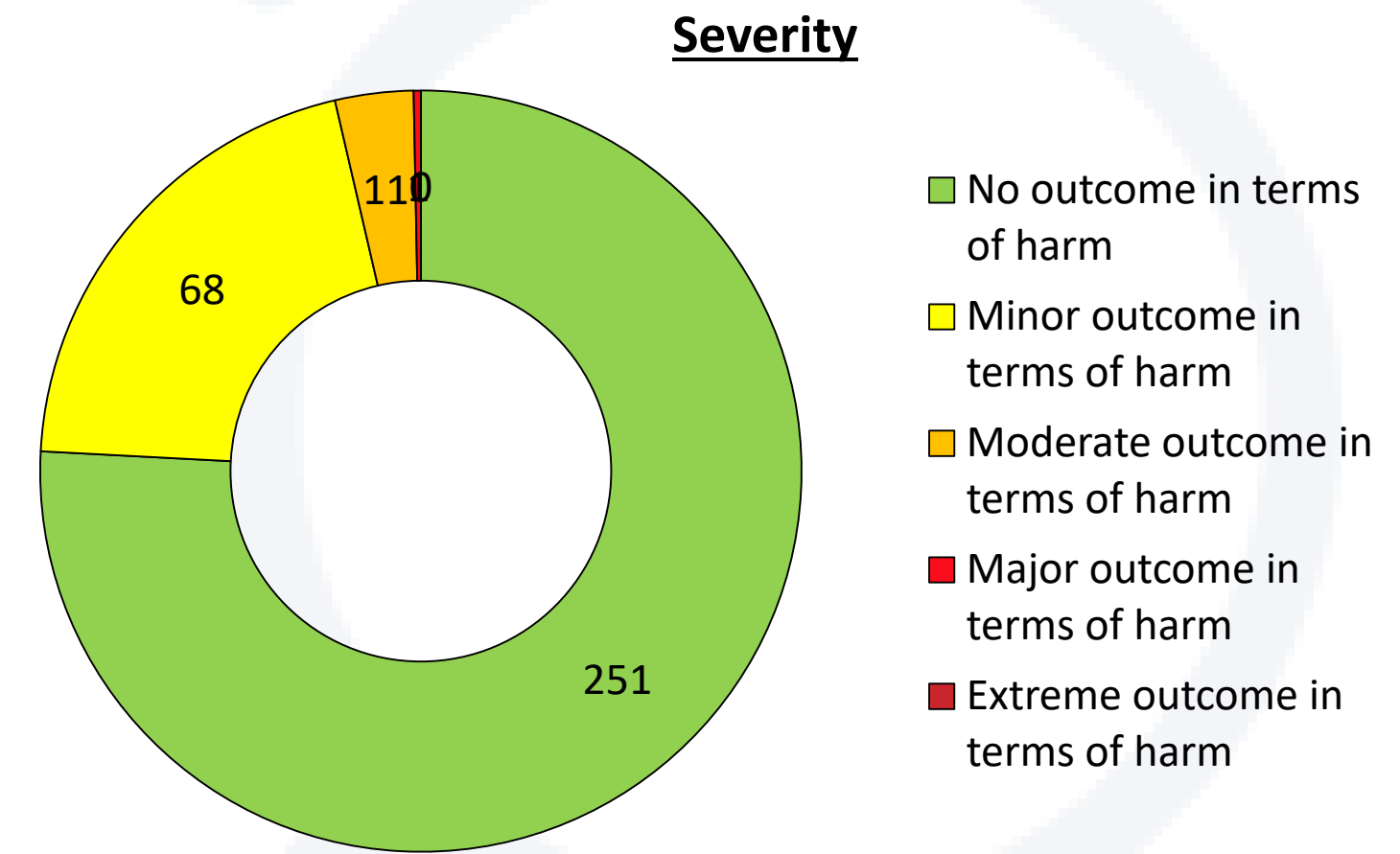
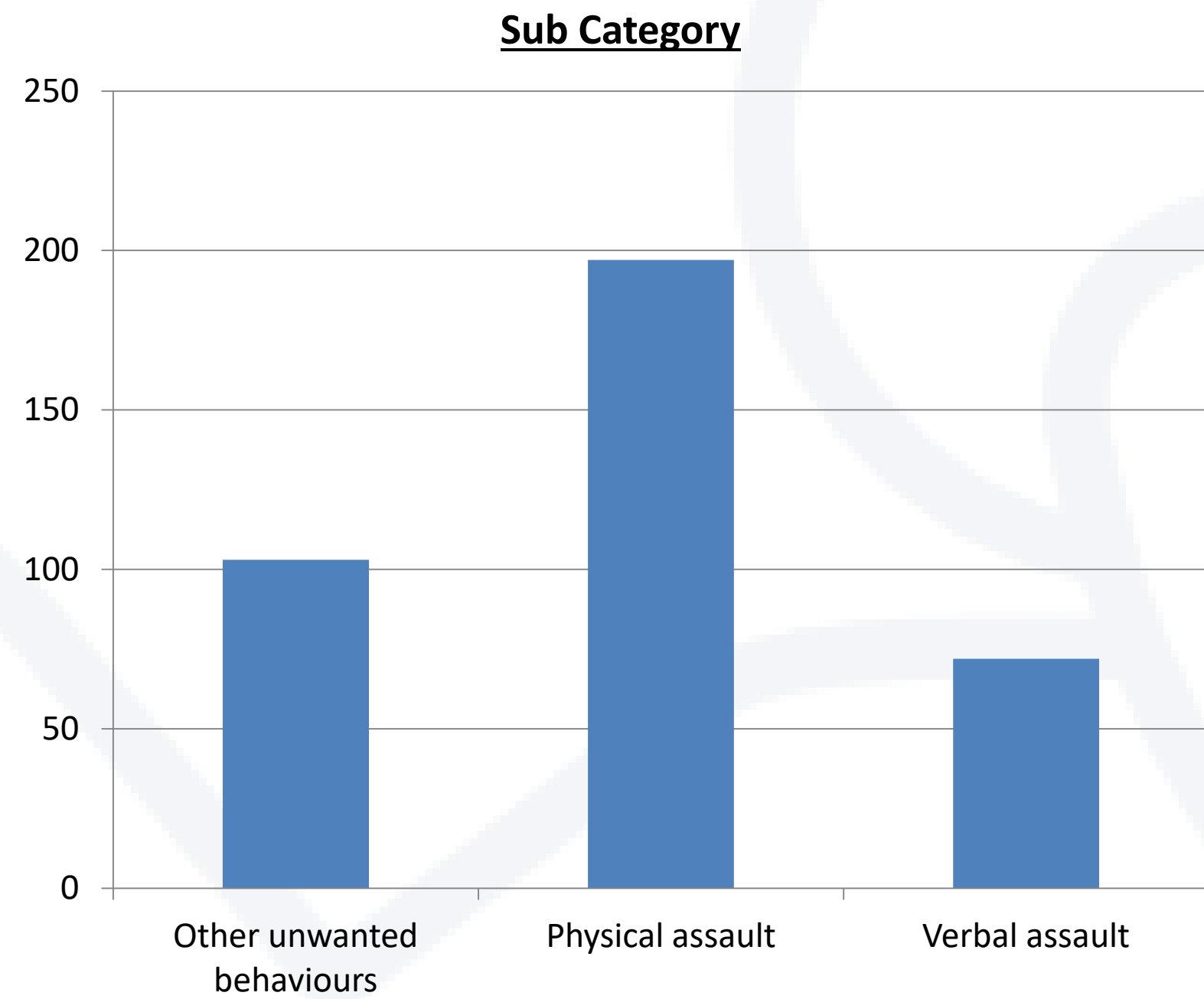
19 x slips, trips and falls reported in this quarter

5 x no harm, 9 x minor harm, 5 x moderate harm, 0 x major harm.

3 x falls from height

- 1 x fall from chair which collapsed
- 1 x fall from office chair (2nd occurrence)
- 1 x fall on stairs due to light not activating

September 2024 – November 2024 Violence & Aggression Incidents Summary



Violence & Aggression

Category searched – Unwanted Behaviors, Violence & Aggression

331 x V&A incidents reports this quarter

251 x no harm, 68 x minor harm, 11 moderate harm, 1 x major harm, 0 x extreme harm

- 1 x major harm – staff member received fractured wrist during restraint

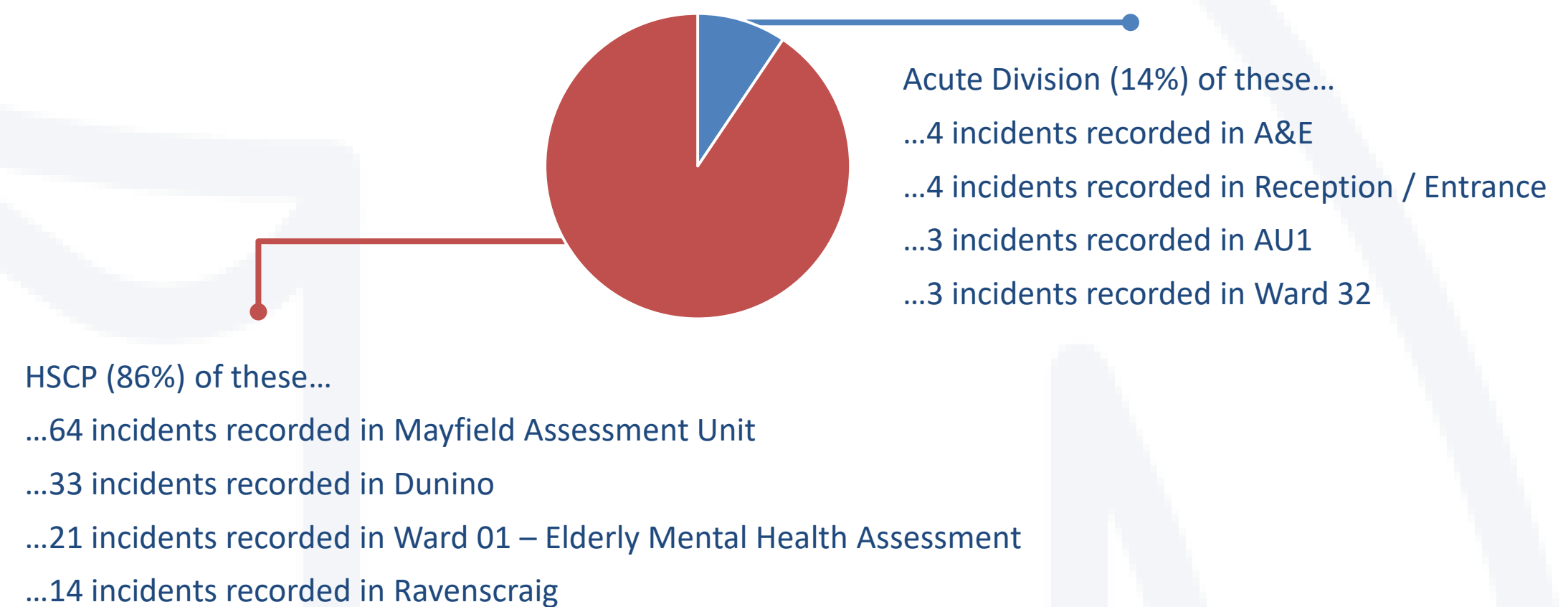
46 x V&A incidents for Acute Division, 285 x V&A incidents for HSCP of which 64 x Mayfield Assessment unit.

Incidents reported to Police = 31

Incidents reported as Sexual assault / harassment = 19

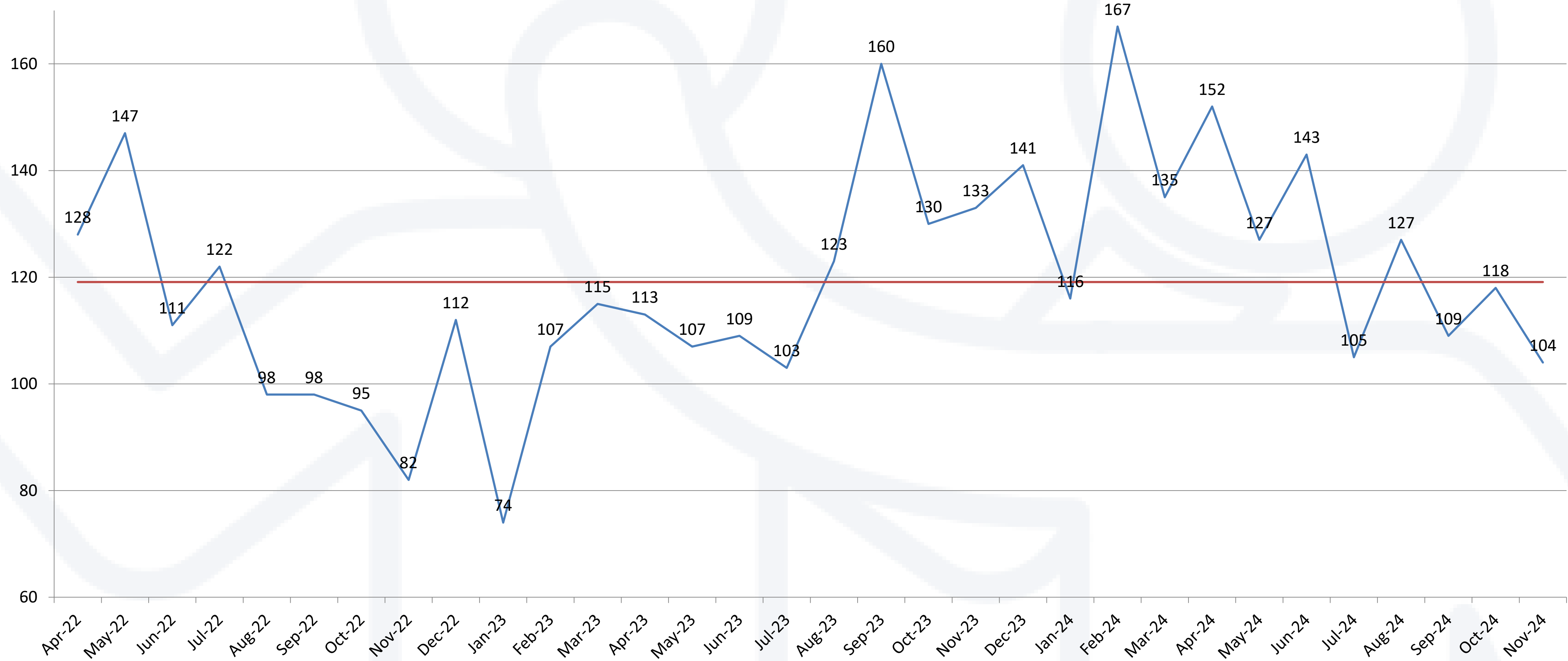
Incidents reported as Hate crimes = 9

Comparison between HSCP and Acute Division Incidents

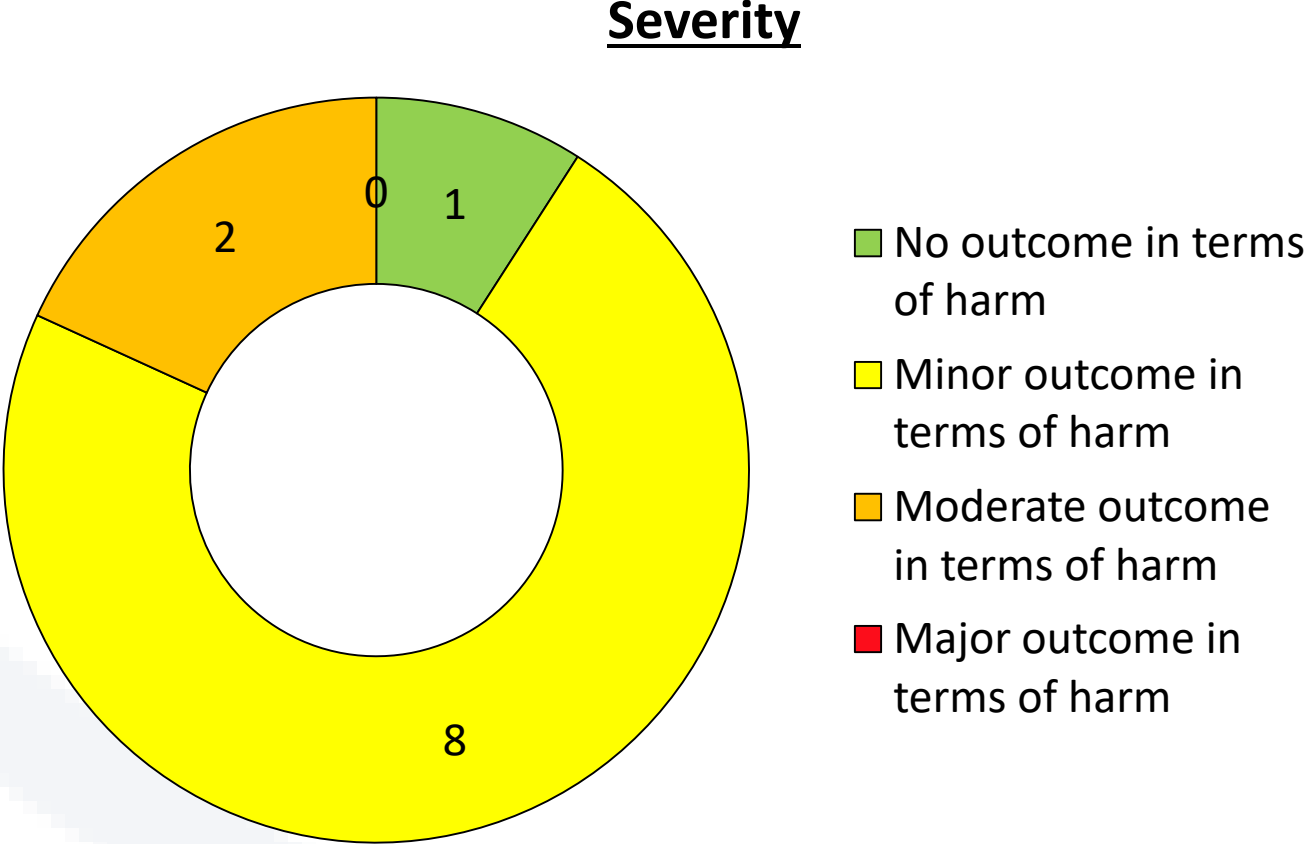
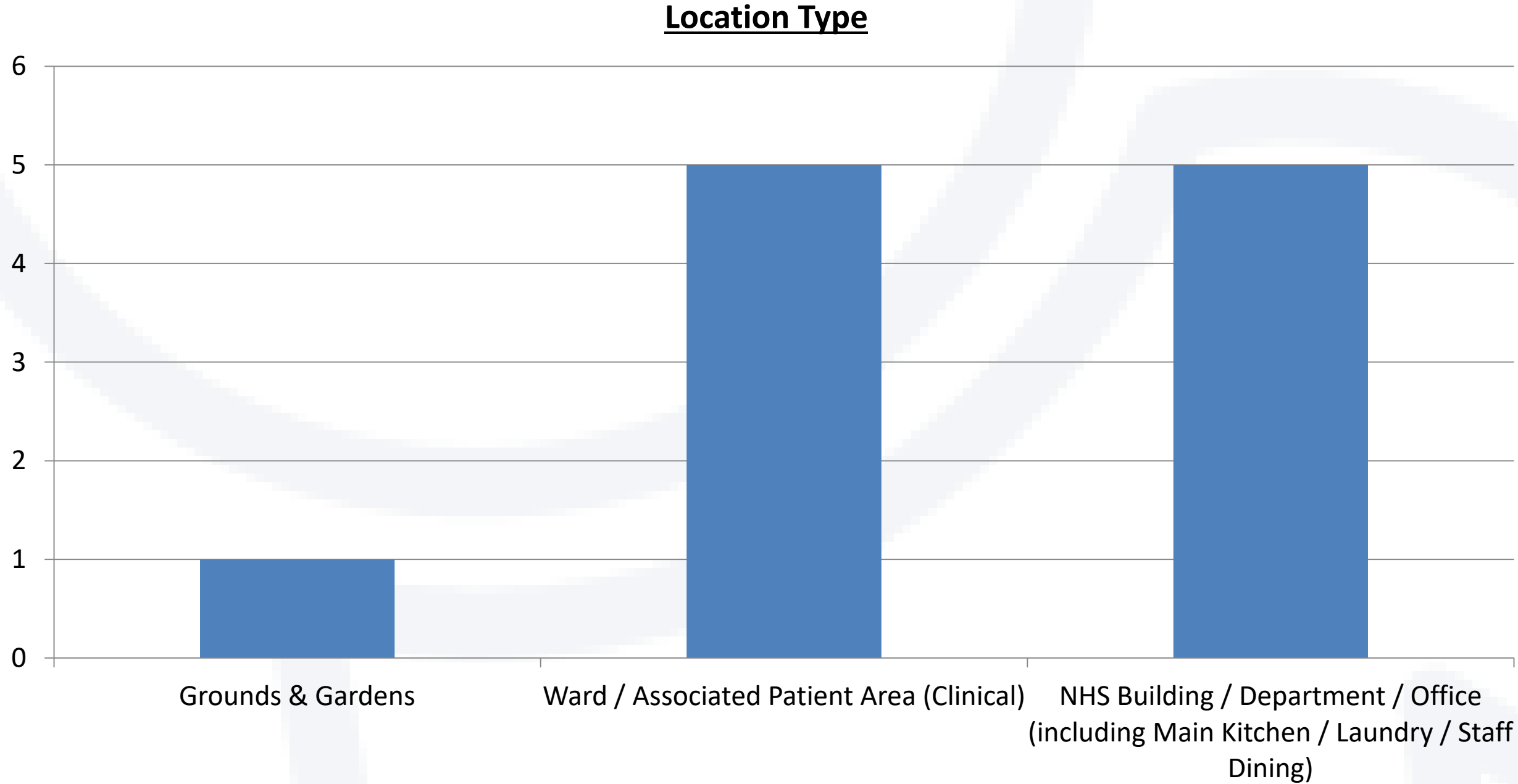


April 2022 – November 2024 Staff Violence & Aggression Incidents Summary

April 2022 – November 2024 Run chart



September 2024 – November 2024 Staff Musculoskeletal Incidents Summary



MUSCULOSKELETAL INCIDENTS

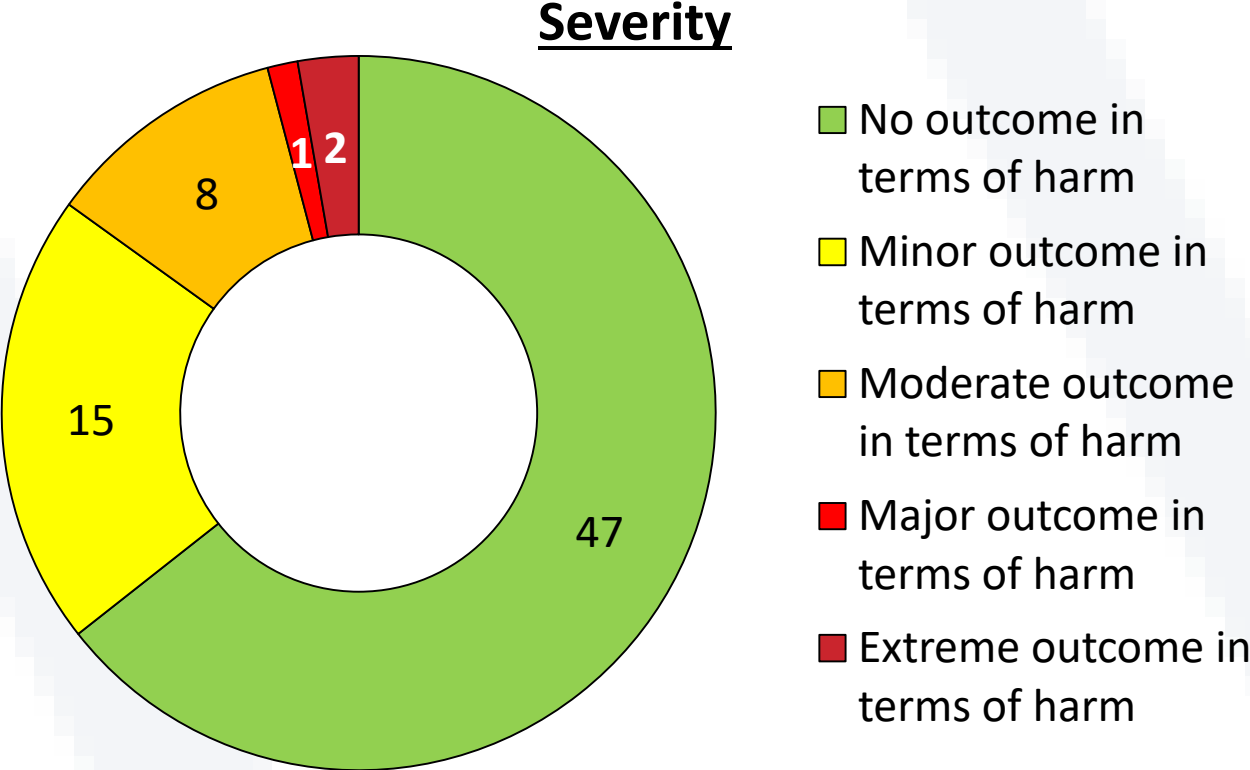
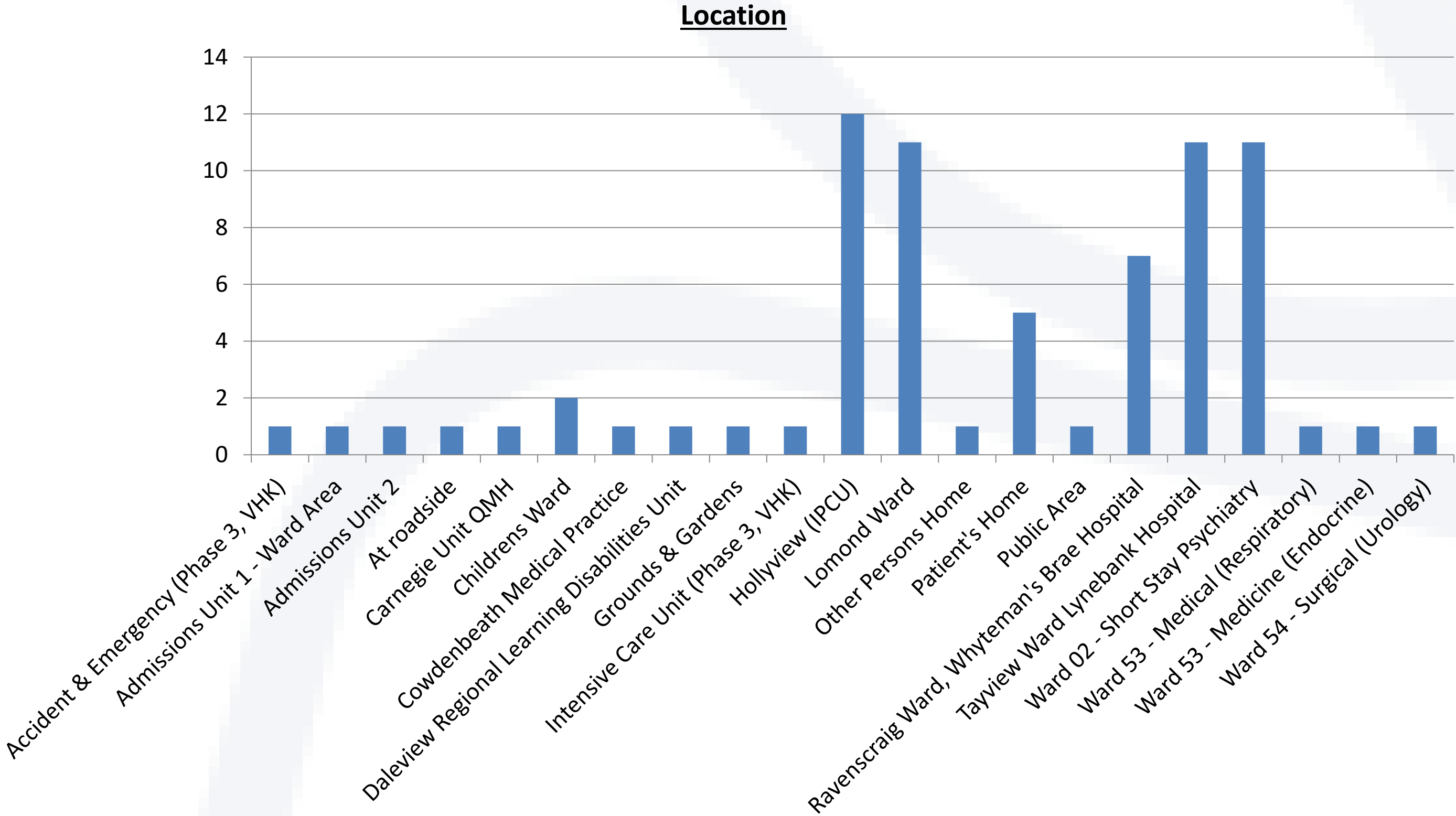
Sub Category's searched – General accident – Load Handling, General accident – Patient Handling

11 x musculoskeletal incident reported this quarter

1 x no harm, 8 x minor harm, 2 x moderate harm, 0 x major harm

- 6 x Load handling
- 5 x Patient handling

September 2024 – November 2024 Patient Self Harm Incidents Summary



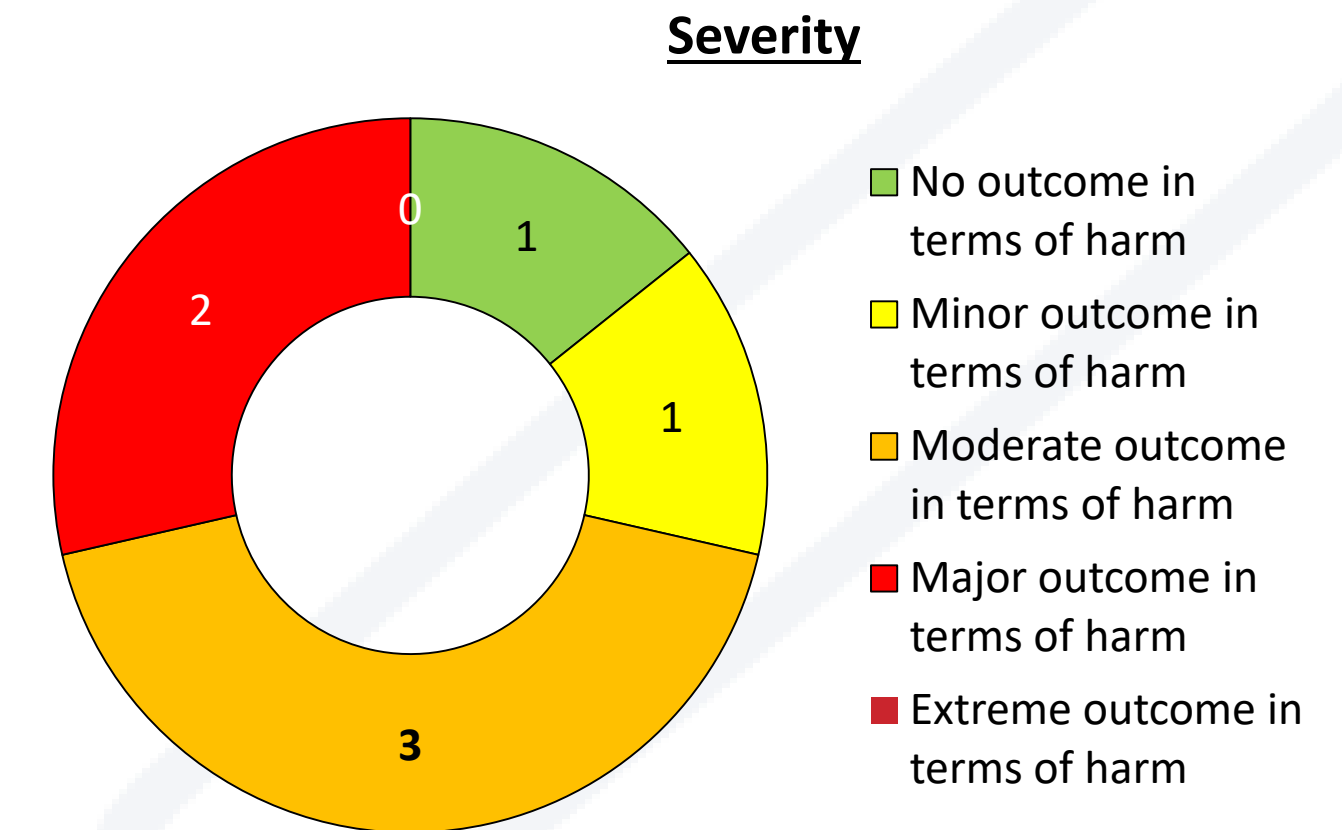
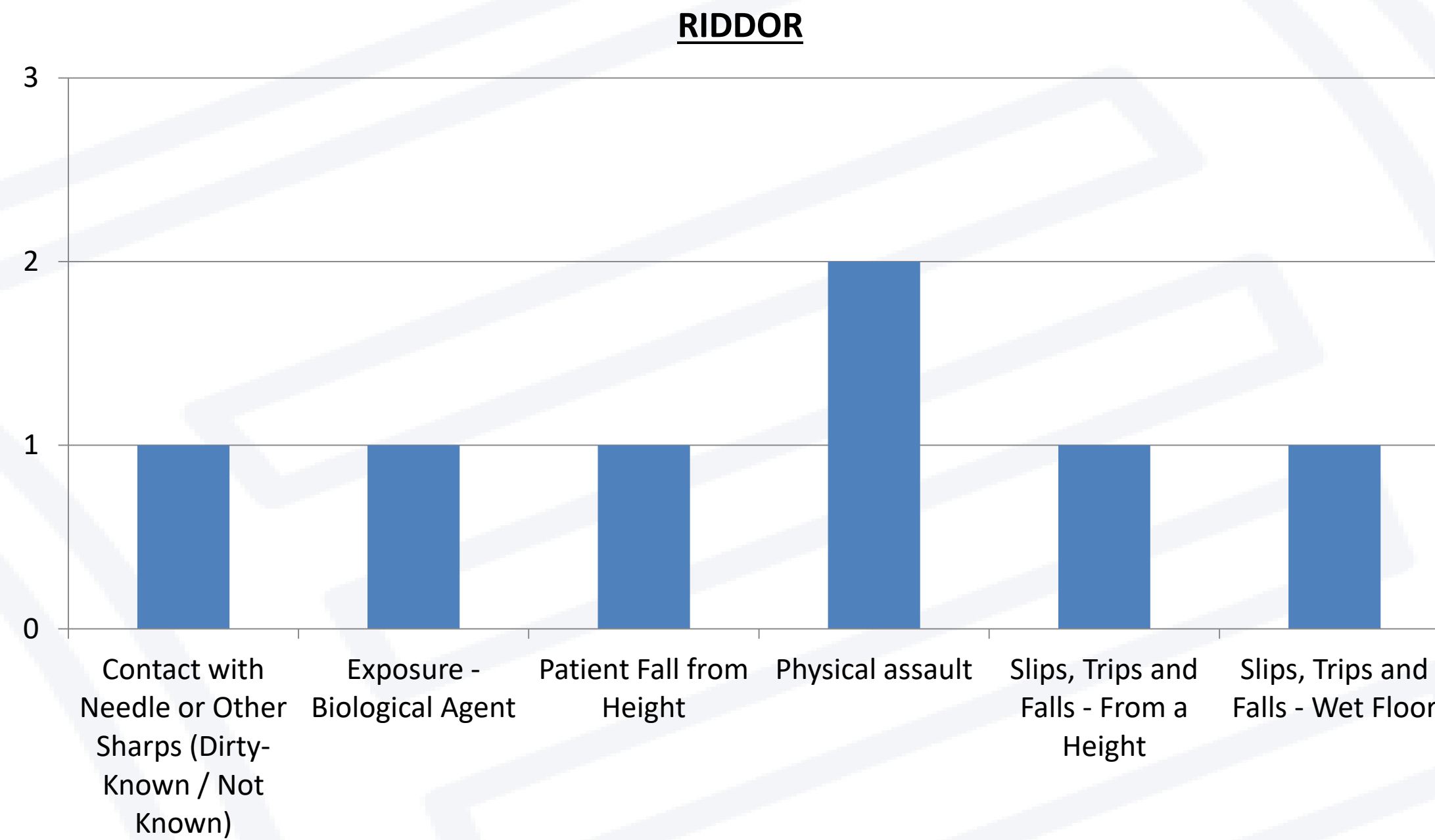
Patient Self Harm Incidents

Category searched – Suicide / Self Harm

73 x self harm incidents reported this quarter

47 x no harm, 15 x minor harm, 8 x moderate harm, 1 x major harm, 2 x extreme harm

September 2024 – November 2024 RIDDOR Incidents Summary



RIDDOR Incidents

Category searched – RIDDOR – Yes, its reportable

7 x RIDDOR incidents reported this quarter

1 x no harm, 1 x minor harm, 3 x moderate harm, 2 x major harm

1 x major outcome – Physical assault by patient on staff member – reportable injury

1 x major outcome – Patient fall – reportable injury (Death occurred, recorded as Myocardial Infarction)

1 x moderate outcome – Staff member fell down unlit staircase – over 7 day absence

1 x moderate outcome – Staff member slipped on wet floor (faulty equipment not reported) – reportable injury

1 x moderate outcome – Physical assault by patient – over 7 day absence

1 x minor outcome – Needle stick injury with high risk patient – over 7 day absence

1 x no outcome – Staff member received contamination exposure – dangerous occurrence

Appendix 1

DATIX Incidents – NHS Fife Division used to compile this report
NHS Fife Board
Corporate Directorates
Acute Services Division – Women, Children and Clinical Services
Acute Service Divisions – Emergency Care & Medicine medical directorate
Acute Services Division – Planned Care & Medicine surgical directorate
Community Care Services
Complex and Critical Care Services
Primary and Preventative Care Services

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 7 January 2025
Title:	Proposed Annual Workplan 2025/2026
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

Executive Summary

- This report allows Staff Governance Committee members to review and agree the content of the proposed Annual Workplan for 2025/2026 against the NHS Scotland Staff Governance Standard and anticipating the reporting arrangements for the Committee for the year ahead.
- A **moderate** level of assurance is suggested, given delivery of the workplan to date.

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

The Staff Governance Committee is required to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. The proposed Annual Workplan

for 2025/2026 is provided at **Appendix 1**, setting out the priorities for the forthcoming year and anticipating the reporting arrangements for the Committee for the year ahead.

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 proposed Annual Workplan for 2025/2026 is attached at **Appendix 1** for consideration and discussion. 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 Standards 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.

This report provides the following Level of Assurance:

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

2.3.1 Quality / Patient Care

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, updates to 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 proposed Staff Governance Committee Annual Workplan 2025/2026 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of any initial comments received.

2.4 Recommendation

This paper is presented to the Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Consideration** and **endorsement** of the content of the proposed Staff Governance Committee Annual Workplan for 2025/2026.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Proposed Staff Governance Committee Annual Workplan 2025/2026

Report Contact:

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



**STAFF GOVERNANCE COMMITTEE
PROPOSED ANNUAL WORKPLAN 2025/2026**

Governance – General							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Chair’s Assurance Report Presented to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Meeting Reflections & Agreement of Matters for Chair’s Assurance Report to be Presented to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Corporate Calendar – Proposed Staff Governance Committee Dates 2026/2027	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2025/2026	Director of Workforce	✓	✓	✓	✓	✓	✓ Final
Annual Staff Governance Committee Workplan: Proposed 2026/2027	Director of Workforce					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	Head of Corporate Governance & Board Secretary						✓

Governance Matters (Continued)							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Annual Staff Governance Committee Statement of Assurance 2024/2025	Head of Corporate Governance & Board Secretary	✓					
Annual Staff Governance Committee Self-Assessment Report 2025/2026	Head of Corporate Governance & Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee	Director of Workforce	✓	✓	✓	✓	✓	✓
Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background Update	Director of Nursing / Head of Workforce Planning & Staff Wellbeing				✓		
Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	Director of Workforce			✓ Quarter 1 Report		✓ Quarter 2 Report	✓ Quarter 3 Report
Whistleblowing Quarterly Report	Head of Corporate Governance & Board Secretary	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Strategy / Planning							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Annual Delivery Plan 2025/2026	Director of Finance & Strategy	TBC					
Annual Delivery Plan Quarterly Performance Report 2025/2026	Director of Finance & Strategy		✓ Quarter 4 2024/2025 Report	✓ Quarter 1 2025/2026 Report	✓ Quarter 2 2025/2026 Report		✓ Quarter 3 2025/2026 Report
Corporate Objectives 2025/2026	Chief Executive / Director of Finance & Strategy	✓					

Strategy / Planning (Continued)							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Population Health and Wellbeing Strategy 2025/2026 Mid-Year Review	Director of Finance & Strategy				✓		
Reform, Transform and Perform Update	Director of Workforce	✓	✓	✓	✓	✓	✓
Workforce Planning Update and Workforce Plan for 2025/2026	Workforce Planning Lead	✓	✓	✓	✓	✓	✓
NHS Fife Projects / Programmes							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Primary Care Improvement Plan 2025/2026	Director of Health & Social Care Partnership			✓			
Quality / Performance							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance & Staff Governance Standard							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Staff Governance Standard Overview							
<ul style="list-style-type: none"> • Appropriately Trained - Medical Appraisal & Revalidation Annual Report 2024/2025 	Medical Director				✓		
<ul style="list-style-type: none"> - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2024/2025 - Core Skills / Mandatory Training - PDPR Uptake - Protected Learning Time 	Director of Nursing Associate Director of Culture, Development & Wellbeing		✓		✓		✓

Staff Governance & Staff Governance Standard (Continued)							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
<ul style="list-style-type: none"> Improved and Safe Working Environment (inc. Quarterly Report) Involved in Decisions <ul style="list-style-type: none"> iMatter Report Treated Fairly and Consistently <ul style="list-style-type: none"> Workforce Policies Update Well Informed <ul style="list-style-type: none"> Communication & Feedback 	Director of Property & Asset Management Associate Director of Culture, Development & Wellbeing Head of Workforce Resourcing & Relations Associate Director of Communications	✓	✓	✓	✓	✓	✓
Equality Outcomes Progress Report and Plan 2025-2029	Director of Nursing	TBC	TBC	TBC	TBC	TBC	TBC
Equality & Diversity Champion Update	Non-Executive Director Equality & Diversity Champion	✓	✓	✓	✓	✓	✓
Wellbeing Champion Update	Non-Executive Director Wellbeing Champion	✓	✓	✓	✓	✓	✓
Whistleblowing Champion Update	Non-Executive Director Whistleblowing Champion	✓	✓	✓	✓	✓	✓
Annual Reports / Other Reports							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2024/2025	Co-Chairs of LPF			✓			
Equal Pay Audit	Director of Workforce	✓					

Annual Reports / Other Reports (Continued)							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Health and Social Care Partnership Local Partnership Forum Annual Report 2024/2025	Co-Chairs of LPF			✓			
Internal Audit Annual Report 2024/2025	Director of Finance & Strategy		✓				
Occupational Health Service Annual Report 2024/2025	Head of Workforce Planning & Staff Wellbeing			✓			
Staff Governance Annual Monitoring Return 2024/2025	Head of Workforce Resourcing & Relations	TBC	TBC	TBC	TBC	TBC	TBC
Volunteering Annual Report 2024/2025	Director of Nursing			✓			
Whistleblowing Annual Report 2024/2025	Head of Corporate Governance & Board Secretary	✓					
Linked Committee Minutes							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
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	✓	✓	✓	✓	✓	✓
Equality & Human Rights Strategy Group	Director of Nursing		✓	✓		✓	✓
Health and Safety Sub Committee	Director of Property & Asset Management	✓		✓	✓	✓	

Linked Committee Minutes (Continued)							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Medical & Dental Professional Standards Oversight Group	Medical Director	TBC	TBC	TBC	TBC	TBC	TBC
Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing	TBC	TBC	TBC	TBC	TBC	TBC
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26

Briefing Sessions	
Session 1: TBC	Lead(s)
• Staff Governance Standard: Employee Director	Lynne Parsons, Employee Director
• eRostering Demonstration	Nicola Maher, Programme Manager
Session 2: TBC	Lead(s)
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Associate Director Digital & Information
• Our Leadership Way	Jenni Jones, Associate Director of Culture, Development & Wellbeing
Future Briefing Session Topics	Lead(s)
• Transforming the Workforce Directorate, Employer of Choice Opportunities	Workforce Senior Leadership Team
•	

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 7 January 2025
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

Executive Summary

- This report allows Staff Governance Committee members to see progress on the business items agreed for the forthcoming year and against the NHS Scotland Staff Governance Standard.
- In addition, this report provides an update on the changes to the Staff Governance Committee Annual Workplan for 2024/2025 since the last Staff Governance Committee meeting in November 2024 and informs future agenda setting requirements.
- A **moderate** level of assurance is suggested, given delivery of the workplan to date.

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 on 5 November 2024 so that the Committee can 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, the Staff Governance Annual Monitoring Return and monitoring of activity presented to the Committee via the Workplan.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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, updates to 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

No known impact.

2.3.7 Communication, Involvement, Engagement and Consultation

Discussion at previous Staff Governance Committee meetings.

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 previous meetings and items planned for the meeting on 7 January 2025.

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Confirms** the updates made to the Staff Governance Workplan for 2024/2025 since it was presented to Committee members on 5 November 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	✓	✓	✓	✓	✓	✓
Chair’s Assurance Report Presented to Fife NHS Board	Chair			✓	✓	✓	✓
Meeting Reflections & Agreement of Matters for Chair’s Assurance Report to be Presented 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

Governance Matters (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
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	✓	✓ Deep Dive: Nursing & Midwifery Workforce	Deferred to 7/1/25	✓	✓
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	✓		✓ Quarter 1 Report		✓ Quarter 2 Report	✓ Quarters 3 & 4 and Annual Report
Whistleblowing – Quarterly Report	Head of Corporate Governance & Board Secretary	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Supplementary Staffing RTP Update	Director of Nursing			✓			✓
Health & Safety Quarterly Report	Director of Workforce (on behalf of Director of Property & Asset Management)	Deferred to 9/7/24	✓		✓	✓	

Strategy / Planning							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Reform, Transform and Perform Update	Director of Reform and Transformation	✓ (Private)	✓ (Private)	✓	✓	✓	✓
Corporate Objectives 2024/2025	Chief Executive / Director of Finance & Strategy	Deferred to 9/7/24	✓				
Annual Delivery Plan 2024/2025	Director of Finance & Strategy	✓	✓ Scottish Government Response				TBC
Annual Delivery Plan Quarterly Performance Report 2024/2025	Director of Finance & Strategy		✓ Quarter 4 2023/2024 Report	✓ Quarter 1 2024/2025 Report	✓ Quarter 2 2024/2025 Report		✓ Quarter 3 2024/2025 Report
Population Health and Wellbeing Strategy 2024/2025 Mid-Year Review	Director of Finance & Strategy				Deferred to 4/3/25		✓
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing		✓	✓	Deferred to 7/1/25	✓	✓
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			✓ Progress Update			
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 - Core Skills / Mandatory Training - PDPR Uptake - Protected Learning Time • 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				✓		
		Deferred to 9/7/24	✓	✓	✓	✓	✓
		✓		✓			
					✓		
				✓		✓	
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	✓ 2023/2024 Update		✓ 2023/2024 Draft Return		
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	✓	✓	Not provided	✓	✓	✓
Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing		✓				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		Meeting Cancelled	✓		✓	
Medical & Dental Professional Standards Oversight Group	Medical Director		✓	✓	✓		✓
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		✓	✓	✓	Deferred to 4/3/25	✓
Protected Learning Time	Associate Director of Culture, Development & Wellbeing	✓					
Prevention and Early Intervention Strategy	Ruth Bennett, Health Promotion			✓			
Attendance Management Update	Director of Workforce		✓	✓	✓	✓ Incorp. in RTP update	✓

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Emerge Programme – NHS Fife / Fife Council Partnership	Head of Workforce Planning and Staff Wellbeing			✓			
Staff Health and Wellbeing Update	Head of Workforce Planning and Staff Wellbeing			✓			
Whistleblowing Oversight Group Assurance Report	Head of Corporate Governance & Board Secretary			✓			
People & Change Board Update	Director of Workforce			✓			
Professional Standards	Associate Director for Risk and Professional Standards				✓		
Employability Initiatives & Programmes	Director of Workforce				✓		
Equality Outcomes Progress Report and Plan 2025-2029	Director of Nursing						✓
Internal Control Evaluation Report 2024/2025							✓

Briefing Sessions	
Session 1: Incorporated into Private Session on 7/1/25	Lead(s)
<ul style="list-style-type: none"> WTE Growth Data and Plans 	Brian McKenna, Workforce Planning Lead
Future Briefing Session Topics	Lead(s)
<ul style="list-style-type: none"> Staff Governance Standard: Employee Director 	Lynne Parsons, Employee Director
<ul style="list-style-type: none"> eRostering & SafeCare Demonstration 	Nicola Maher, Programme Manager
<ul style="list-style-type: none"> Risk Summary Dashboard Reporting Tool 	Alistair Graham, Associate Director Digital & Information
<ul style="list-style-type: none"> iMatter Update 	Jenni Jones, Associate Director of Culture, Development & Wellbeing / Jackie Millen, Learning & Development Manager

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 7 January 2025
Title:	People & Change Board Progress Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Carol Brown, Programme Manager

Executive Summary

The report provides assurance on the progress of the People & Change programme of work, covering:

- Supplementary Staffing – savings achieved to date
- Direct Engagement - savings achieved to date
- Non-Compliant Rotas
- Whole Time Equivalent Reduction
- Voluntary Severance
- Recurring Pay pressures
- Non-pay elements of 2023/2024 pay award
- Attendance Management update

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy
- NHS Board Strategic Priorities

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

- Safe, Effective & Person Centred

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

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

2. Report Summary

2.1 Situation

The purpose of this paper is to provide assurance to the Staff Governance Committee on the work of the Reform, Transform, Perform (RTP) People & Change Board in delivering a safe sustainable range of workforce changes and improvements whilst contributing towards the Boards obligation to deliver sustainable financial savings.

2.2 Background

To ensure organisational commitment to delivering the scale of savings required in NHS Fife, the RTP portfolio of work was commissioned, with early scoping work commencing in February 2024. Following the last update to the Staff Governance Committee on 5 November 2024, the People & Change Board have continued to meet every two weeks.

2.3 Assessment

Board Chief Executive and Scottish Government officials agreed a 15-box grid focussing on ways to improve operational and financial performance, and, in turn, improve sustainability. Within the Workforce Optimisation sections there are three deliverables, which sit under the People & Change Board these are:

- Nurse agency reduction
- Medical locum reduction
- Non-compliant rota review

Supplementary Staffing

The Supplementary Staffing Group have disbanded from 30th October and the actions taken into the People & Change Board.

A savings target of £5M was approved in Boards financial plan for 2024/25 for Health Board retained services with savings delivered to 30th November at £3.668m and a £3M savings target was approved in the 2024/25 financial plan for the Health and Social Care Partnership (HSCP). Table 1 below describes the reduction in supplementary staffing, namely nursing and medical staffing to the end of November 2024 and highlights how NHS Fife has successfully supported delivery of the Scottish Government Supplementary Staffing Task & Finish Group recommendations as below:

- No new agency workers added to lists without Executive sign-off by April 2024.
- No block bookings without Executive sign-off by June 2024.
- No agency usage without sign-off by June 2024.
- No agency requests to be accepted more than 72 hours in advance of a shift by June 2024.
- Agency usage should be by exception only by October 2024.

Supplementary staffing on Health Board retained services have reduced from average monthly cost in 2022/23 of circa £2m to just over £1m in 2024/25. This reduction reflects the various initiatives taken forward in 2023/24 to invest in permanent staffing and fill vacancies alongside improved grip and control measures. Extremely challenging workforce issues have prevented the HSCP from reducing the monthly spend on supplementary

staffing at the same level as Health Board retained services. However, initiatives are being taken forward by HSCP management teams which should see reduction emerge in the coming months.

			2024/25	2023/24	2022/23
	Table 1	Total Spend to Nov 2024	Ave Spend per month	Ave Spend per month	Ave Spend per month incl Covid-19
Health Board Retained	Medical NHS Locum	2,132,754	266,594	226,061	209,307
	Medical Agency	2,292,017	286,502	447,248	557,773
	Nurse Agency	479,941	59,993	519,260	632,325
	Nurse Bank	3,685,599	460,700	564,298	558,170
	Sub total HBR	8,590,312	1,073,789	1,756,867	1,957,575
Health Delegated (HSCP)	Medical NHS Locum	1,319,412	164,927	245,321	208,792
	Medical Agency	8,069,416	1,008,677	913,579	452,483
	Nurse Agency	1,865,421	233,178	505,706	602,075
	Nurse Bank	8,750,440	1,093,805	979,358	809,198
	Sub total HBR	20,004,690	2,500,586	2,643,964	2,072,548
	Total	28,595,001	3,574,375	4,400,831	4,030,123

Table 1 Supplementary Staffing Spend 2022/23 to 2024/25

Direct Engagement

The Direct Engagement model of locum engagement was rolled out from 5th August to deliver VAT cost savings associated with agency locums. Savings from start up to present are to the value of £238,000 across all of NHS Fife (Acute and HSCP). Additional work is being undertaken to increase compliance rates, which are currently at 53%, with a stretch aim of reaching 90% by 31st January 2025 to maximise savings potential. A compliance user group has been established to ensure that any outstanding agencies and locums are transitioned into the DE model and the benefits of this will start to be evident as existing block bookings start to come to their end in December and January 2025, improving overall compliance rates.

**Savings and spend correct as of timesheets processed and paid up until 25th November 2024*

Non-compliant Rota Review

During 2023/24 NHS Fife had 4 non-compliant Band 3 rotas (3 medical; 1 surgical), resulting in a circa £2M annual spend. The aim of the Junior Doctors Rota project was to ensure compliant rotas and mitigate £1M of the excess spend on non-compliant banding supplements. Medical rotas have been redesigned supported by investment in new posts and were implemented from 7th August with the new cohort of Dentists and Doctors in Training (DDiT). Monitoring of these 4 rotas was undertaken in September and the rotas were successfully confirmed as compliant for Band 1A payment, attracting a 50% supplement of base salary, rather than previous Band 3 non-compliant supplement of 100%.

Additional processes are being put into place to reinforce the requirements for adherence to break policies and ensure protected time is available so that rotas are more robust and

sustainable going forward. The next mandatory monitoring period will be carried out following the next intake of DDiT in February/March 2025.

In addition to these deliverables from the 15-box grid as part of the workforce optimisation, work has also been progressed in the following areas:

Whole Time Equivalent Reduction

The Whole Time Equivalent (WTE) Reduction project has been established to undertake a review of the existing workforce and deliver a more cost-effective workforce. The WTE Reduction project will have a key dependency with the Business Transformation programme who are looking at workforce reduction for the administration and clerical (A&C) job family. The next meeting of the People and Change Board on 10th January will agree an approach on how to progress this project using data collated during November 2024.

Voluntary Severance

A voluntary severance policy has been prepared and agreed in principle by Area Partnership Forum. NHS Fife Board approved the use of £1M of National Resource Allocation (NRAC) funding to support the implementation of this for individuals who have found themselves as longstanding on the redeployment register. Managers have been asked to take forward conversations with these members of staff to measure interest in applying for voluntary severance. Agreement is still required as to whether the removal of these posts should be included as part of the WTE reduction numbers.

Recurring Pay Pressures

Within NHS Fife there are recurring pay pressures of around £7.1M per year because of posts which have been introduced without funding plans or exit strategies in place. Work was initiated to understand the detail of where these posts are, and to assess whether permanent funding should be allocated to remove this pressure. A £3M share of NRAC funding has been identified to incorporate these posts into service establishments to reduce overspend in pays. Solutions to fund the remaining posts require to be identified and, in some cases, additional opportunities have been identified.

Non-pay Elements of 2023/24 Pay Deal

As part of the pay settlement for Agenda for Change (AfC) staff in the 2023/24 pay deal and the reduction in working week from 37.5 hours to 36 hours a Short Life Working Group (SLWG) was established to provide oversight on its application. The group have worked to map progress during the 6-months from implementation, agreed reporting on financial implications and gathered lessons learned from the first phase of the reduction. Further work is underway to understand the implications this will have as further reductions in year 2 and 3 take effect, it is likely that there will be significant shortfall in staffing levels or funding to support additional hours to ensure continued service levels are not impacted which carries financial risk.

Attendance Management

April 2024 saw a rise to 7.35%, with a reduction in May to 7.11% with increases in absence in both June and July to 7.17% and 7.47%. August fell to 6.51 however there was a slight rise in September to 7.07% and a further rise in October to 7.36%, however there has been a fall in November to 6.91%.

The work of the Attendance Management oversight group continues with the 3 high priority areas within complex and critical care considering the implementation of recommendations from the multifactorial review. This includes a positive focus on attendance rates, improving the knowledge and understanding of those managing attendance by providing opportunities that encourage networking and supportive platforms for discussion that build positive relationships and authenticity to support best practice and shared learning in a safe space. Evaluation of this work will continue and opportunities to expand learning will be kept under review.

Benchmarking work with other keyboards is ongoing to identify any actions the Board could take onboard to improve attendance. Whilst all boards operate within the framework of the Once for Scotland Attendance policy there are small variations in application, this process has highlighted several suggested changes to consider. Any recommendations from this work will be shared in a future update to Committee.

Work continues to understand the benefits of the heat table data shared at the previous Committee and a further update will be provided once the Attendance Management Oversight Group meet again later in January to discuss in more detail the heat table data.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

There are anticipated to be positive consequences as a result of the projects being supported by the Board on workforce changes and improvements and as a result service delivery and patient satisfaction will also see a positive impact.

2.3.2 Workforce

Any changes resulting from the activities of the People & Change Board will be discussed in partnership in an open and transparent manner, representation on each of the working groups supports this, and is in line with NHS Scotland Staff Governance Standard.

2.3.3 Financial

The work of the People & Change Board is to facilitate the legislative requirements for NHS Fife to operate within a set financial budget and work will proceed with finance and RTP groups to achieve financial targets for 2024/25 through reduction in expenditure and proposed efficiencies in practice.

2.3.4 Risk Assessment / Management

The financial and workforce risks within NHS Fife are clearly understood, and the work of the People & Change Board will help NHS Fife to address some of these in a controlled manner. A risk register from the three main strands of the programme has been created, risks are logged on Datix and reviewed monthly along with mitigations. Any required escalation is through the RTP governance structure.

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

An EQIA has not been completed at this time. Any proposals from the People & Change Board or its workstreams will be considered in terms of Equality & Diversity impacts and individual EQIAs undertaken as required.

2.3.6 Climate Emergency & Sustainability Impact

There is no anticipated impact to the aims and targets outlined by the NHS Scotland Climate Emergency and Sustainability strategy for NHS Fife because of the work of this board.

2.3.7 Communication, involvement, engagement and consultation

There has been no external communication or consultation undertaken to prepare this paper.

2.3.8 Route to the Meeting

This paper has been approved by the Director of Workforce as Chair of the People & Change Board, with support and feedback from Deputy Director of Finance and Head of Workforce Resourcing & Relations to inform content.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** level of assurance.

Report Contact:

Carol Brown
Programme Manager, Corporate PMO
Email carol.brown@nhs.scot

Meeting: Staff Governance Committee

Meeting Date: Tuesday 7 January 2025

Title: Workforce Planning Update

Responsible Executive: David Miller, Director of Workforce

Report Author: Brian McKenna, Workforce Planning Lead /
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Executive Summary

- Revised Workforce Planning guidance was received in December 2024, which superseded the previous “Three Year Workforce Plans”, and streamlined the key information to be included and analysis to be undertaken by Boards.
- Boards are required to complete and return a pre-determined template by 17 March 2025 to satisfy their requirement to submit Workforce Planning information for 2025. There is no requirement to publish the template in 2025.
- It remains the advice from Scottish Government that NHS Boards & HSCPs continue to plan for their workforces using a methodology, timeframe and structure that best meets their organisational needs.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective & Person Centred

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

- 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

Revised Workforce Planning Guidance was published on 17 December 2024. Recognising the workload pressures facing NHS Boards and HSCPs, as well as the difficulty in planning for the workforce in the current environment, the revised guidance provided a streamlined template and required NHS Boards and HSCPs to return to Scottish Government by 17 March 2025. This Workforce Planning Guidance template is included as **Appendix 1** of this report.

2.2 Background

Workforce Planning has been a statutory requirement for NHS Boards since November 2005, following the publication of **National Workforce Planning Framework 2005 Guidance** ([HDL\(2005\)52](#)). The guidance has evolved in the previous two decades, reflecting Workforce Planning best practice and accounting for changes in how Health and Social Care services are delivered. NHS Boards were most recently required to produce three year Workforce Plans, as detailed within **National Health and Social Care Workforce Strategy: Three Year Workforce Plans** ([DL\(2022\)09](#)), published in April 2022.

The revised guidance ([DL\(2024\)33](#)) is designed to minimise the additional burden on NHS Boards and HSCPs at a time of significant change and as we each move forward with our respective Transform, Perform and Reform agenda. It should be noted that the current SG guidance outlines a caveat that advises NHS Boards and HSCPs to continue to plan for their workforces using a methodology, timeframe and structure that best meets their organisational needs.

2.3 Assessment

The pre-determined template, included in Appendix 1, details a series of questions NHS Boards and HSCPs are to respond to as part of a concise return. Within NHS Fife, the return will be significantly influenced by the Reform, Transform & Perform programme and related work-streams, however, arrangements are being made for services to influence this return through the collation of their workforce planning priorities for the next twelve months.

In line with previous Workforce Plan returns, every effort will be made to ensure the involvement and feedback from a range of groups / committees, including:

- Area Partnership Forum
- Executive Directors Group
- Staff Governance Committee

Noting the timescales for submission, it should be recognised that the means to involve these groups / committees will require to be more agile on this occasion.

The return will also be progressed in tandem with colleagues from Fife H&SCP, to maintain synergies between the documents and to identify the most effective means of capturing the challenges facing the entire NHS Fife paid workforce.

2.3.1 Quality, Patient and Value-Based Health & Care

The intent of Workforce Planning and the Workforce Return is to outline the future staffing required to enable safe, high-quality care to the population of Fife in an affordable and sustainable manner. There will be synergies between mapping future staffing requirements for the Workforce Plan, with the Common Staffing Method reviews embedded within the Health Care Staffing Act, and the objectives of the Re-form, Transform and Perform (RTP) agenda.

2.3.2 Workforce

It is recognised the size of the NHS Fife workforce has grown significantly in recent years, alongside the costs of supplementary staffing. Various work-streams within the RTP programme are reviewing this growth with the aim of identifying the levels of staffing that is both affordable and sustainable.

Workforce Planning and this workforce return will detail the various methods NHS Fife will adopt to introduce this revised workforce model, outline some of the steps to be taken for transforming the delivery of health and care services, and highlighting the workforce skills required to support any future models of care.

2.3.3 Financial

Workforce Planning will be triangulated with Financial Planning and Service Planning to ensure any future staffing model is both affordable and sustainable.

2.3.4 Risk Assessment / Management

Workforce Planning and Delivery is currently identified as a high risk within the Corporate Risks. There are various interrelated reasons for this level, ranging from the affordability and sustainability of the current service models to an imbalance between the anticipated supply and demand for the future workforce. The Workforce Plan will summarise a series of measures being progressed to mitigate this risk.

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

Consideration will be made over whether an impact assessment is required for the Workforce Planning in its entirety, or whether individual impact assessments should be undertaken whilst progressing the various outputs.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Workforce Return will be developed with a range of key stakeholders. There will also be involvement of the Communications Team in progressing the broader Workforce Planning activity and delivering its key messages.

2.3.8 Route to the Meeting

This paper has been discussed with the Director of Workforce, Workforce Senior Leadership Team, whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides assurance that the Workforce Return submission for 2025 will be developed in accordance with the revised guidance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Workforce Planning Guidance Template

Report Contacts:

Brian McKenna, Board Workforce Planning Lead /
Rhona Waugh Head of Workforce Planning & Staff Wellbeing
E-mail: brian.mckenna@nhs.scot / rhona.waugh2@nhs.scot

Appendix 1 – Workforce Planning Guidance Template

<p>In answering the questions below, respondents should set out as far as possible how they plan to achieve what is being asked, when they plan to achieve it and what are the expected results of the action(s) taken.</p>	
1.	<p>What would you like to feedback to the Scottish Government with regards to the workforce you plan for?</p> <p>This could be sharing best practice or areas of concern that you have.</p>
2.	<p>Outline posts that have been, or continue to be, difficult to permanently recruit to. Please also provide detail on what action you have taken to attract staff to this post. The roles detailed should be as specific as possible, breaking it down by sub-job family where appropriate.</p>
3.	<p>Please outline how you are managing vacancies and your plans on how to fill them?</p> <p>In the context of reducing supplementary staffing spend, for example high-cost agency usage, please advise how you plan to reduce the number of vacancies you have and ensure that you maintain adequate staffing levels to meet service demand?</p>
4.	<p>Please provide detail on the sickness absence rate of the workforce.</p> <p>What is the sickness absence rate of the workforce you plan for currently? Are you taking any steps to reduce this or are you taking steps to sustain this rate? Please detail how you are doing this. Are there any specific areas of concern for you with regard to sickness absence? This could be a reason or a service at risk as a result of absence.</p> <p>In addition, what are the main reasons for long-term sickness absence in the workforce you plan for and is this driven by a particular job family?</p> <p>Finally, please provide detail on how you support staff wellbeing as a preventative measure to sickness absence.</p>
5.	<p>What are you doing in terms of role diversification and role reform to meet supply challenges?</p> <p>Given the challenges facing the workforce with regard to hard to fill roles (this may be in terms of labour/skills gap or skills shortage), it may not be possible to recruit for every role and therefore the gap might need to be filled by another means. Are there any local initiatives you are taking with regard to role diversification to address gaps or shortages? In addition, could you provide feedback on any national initiatives of role diversification where this is applicable?</p> <p>This might include development and implementation of Earn While You Learn programmes to develop skills within the existing workforce.</p>
6.	<p>How are you using technology/IT to improve performance?</p> <p>How are you using technology to improve performance within the services that you plan for? What examples of innovation are you exploring for implementation to help reduce pressures on workforce and improve outcomes?</p>
7.	<p>What is being done to retain current workforce and attract staff into the workforce you plan for?</p> <p>This could be, but is not limited to, opportunities for career progression, training, or support offered to staff.</p> <p>Please advise of any local initiatives you are taking to attract staff such as working with partners to establish supply routes.</p>

	In addition, please give analysis of turnover in your services, with a turnover rate and the actions you are taking to understand the reasons that staff are leaving the workforce as well as the reasons for leaving where available.
8.	Are there any location specific challenges that are affecting the sustainability of the workforce you plan for?
	<p>This could be, but is not limited to, challenges due to the unique nature of your population demographic, infrastructure issues, transport issues etc. Could you also detail any issues here that may be specific to your local area? For example, perhaps there is a specialist service offered in your area that is challenging to deliver or sustain?</p> <p>In addition, and where applicable, please advise of actions you are taking to attract, recruit and retain staff in your rural and island areas. This could be, but is not limited to, role diversification, reform, bespoke contracts, pastoral care, training and career progression opportunities, wellbeing initiatives etc.</p>
9.	Are there any areas where you feel Scottish Government could provide support or do more of?
	Appreciating that we are working under tight fiscal constraints, are there any areas where you feel that the Scottish Government could provide more support?

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 7 January 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary

- There are 5 metrics reported via the IPQR relating to Workforce, of which, 3 (relating to Vacancies) have no defined trajectory/target.
- Sickness Absence in Oct-24 did not achieve reduced trajectory, having increased slightly from month previous.
- PDPR compliance is not achieving trajectory and saw very little change from month previous.
- This report provides a **Moderate** Level of Assurance.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

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

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

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

2. Report Summary

2.1 Situation

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

The period covered by the performance data is up to the end of Sep-24 for Vacancies; end of Oct-24 for Sickness Absence; and end of Nov-24 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. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

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

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

2.3 Assessment

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

A new measure has been included this month within the Quality & Care section relating to the Stroke Care Bundle.

Highlights of November 2024 IPQR

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

Measure	Current Position	Reporting Period	Performance RAG	
			Planned Trajectory	Target
Sickness Absence	7.36%	Oct-24	7.0%	6.5%
PDPR	43.1%	Nov-24	52.5%	60%
Vacancies (Medical & Dental)	3.3%	Sep-24	-	-
Vacancies (Nursing & Midwifery)	2.7%	Sep-24	-	-
Vacancies (AHPs)	4.0%	Sep-24	-	-

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and Governance 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 November 2025 IPQR has been made available for discussion at the meeting on 7 January 2025.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 20 December 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Endorse** – Endorse the Workforce section of the IPQR.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – IPQR Position at November 2024 SG v1.0

Report Contact(s):

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



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at November 2024
Produced in December 2024

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

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

C. Assessment & Performance Exception Reports

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



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

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

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
17 December 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	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	5	1	-	-	◀▶	Moderate
Total	19	14	5	0	0		

Risk Key

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

Movement Key

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

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.

The updated risk appetite was agreed at EDG and approved by The Board at the November meeting. It will be taken to the December Audit and Risk Committee for consideration. The December report will reflect the new risk appetite.

B. Indicator Summary


Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	SAER - Median Working Days to Report Approved			231	254	▲		HSMR			0.96	0.96	▬		Stroke Care Bundle			62.9%	81.0%	▼		
	Inpatient Falls			7.91	7.28	▼		Pressure Ulcers			1.03	1.38	▲		Ligature Incidents (Mental Health)			1.74	2.11	▲		
	Incidents of Restraint (Mental Health)			8.52	7.05	◆		Incidents of Physical Violence (Mental Health)			9.57	9.69	◆		Incidents of Self Harm (Mental Health)			1.57	1.59	◆		
	SAB HAI			10.2	10.5	◆		C Diff HAI			17.0	14.0	▼		ECB HAI			47.5	41.9	◆		
	S1 Complaints Closed in Month on Time			76.5%	59.4%	▲		S2 Complaints Closed in Month on Time			20.0%	6.9%	▲									
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Emergency Access	A&E		72.8%	74.3%	▼		Delayed Discharges (Standard)	Acute/Comm			51.2	60.0	▲		Cancer	31-day DTT			94.3%	94.7%	◆
		ED		64.5%	66.6%	▼			MH/LD			13.6	14.3	◆			62-Day RTT			73.5%	71.4%	◆
	Patient TTG	% <=12weeks		43.5%	46.3%	▼		New Outpatients	% <=12weeks			39.8%	40.0%	◆		Diagnostics	% <=6weeks			82.2%	78.4%	▲
		>52 weeks		678	698	▲			>52 weeks			5034	4933	▼			>26 weeks			57	71	▲
Finance				Current	Change					Current	Change											
	Revenue Resource Limit Performance			(£28.488m)			Capital Resource Limit Performance			£3.104m												
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Sickness Absence			7.36%	7.07%	▼		Personal Development Plan & Review			43.1%	43.1%	◆		Vacancies	Medical & Dental			3.3%	2.8%	◆	
															Nursing & Midwifery			2.7%	3.5%	◆		
															AHPs			4.0%	5.0%	▲		
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Smoking Cessation	40% Most Deprived		97	75	▬		Alcohol Brief Interventions			103%	96%	▬		Drugs & Alcohol			94.5%	93.1%	◆		
	CAMHS			92.5%	93.2%	◆		Psychological Therapies			82.9%	79.9%	▲		Mental Health Readmissions within 28 days			5.8%	6.0%	◆		
	Breast Screening			73.4%		▬		Bowel Screening			66.2%		▬		AAA Screening			87.3%	86.8%	▲		
	Infant Feeding			36.4%	29.4%	▲		Childhood Immunisation	6-in-1 @ 12 months			94.0%	94.5%	▼		Winter Vaccination	Influenza			40.6%		▬
	Child Development			19.4%	18.5%	▼			MMR2 @ 5 years			85.7%	85.7%	◆			Covid			39.2%		▬

Key

- ▲ Improved performance from previous period
- ◆ No significant change from previous period
- ▼ Reduction in performance from previous period



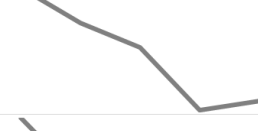
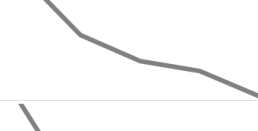

Variation in previous performance is analysed to define tolerance levels for improvement/reduction (apart from annual metrics). Tolerance levels will therefore vary.

C3. Workforce


To improve staff experience and wellbeing
2
2
-
-
-

◀
▶

Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	7.36%	Month Oct-24	7.0%	6.5%	○	▼	◆		● YE Oct-24
Personal Development Plan & Review (PDPR)	43.1%	Month Nov-24	52.5%	60%	●	◆	▲		●
Vacancies (Medical & Dental)	3.3%	Quarter Sep-24			●	◆	▲		●
Vacancies (Nursing & Midwifery)	2.7%	Quarter Sep-24			●	◆	▲		●
Vacancies (AHPs)	4.0%	Quarter Sep-24			●	▲	▲		●

<p>Performance Key</p> <div style="background-color: green; color: white; padding: 2px; margin-bottom: 2px;">meeting trajectory/target</div> <div style="background-color: orange; color: white; padding: 2px; margin-bottom: 2px;">within 5% of trajectory/target</div> <div style="background-color: red; color: white; padding: 2px;">out with 5% of trajectory/target</div>	<p>SPC Key</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ○ Within control limits </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ○ Special cause variation, out with control limits </div> <div style="display: flex; align-items: center;"> ● No SPC applied </div>	<p>Change Key</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ▲ "Better" than comparator period </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ◆ No Change </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ▼ "Worse" than comparator period </div> <div style="display: flex; align-items: center;"> — Not Applicable </div>	<p>Benchmarking Key</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ● Upper Quartile </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ● Mid Range </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ● Lower Quartile </div> <div style="display: flex; align-items: center;"> ● Not Available </div>
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Sickness Absence

To achieve a sickness absence rate of 6.5% or less by March 2025

7.36%

4861



Hrs to achieve local trajectory as of Oct-24

Data Analysis

Sickness absence increased from 7.07% in Sep-24 to 7.361% in Oct-24.

Both short- and long-term absence increased in October to 3.35% and 4.01% respectively (from 3.31% & 3.76%).

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 30.6% of all absences).

Within HSCP, both Community Care and Complex & Critical Care have an absence rate above 8%. Within Acute the Medical Directorate also has an absence rate above 8%.

The latest benchmarking for Sep-24 shows NHS Fife to be in the lower-range of all the territorial NHS Boards.

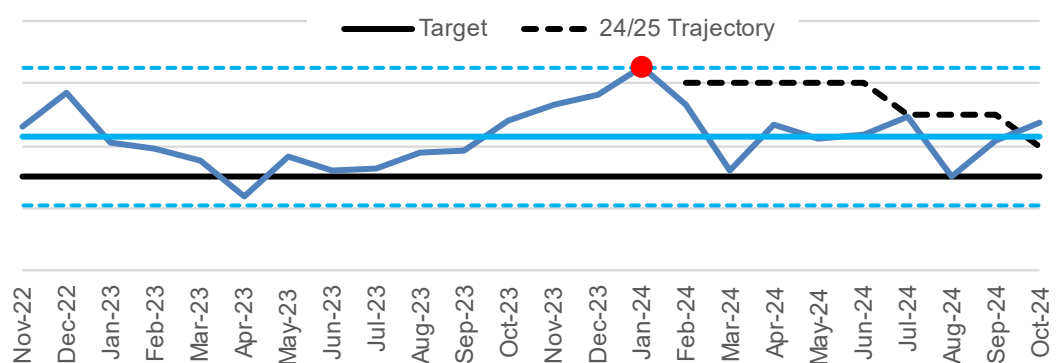
Achievements:

- The Attendance Management Group continues to meet regularly and is working towards established an action plan with short-, medium- and long-term activity.
- Attendance Management benchmarking exercise is complete, and a number of recommendations will be presented to the Attendance Management Oversight group.
- Promoting Attendance Panels process has been reviewed and a revised focus and purpose approved.

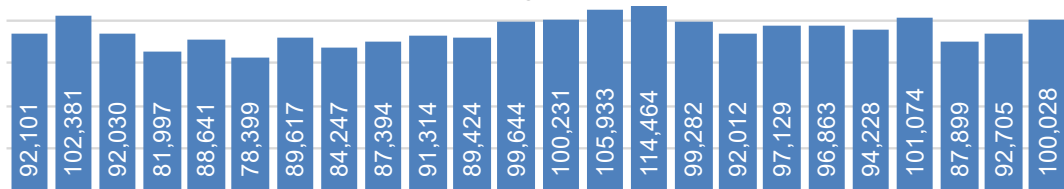
Future/Ongoing:

- Following a multifactorial review, Preventative & Primary Care colleagues within the H&SCP are seeking to implement a test of change which includes establishing an effective Sub-Group with a positive focus on attendance rates; Improve Knowledge and Understanding of attendance management; encourage networking and supportive platforms for discussion; build positive relationships and authenticity to support best practice and shared learning in a safe space. This requires formal approval. Outcomes will be monitored and fed back to the Oversight Group.

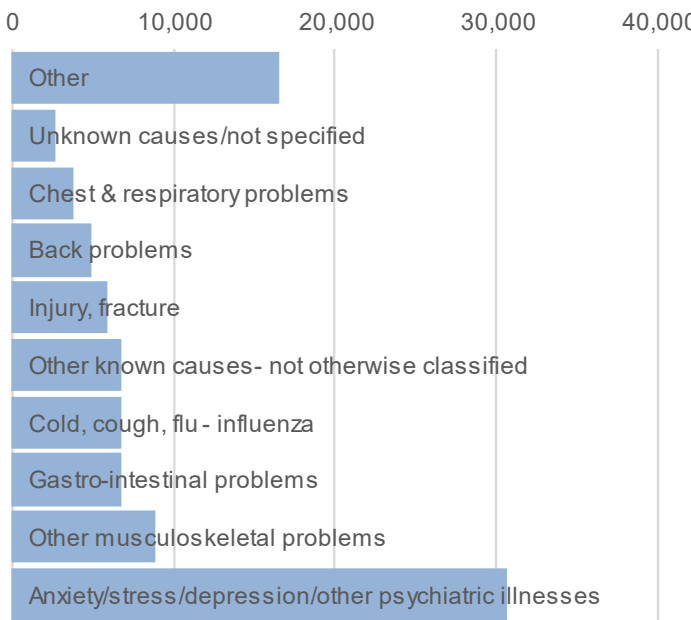
Sickness Absence



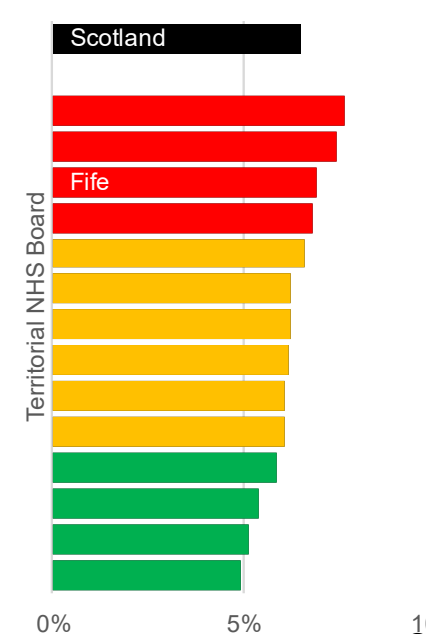
Working Hours Lost



Hours Lost by Reason; Oct-24



Benchmarking; Oct-24





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

43.1%

9.4%



To achieve trajectory as of Oct-24

Data Analysis

Compliance was 43.1% in Nov-24, an increase of 0.2% from the previous month and but an increase of 0.5% on the same month in 2023. This is below the locally agreed trajectory of 52.5%.

The number of reviews held in Nov-24 decreased by 16.4% to 260 from 311, so far in 2024/25 there have been 2,527 reviews held (Apr – Nov) compared to 2,554 in same period in 2023/24.

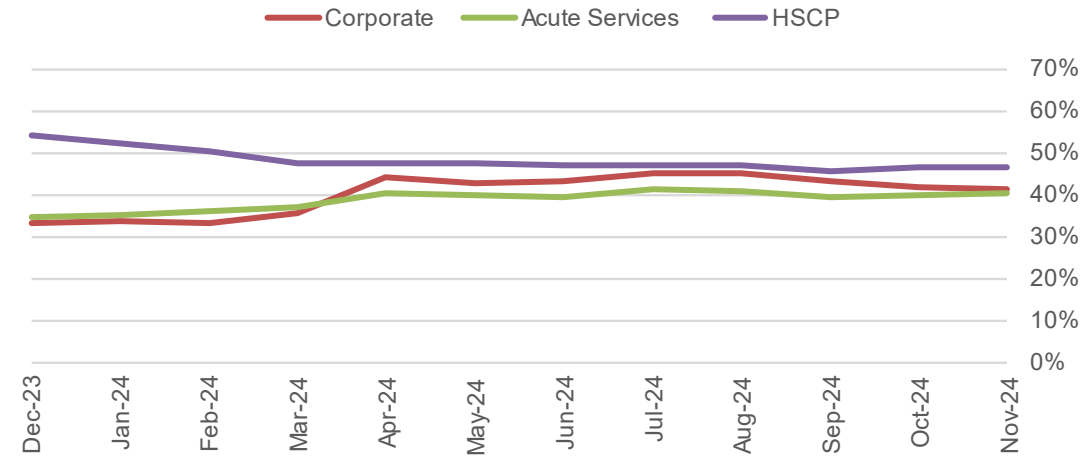
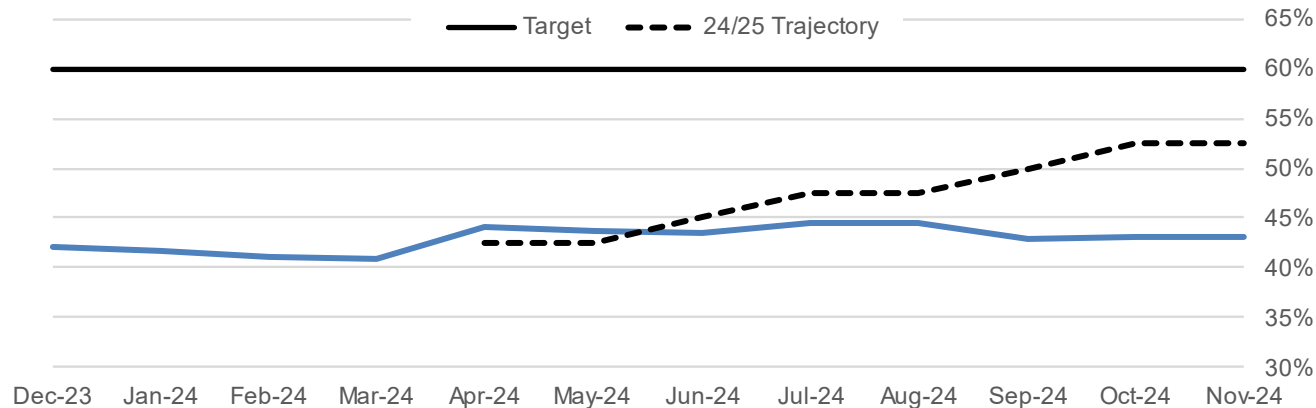
Compliance was highest in HSCP at 46.4%, Primary & Preventative Care has highest compliance within the Partnership with 50.3% with Complex & Critical Care lowest at 41.1%, the latter decreased by 0.6% on previous month. Corporate Services compliance is 41.4%, a decrease of 0.4% from month prior and 9.0% higher than year previous, Acute Services 40.3%, both WCCS Directorate and Surgical Directorate have increased compliance to 53.0% and 51.9% respectively, Medical Directorate has decreased 20.6% its lowest level in financial year 2024/25.

Achievements & Challenges

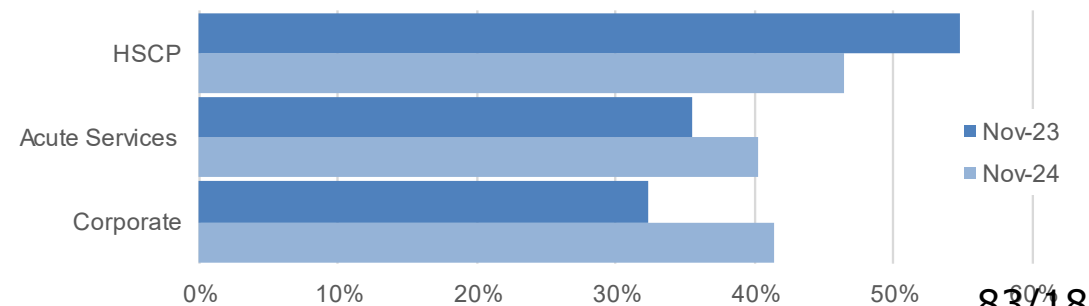
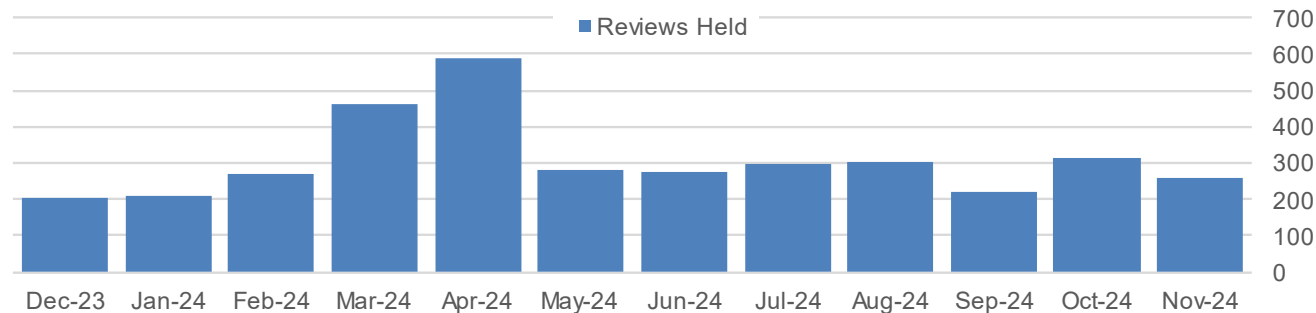
To support achievement of the 60% target by 31st March 2025, a PDPR recovery plan has been initiated, setting out a range of key actions to improve engagement in PDPR conversations over the next 4 months. Recognising winter challenges in clinical areas, the recovery plan outlines the aim to reach full compliance in Corporate Directorates and for HSCP and AS Directorates to improve engagement where opportunities allow.

Online Turas Appraisal training provision will be increased to accommodate any increase in demand for this resource with additional support offered to areas where PDPR engagement levels are currently below 50%.

PDPR Compliance



Reviews Held



C3. Workforce



Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	3.3%
Nursing & Midwifery (N&M)	2.7%
Allied Health Professionals (AHPs)	4.0%

Medical & Dental

WTE vacancies saw increase from the Jun-24 figure to 10.2 in Sep-24. The vacancies are spread evenly amongst Anaesthetics, Neurology, Orthodontics, Rehab Medicine, Trauma & Orthopaedics, Urology and Vascular Surgery.

No appointments made for Orthodontics or Rehab. Medicine. Neurologist and Vascular Surgeon recruited; Urology at interview stage.

Some services are considering international recruitment which would allow candidates to work towards portfolio CCT with GMC and to then be eligible to apply when readvertise substantive posts are re-advertised.

Vacancies shown are only those that are actively being recruited to.

Nursing & Midwifery

WTE vacancies has seen a decrease for this reporting quarter dropping from 147.2 WTE to 116.9 WTE. 84.0% of vacancies are for qualified staff Bands 5 to Band 7+.

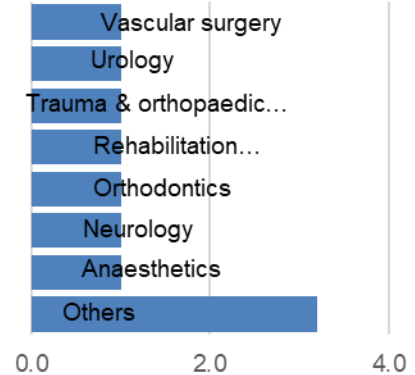
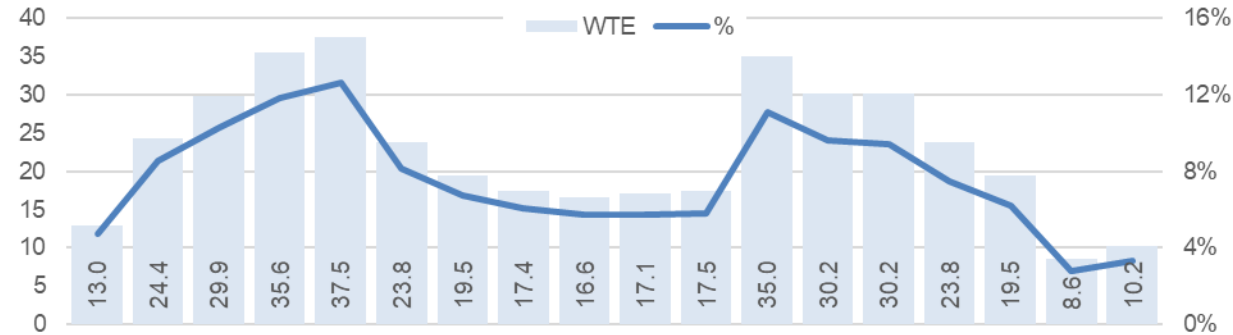
The decrease reflects this year's intake of newly qualified practitioners (NQP) in the Autumn of 2024.

AHP

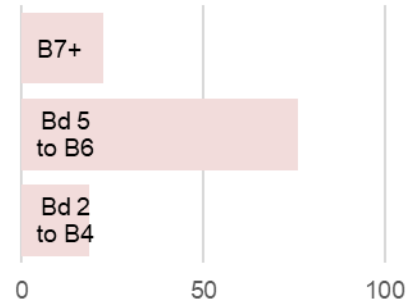
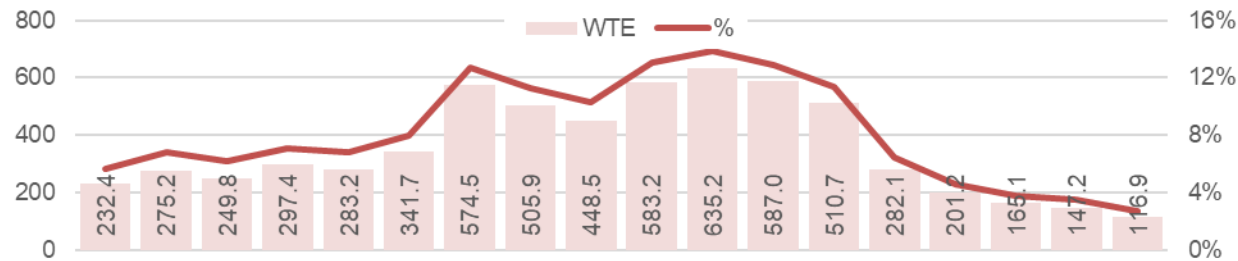
WTE vacancies have fallen to 29.2 WTE. The largest number of vacancies lie within Occupational Therapy and Physiotherapy and this amounts to 61.6% of all vacancies.

Again, the reduction reflects this year's intake of AHP NQPs. Some contraction is anticipated within the AHP professions aligned to RTP plans

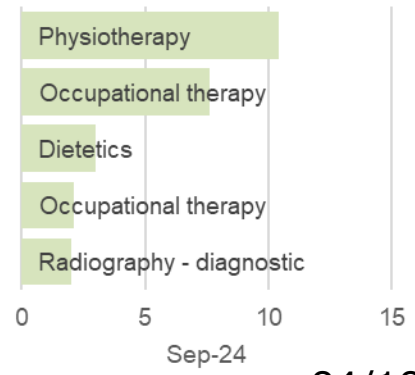
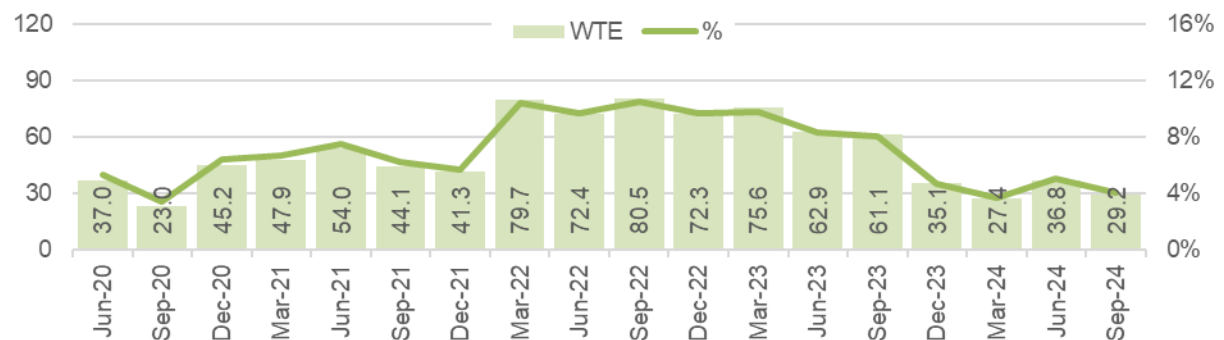
Medical & Dental Vacancy Rate



Nursing & Midwifery Vacancy Rate



AHP Vacancy Rate



Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 7 January 2025
Title:	Update on Corporate Risks Aligned to the Staff Governance Committee
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards

Executive Summary

- This paper provides an update on the Risks aligned to this Committee since the last report to the meeting on 7 September 2024.
- Three risks continue to be aligned to this Committee. The risk ratings and levels for all three risks are unchanged with Risks 11 and 12 assessed as high and Risk 19 remaining at moderate.
- The report overall provides a **moderate** level of assurance.
- For noting the risk profile is now compared against the new approved risk appetite.

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
- NHS Fife Board Strategic Priorities:
 - To improve quality of health & care services
 - To improve staff experience and wellbeing

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 7 September 2024. Members are invited to:

- Note details of the Corporate Risks as at end of December 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.

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. Please note that this is now compared against the new approved risk appetite (Appendix 4)

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	-	-	◀▶	Hungry
To improve the quality of health and care services	6	4	2	-	-	◀▶	Open
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Open
To deliver value and sustainability	7	5	2	-	-	◀▶	Open
Total	19	13	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	2 - - -	◀▶	<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 	Mitigations updated for Risks 11, and 12
 To improve the quality of health and care services	- 1 - -	◀▶	<ul style="list-style-type: none"> 19 - 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019' 	Mitigations updated for Risk 19

Since the last report to the Committee on 7 September 2024:

- Three risks continue to be aligned to this Committee.
- The risk ratings and levels for all three risks are unchanged with Risks 11 and 12 assessed as high and Risk 19 remaining at moderate. The intention is to have a full risk review in the first quarter of 2025, in line with planning associated with RTP and the updated Workforce Planning guidance.

UPDATES

Risk 11 – Workforce Planning and Delivery

The revised national Workforce Planning guidance and timetable to inform publication of the Workforce Plan for 2025 to 2026, designed to align with ADP and financial planning cycles, has now been received and is the subject of a separate agenda item for the January 2025 Staff Governance Committee meeting. In addition, the Committee will be provided with a development focussed presentation in respect of workforce data and alignment to RTP.

The Committee has received a separate update on our careers and employability initiatives including the new EMERGE programme in conjunction with Fife secondary schools in areas of deprivation, Fife College and NES, which commenced in August 2024 now has 6 pupils studying on the course who are interested in health-related careers, with NHS Fife work tasters planned for January and February 2025, followed by work placements in Spring 2025.

University of St Andrews MBChB (ScotCOM): Widening Participation. Following the partnership agreement in April 2024, various widening participation programmes were planned and delivered. The Summer Programme (Experience Medicine) ran for 7 weeks during the Fife Council school holiday period – July and August 2024. There were approximately 6 students per week, alongside some additional pre-med students. The

events planned for September 2024 were delayed until December 2024 and were held over two sites (QMH and Cameron), on 4 and 5 December 2024, accommodating approximately 75 students across the two days. These “Carousel” events were introduced as a way to engage students at an earlier stage, with a view of moving onto the Summer Programme during their S5 year and finally into Gateway to Medicine in the equivalent of their S6 year. The intention is for this to be an annual event.

Gateway placements are scheduled week commencing 20 January 2025, which will accommodate approximately 9 students.

Risk 12 – Staff Health and Wellbeing

The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife’s ambitions, approaches and commitments to staff health and wellbeing, are both in place in order to deliver these commitments and will be revised to take account of forthcoming IWWC in action guidance.

An Exit Interview Pilot is underway within HSCP, using a person-centred approach to obtain data on workforce movement and reasons.

Mentally Healthy Workplace training continues to be delivered for all HSCP managers / supervisors. Further dates are planned for 2025.

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

Work continues on HCSA implementation. The second quarterly high-cost agency return to 30 September 2024 was submitted to Scottish Government and the second quarterly HCSA internal report will be considered at the January 2024 Staff Governance Committee meeting and the next NHS Fife Board meeting.

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.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s)	There is some assurance from the systems of control in place to manage the risk(s), but there	No assurance can be taken from the information that has been provided. There

	that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	are suitably designed and effectively applied. There remains a moderate amount of residual risk.	remains a significant amount of residual risk, which requires further action to be taken.	remains a significant amount of residual risk
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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 Board approved an updated Risk Appetite in November 2024 (Appendix 4).

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

Possible Risk Scores	1	2	3	4	5	6	8	9
Risk Rating	Vlow	Vlow	Vlow	Vlow	Vlow	Low	Moderate	Moderate
Allocation to 4 Point Model	Averse	Averse	Averse	Averse	Cautious	Cautious	Cautious	Cautious

Possible Risk Scores	10	12	15	16	20	25
Risk Rating	Moderate	Moderate	High	High	High	High
Allocation to 4 Point Model	Open	Open	Open	Hungry	Hungry	Hungry

- Risks 11 and 12 align to Strategic Priority 3: To Improve Staff Experience and Wellbeing. The Board has an open 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 an open appetite for risks within this domain. The Risk is currently assessed as Moderate 9 and is therefore below 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 newly formed NHS Fife Workforce Planning Group; NHS Fife HCSA Implementation Group; the newly reformed Attendance Management Oversight Group; the recently established People and Change Board and NHS Fife Staff Health & Wellbeing Group on 25 June 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 “**Moderate**” 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 18 December 2024
- Appendix 2: Assurance Principles
- Appendix 3: Risk Matrix
- Appendix 4: Risk Appetite Statement

Report Contact:

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Appendix 1: NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
11	 <p>MODERATE</p>	<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 consideration of the imminent Workforce Plan for 2025 to 2026 and aligned service-based workforce plans to the RTP Programme and agreed workstreams.</p> <p>Awaiting revised national Workforce Planning guidance and timetable in Winter 2024 to inform publication of the Workforce Plan for 2025 to 2026, designed to align with ADP and financial planning cycles.</p> <p>Updates now provided to each Staff Governance Committee meeting and at regular intervals to NHS Fife.</p> <p>Board 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, the Plan for Fife 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, with bespoke health focused Careers Events planned for March 2025, in conjunction with the Developing the Young Workforce Fife Board. This will showcase health career</p>	Above	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)


Appendix 1: NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
			<p>opportunities and support subject choices for the senior school phase.</p> <p>The new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, which commenced in August 2024 now has 6 pupils studying on the course who are interested in health-related careers, with NHS Fife work tasters planned for January and February 2025, followed by work placements in Spring 2025.</p> <p>University of St Andrews MBChB (ScotCOM): Widening Participation. Following the partnership agreement in April 2024, various widening participation programmes were planned and delivered. The Summer Programme (Experience Medicine) ran for 7 weeks during the Fife Council school holiday period – July and August 2024. There were approximately 6 students per week, alongside some additional pre-med students. The events planned for September 2024 were delayed until December 2024 and were held over two sites (QMH and Cameron), on 4 and 5 December 2024, accommodating approximately 75 students across the two days. These “Carousel” events were introduced as a way to engage students at an earlier stage, with a view of moving onto the Summer Programme during their S5 year and finally into Gateway to Medicine in the equivalent of their S6 year. Planning for this to be an annual event.</p>						


Appendix 1: NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
			<p>Gateway placements are scheduled week commencing 20 January 2025, which will accommodate approximately 9 students.</p> <p>The HSCP Anchor group is meeting quarterly and refreshed. Integrated membership includes commissioning, college and community wealth building, social care, nursing, business enabling and administrative services. Public Health input and direction to support the group to develop a plan which connects to the Anchor Progression Framework within NHS Fife and community partners.</p> <p>Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between supply, demand, the financial envelope and identifying workforce and non-workforce solutions which services are progressing to mitigate workforce risks and balance service delivery.</p> <p>Ongoing 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>Continued consideration and modelling of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of Band 5/6 nursing review.</p>						

Appendix 1: NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
			Continued consideration of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of protected learning time (PTL) has resulted in various approaches to support implementation of PLT.						
12	 <p>MODERATE</p>	<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, are both in place in order to deliver these commitments and will be revised to take account of forthcoming IWWC in action guidance.</p> <p>Fife HSCP has developed a Wellbeing Action Plan 2024-25, created with colleagues from NHS Fife and other stakeholders to add value to the corporate employers' wellbeing work.</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 and new IWWC actions.</p> <p>Current focus on stress, with the HSCP Stress Survey underway and action planning set for January 2025. 1453 responses received to date.</p>	Above	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)

Appendix 1: NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
			<p>An Exit Interview Pilot is underway within HSCP using a person centred approach to obtain data on workforce movement and reasons.</p> <p>Mentally Healthy Workplace training continues to be delivered for all HSCP managers / supervisors. Further dates planned for 2025.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and promote staff wellbeing. This includes proposals on the handling of absence management cases, 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>						
19	 <p>MODERATE</p>	<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</p>	<p>NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established with monthly meetings.</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 and June 2024 SG engagement meeting supported assessment of reasonable assurance. Enhanced local engagement and reporting achieved via introduction of MS Forms to capture latest</p>	Below	Moderate 9	Mod 9 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)

Appendix 1: NHS Fife Corporate Risk Register as at 20/12/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
		additional Board monitoring / measures.	<p>activity in respect of Act requirements. Feedback continues to inform local action plan.</p> <p>Second quarterly high-cost agency return to 30/09/2024 submitted to SG and second quarterly internal report will be considered at January 2024 SGC meeting and the next NHS Fife Board meeting.</p> <p>HIS/SG/NHS Fife second engagement meeting scheduled for January 2025. Also supported reasonable level of assurance.</p> <p>Regular updates provided to APF, EDG and SGC and Fife NHS Board.</p> <p>HSCP implementation group for Part 3 of the Act has been stood down since services were inspected by the Care Inspector and recorded as meeting the requirements of the Act.</p> <p>This risk on the preparations for HCSA implementation is monitored and updated via the NHS Fife HCSA Local Reference Group.</p>						

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:

Significant Assurance	Moderate 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)

Appendix 4: NHS Fife Risk Appetite Statement

November 2024

NHS Fife's Population Health and Wellbeing Strategy (2022-2027) sets an organisational vision that the people of Fife live long and healthy lives. This strategic framework, developed by our staff and built on our vision and values details how our priorities will link to National Care Programmes, underpinned by system enablers. It is also important that the risk appetite is aligned to our Reform, Transform and Perform (RTP) Programme.

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and care and is willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve. The Board has therefore considered the level of risk that it is proposed to accept for key aspects of the delivery of health and care, and these are described in line with our four organisational aims.

Therefore, the Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (no appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).

To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

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

The risk appetite aligns to the strategic priorities within our four-point model as outlined below:

Hungry	Eager to be innovative and chose options offering potentially high despite greater inherent risk.	Improving health and wellbeing
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services Improving staff experience and wellbeing Delivering value and sustainability
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.	
Averse	Avoidance of risk and uncertainty is a key organisational objective.	

The diagram below demonstrates where each of the corporate risks would fall in terms of this model:

Hungry	Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.	Improving health and wellbeing		
		1) Population Health and Wellbeing Strategy 2) Health Inequalities 4) Policy obligations in relation to environmental management and climate change 5) Optimal Clinical Outcomes 21) Pandemic Risk		
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services	Improving staff experience and wellbeing	Delivering value and sustainability
		6) Whole System Capacity 7) Access to outpatient, diagnostic and treatment services 8) Cancer Waiting Times 9) Quality and Safety 10) Primary Care Services 19) Implementation of Health and Care (Staffing) (Scotland) Act 2019	11) Workforce Planning and Delivery 12) Staff Health and Wellbeing	13) Delivery of balanced in year financial position 14) Delivery of recurring financial balance over the medium-term 15) Prioritisation & Management of Capital funding 17) Cyber Resilience 18) Digital and Information 20) Reduced Capital Funding

Meeting: Staff Governance Committee

Meeting Date: Tuesday 7 January 2025

Title: iMatter Campaign 2024

Responsible Executive: David Miller, Director of Workforce

Report Author: Jackie Millen, Learning & Development Manager

Executive Summary

- NHS Fife achieved an engagement level of 64% in this year's questionnaire.
- This outcome is 2% lower than that of 2023 however is 6% higher than the national response rate of 58%.
- The response rate is the second highest from the 14 geographic boards. The highest response rate of 69% was achieved by NHS Orkney.
- The NHS Fife Employee Engagement Indicator (EEI) matched that of the national outcome of 76.
- 65% of iMatter teams recorded an Action Plan in the 8-week deadline showing a decrease of 2% compared to 2023 but 9% above the national outcome of 56%.
- iMatter teams continued engage in Team Action Planning conversations with 69% of teams now having an action plan in place.
- Preparation for the 2025/26 campaign will begin in December 2024. This will include updating current resources, preparing and scheduling communications, and delivering a series of Manager Team Action Planning sessions during the questionnaire and action planning stages.
- During the 2025/2026 campaign, a number of new actions to increase engagement are proposed. This includes informing managers of teams with 4 or less team members of low response rates on a weekly basis to encourage an increase in engagement and increased activity from the iMatter team in areas where engagement was low during the 2024/2025 survey period.
- The introduction of the NHS Fife Leadership Framework, Manager Essential Learning Programme and blended Corporate Induction are aimed to support leaders and managers in their efforts to increase engagement.
- There were 6 teams in the amber Improve to Monitor and 1 team in the red Focus to Improve categories this year. This shows a slight improvement on 2023/2024 where 9 teams were in the amber category with 1 team also in the red category that year. EDG members whose teams were in these categories have been encouraged to directly support these teams.
- The report provides a Significant level of assurance.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

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

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

2. Report Summary

2.1 Situation

The purpose of this report is to inform Staff Governance Committee of the NHS Fife iMatter 2024 outcomes and the preparations currently underway for the 2025/2026 cycle.

This meeting is being asked to take assurance that the next steps identified for the 2024/2025 campaign aim to increase employee engagement and experience in NHS Fife.

2.2 Background

The National Workforce Strategy for Health and Social Care, issued in 2022, sets out a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The NHS Recovery Plan 2021-2026, which seeks to drive long term recovery and sustainability in the system, also reinforces the importance of positive staff experience in delivering positive patient outcomes.

It is therefore essential that staff at all levels are empowered to have their voices heard and valued, and staff views and actions contribute to continuous improvement in their teams and organisations.

iMatter is the staff experience continuous improvement tool designed to engage employees in a way that feels right for every level, offering the facility to measure, understand, improve and evidence staff experience at team and organisational level. The National Health and

Wellbeing Outcomes, which set out the framework for delivering services, outlines a commitment to developing a health organisational culture through staff engagement.

The iMatter questionnaire consists of 29 questions focussing on three key areas, including how the member of staff feels about their team, their line manager and NHS Fife/HSCP.

2.3 Assessment

The iMatter national report for 2024 has now been released and although NHS Fife shows 2% decrease in response rate compared to 2023, the engagement level of 64% is still 6% above the national response rate of 58%. NHS Fife has the second highest response rate out of all 14 geographic boards with only NHS Orkney exceeding this at 69%.

In relation to the Employee Engagement Indicator score, NHS Fife matched the national score of 76 showing a 1-point decrease on 2023. 65% of teams recorded an Action Plan within the target 8-week period. This reflects a 2% decrease compared to 2023 however, is 9% above the national outcome of 56% and is the third highest of all 14 geographic boards. Following the 8-week deadline, team action plans continue to be recorded with 69% of teams now having an action plan in place. This clearly illustrates the ongoing commitment to continual improvement in teams and the remaining teams who have yet to record their action plan are regularly encouraged to do so by the iMatter teams.

The five strands of the Staff Governance Standard are mapped against the 20 components that form part of the Staff Experience Framework with the 28 questions then mapped to the 20 components and Staff Governance Standard to provide a measure of Employee Engagement (see Appendix 2)

All five Staff Governance Standard Strand Scores for 2024 remain in the Strive and Celebrate rating with scores ranging between 71 and 79. Three of the five scores equal those of the national outcomes with only the Appropriately Trained & Developed and Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community scores showing 1 point less than the national outcome with score of 76 and 77 respectively.

Other NHS Fife outcomes to note include:

- For the question related to recommending NHS Fife as a good place to work, there is a decrease of 1 point on the EEI score of 2023 from 76 to 75. This exceeds the national EEI of 74.
- For the question related to recommending an employee's team as a good one to be part of, there is a decrease of 1 point on the EEI score of 2023 from 85 to 84. This is 1 point below the national EEI of 75.
- 24 out of the 28 question EEI scores are in the Strive to Celebrate category with scores ranging between 71 and 88.
- There are four questions where the EEI scores are in the Monitor to Further Improve category with scores ranging between 55 and 63.
 - I feel that board members who are responsible for my organisation are sufficiently visible;
 - I have confidence and trust in Board members who are responsible for my organisation;
 - I feel sufficiently involved in decisions relating to my organisation; and
 - I am confident performance is managed well within my organisation.

- There were 6 teams whose EEI scores were in the Improve to Monitor category with 1 team in the Focus to Improve category this year. This shows a slight improvement on 2023/2024 where there were 9 teams in the Improve to Monitor category. EDG members whose teams were in these categories have been encouraged to directly support these teams.
- In total, 2,318 Social Care staff and 3,885 Healthcare staff throughout NHS Fife and the HSCP participated in iMatter 2024.

The full reports for 2024 and 2023 are available in Appendix 1.

Preparations for the 2025/2026 survey will commence in December 2024 and include:

- Delivery of ‘Appropriately Trained’ information sessions within services to raise awareness of iMatter and its association to PDPR, Core Skills training and Protected Learning Time and increase quality of Team Action Planning conversations.
- Updating of iMatter Team hierarchy structures to support easier identification of team changes and sub-reporting structure updates.
- Preparation, and scheduling, of communications messages.
- Updating current resources – email signature graphics, manager support pack.
- Diarising Q&A and Manager Team Action Planning sessions during the questionnaire and action planning stages.
- Scheduling meetings with a cohort of managers with the aim to pilot Action Planning meetings with team members only during the Action Planning stage in 2025.

In recognising the approach taken in other NHS Scotland boards where engagement rates have increased this year, the following actions are proposed as part of the 2025/2026 campaign in NHS Fife:

- Weekly reminders during the three-week questionnaire stage to managers of small teams with low response rates to encourage engagement and inform of risk of team report not being activated.
- Sharing of response rates on a weekly basis with Director of Workforce/EDG members highlighting teams that will not receive a report without increased engagement levels and/or teams who have a response rate below 50%.
- Regular CE blogs and other communications messages.
- Increased board-wide communications from iMatter team.
- Increased iMatter team activity during the questionnaire period in areas where low engagement figures were recorded during the 2024/2025 survey period to raise awareness of benefits in engaging in iMatter.

The introduction of the NHS Fife Leadership Framework, Manager Essential Learning programme and blended Corporate Induction in April 2025 will also support leaders and managers in their efforts to increase engagement in iMatter ahead of the 2025/26 questionnaire stage.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will	There is sufficient assurance that controls upon which the organisation relies	There is some assurance from the systems of control in place to manage the	No assurance can be taken from the information that has been provided. There

	achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	remains a significant amount of residual risk
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2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a motivated and valued workforce who are encouraged to actively improve services in their areas.

2.3.2 Workforce

There is strong evidence of the positive impact of high employee engagement on both staff and service users experience, including:

- Higher staff morale and motivation
- A greater sense of well-being, which can lead to less absenteeism and stress
- A workforce that is more likely to be satisfied with their work
- Greater efficiency, productivity and effectiveness

2.3.3 Financial

There are no financial implications at this stage.

2.3.4 Risk Assessment / Management

There are no significant risks identified.

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

The iMatter programme directly supports delivery of the Staff Governance Standard, particularly in the Well Informed and Involved in Decision Making strands. By engaging staff in this process the aim is to support our employer ambitions as an Anchor Institution. In terms of Equality & Diversity iMatter supports giving all staff a voice and is informed by national work overseen by the Scottish Workforce & Staff Governance (SWAG) group.

2.3.6 Climate Emergency & Sustainability Impact

The continuing move to predominantly electronic delivery has had a positive impact in reducing paper and mailing resources in support of the sustainability agenda.

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed through partnership engagement on the iMatter Short Life Working Group.

2.3.8 Route to the Meeting

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

- Executive Directors Group – 20 December 2024
- Staff Governance Committee – 3 September 2024
- Area Partnership Forum – 18 September 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: 2023 and 2024 Board Reports
- Appendix 2: Staff Experience Components and association to Staff Governance Standards

Report Contact:

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

Appendix 1: 2024 and 2023 Board Reports

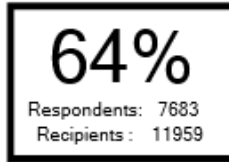


Board Report 2024

NHS Fife

Total number of respondents: 7683

Response rate

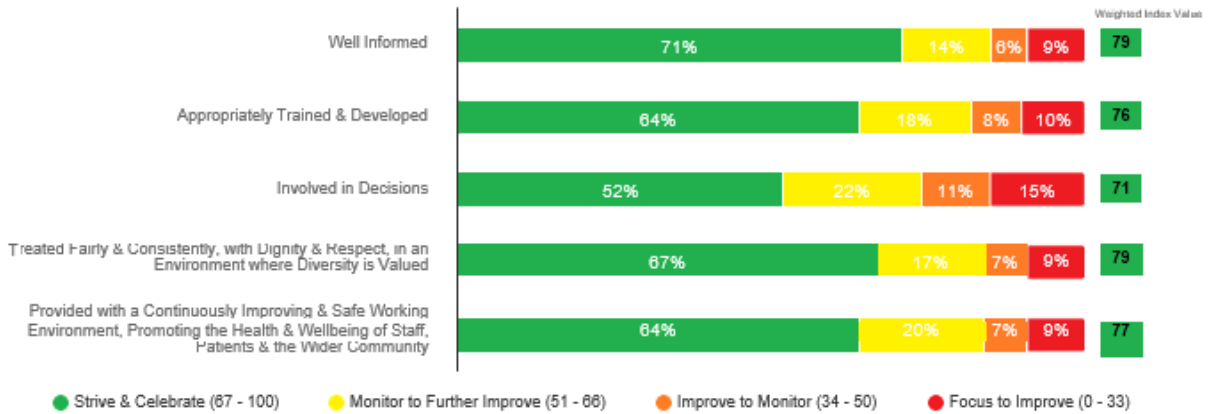


E EI



Employee Engagement Index

Staff Governance Standards - Strand Score Index



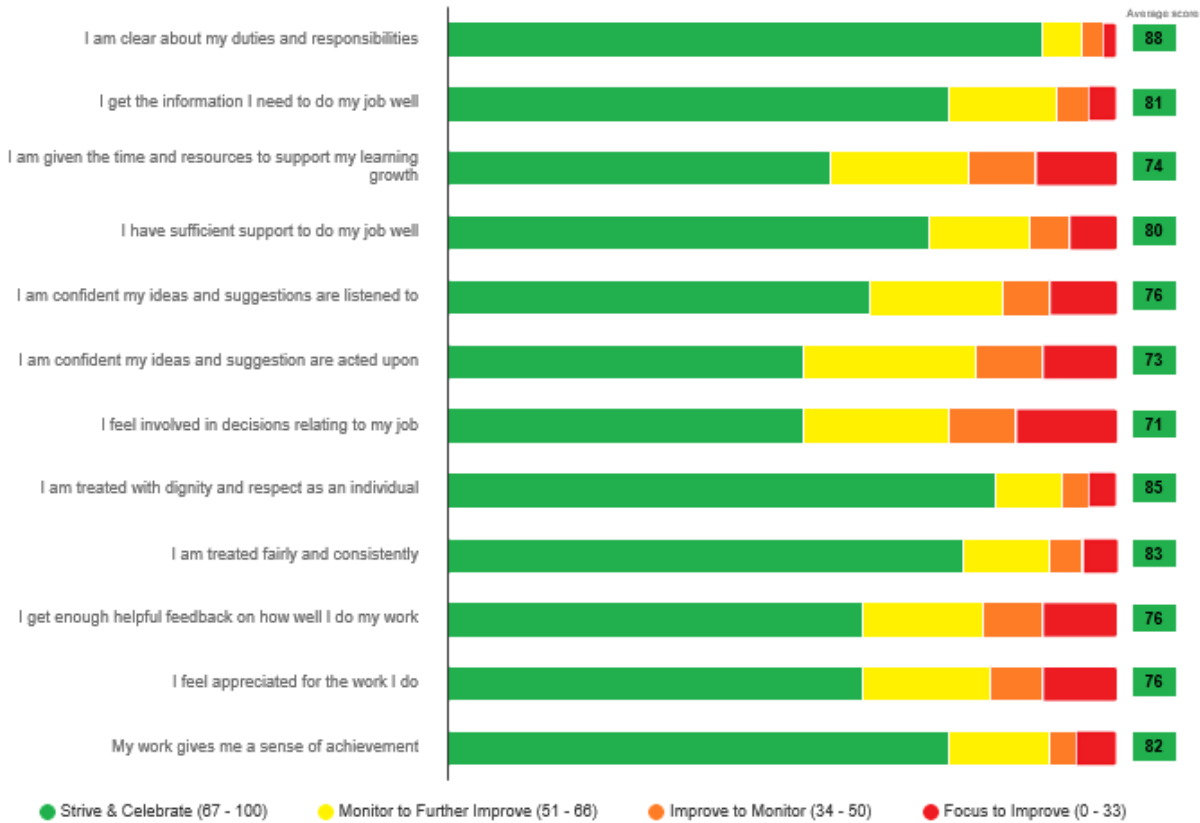
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

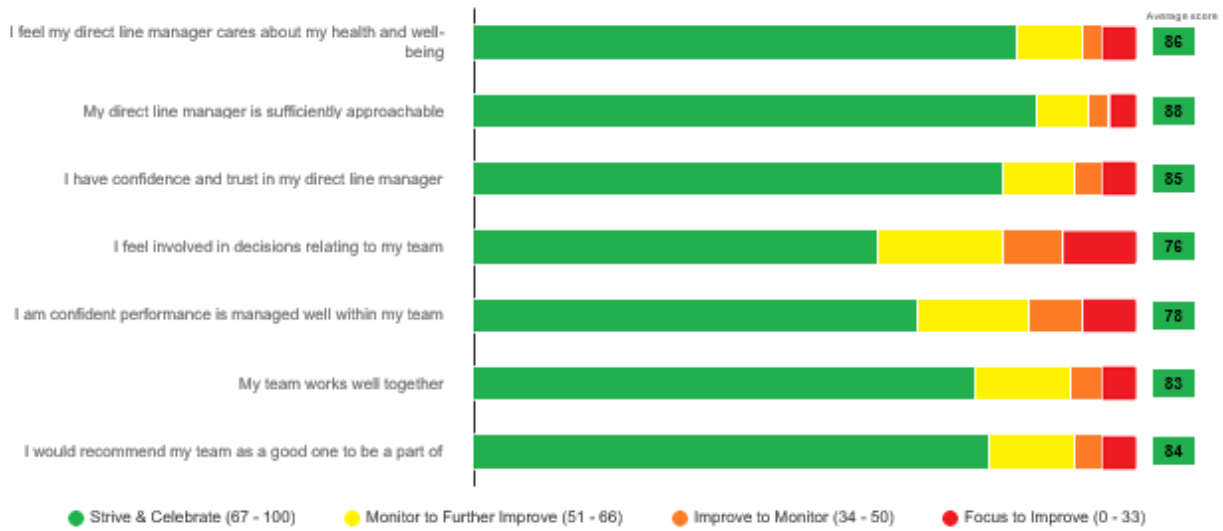
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7683



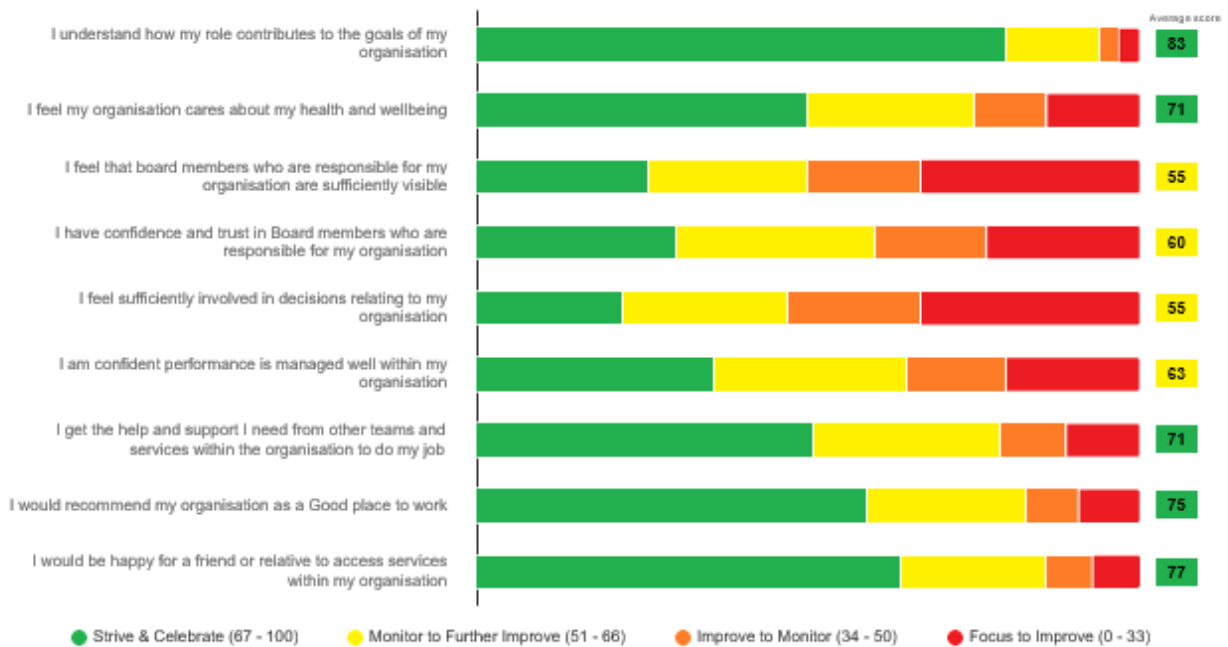
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 7683



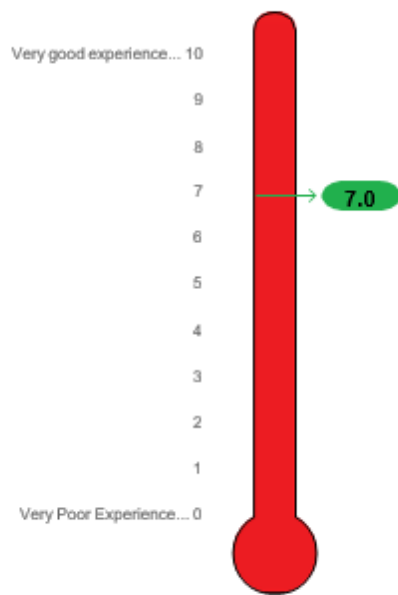
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 7683



Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 7683



EEl number for teams in the same Board

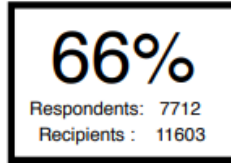
EEl Threshold	(57-100)	(51-56)	(34-50)	(0-33)	No report	Total
Number of Teams	751	98	6	1	91	947
Percentage of Teams	79.3%	10.3%	0.6%	0.1%	10%	100%

Board Report 2023

NHS Fife

Total number of respondents: 7712

Response rate

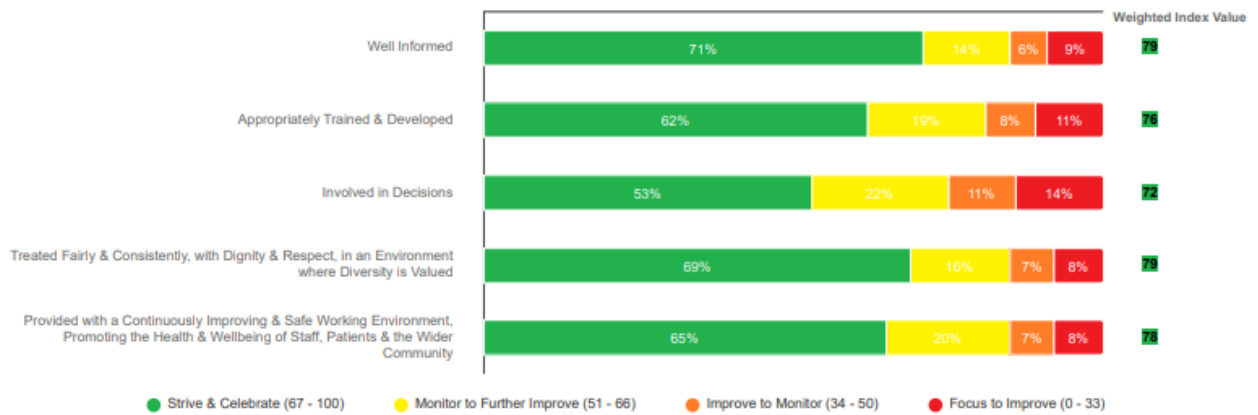


E EI



Employee Engagement Index

Staff Governance Standards - Strand Scores



Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

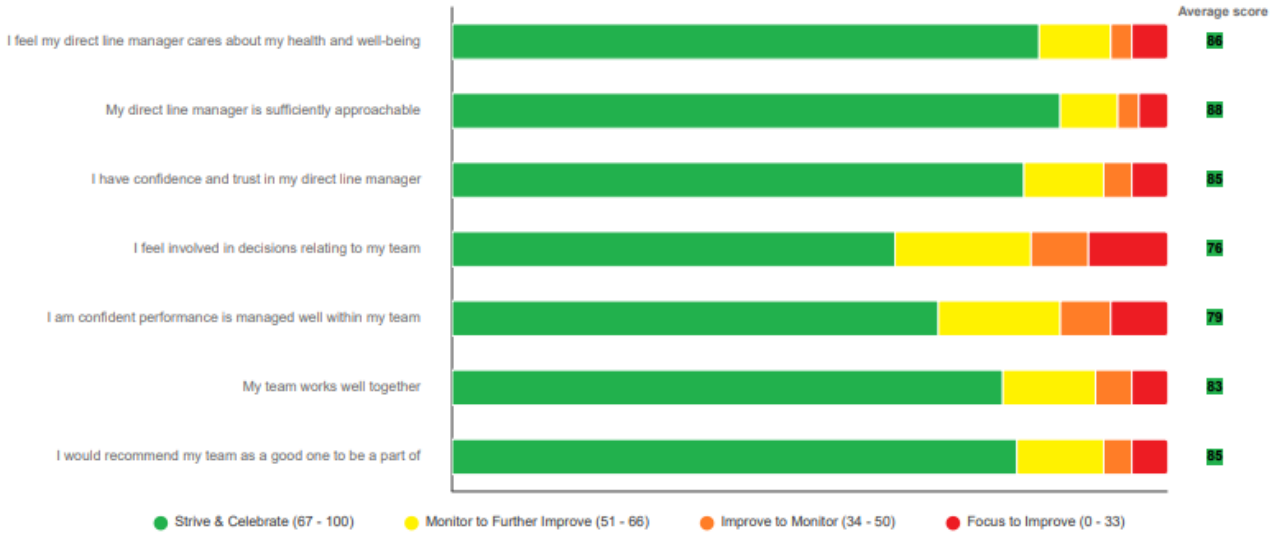
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7712



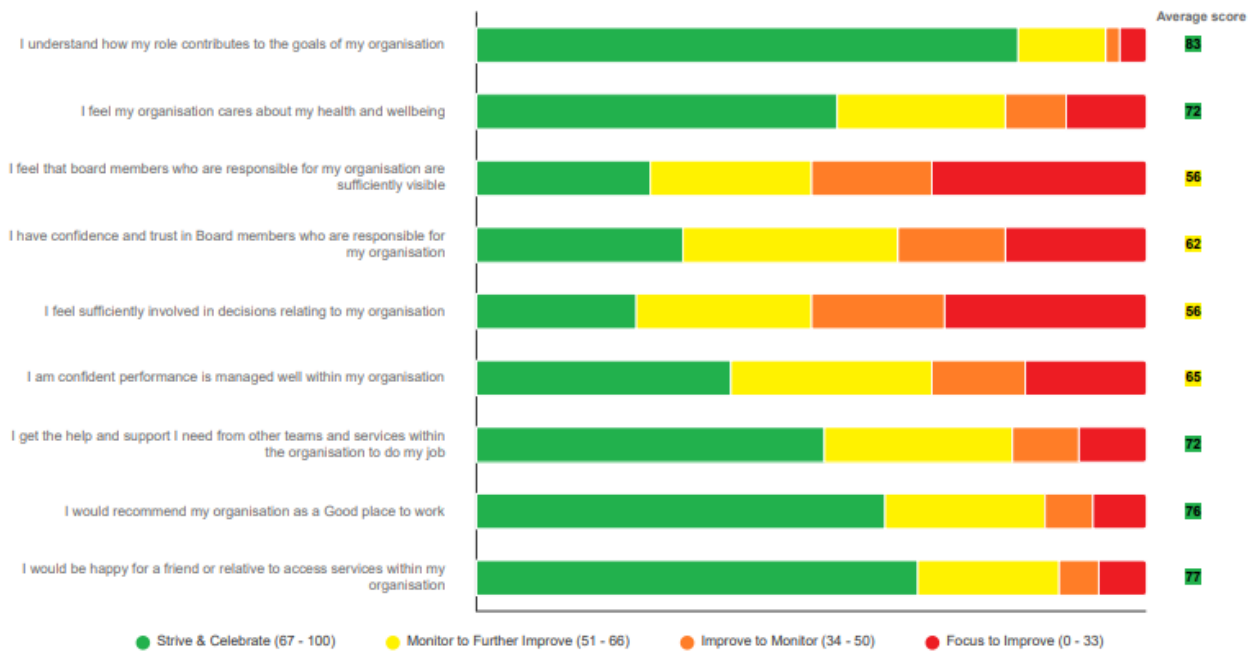
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 7712



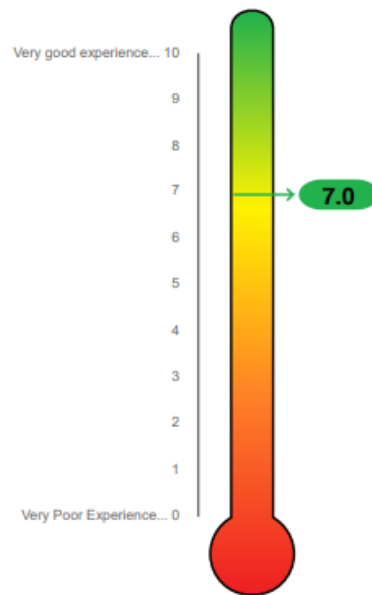
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 7712



Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 7712



EEl number for teams in the same Board

EEl Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	753	88	9	1	93	944
Percentage of Teams	79.8%	9.3%	1.0%	0.1%	10%	100%

Appendix 2: Staff Experience Components and association to Staff Governance Standards

Staff Experience Continuous Improvement Framework																							
Health Care Quality Strategy 2010 - 3 Quality Ambitions	Person-Centred, Safe & Effective																						
MacLeod Enablers/Healthy Working Lives	MacLeod: Leadership				MacLeod: Engaging Managers				MacLeod: Employee Voice				MacLeod: Integrity to the Values & Purpose				Health and Well-being						
Staff Governance Standard Strands	SG1: Well Informed				SG2: Appropriately Trained & Developed				SG3: Involved in Decisions				SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued				SG5: Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Wellbeing of Staff, Patients and the Wider Community						
Staff Experience Components	Visible & Consistent Leadership	Sense of Vision, Purpose & Values		Role Clarity	Clear, Appropriate & Timeously Communication		Learning & Growth	Performance Development & Review	Access to Time & Resources	Recognition & Rewards	Confidence & Trust in Management		Listened to & Acted Upon	Partnership Working	Empowered to Influence	Valued as an Individual	Effective Team Working	Consistent Application of Employment Policy & Procedures	Performance Management	Appropriate Behaviours & Supportive Relationships	Job Satisfaction	Assessing Risk & Monitoring Work Stress & Workload	Health & Well-being Support
KSF Core Dimensions	C1	C1	C2	C1	C2	C2	C2	C2	C2	C2	C6	C4	C4	C4	C4	C6	C5	C6	C5	C6	C5	C3	C3

iMatter Staff Experience Component	iMatter Questions	KSF*
SG1: Well Informed		
Visible & Consistent Leadership	My direct line manager is sufficiently approachable. I feel Board Members who are responsible for the wider organisation and are sufficiently visible.	C1
Sense of Vision, Purpose & Values	I understand how my role contributes to the goals of the organisation.	C1
Role Clarity	I am clear what my duties and responsibilities are.	C2
Clear, Appropriate & Timeously Communication	I get the information I need to do my job well.	C1
SG2: Appropriately Trained and Developed		
Learning & Growth	I am given the time and resources to support my learning and growth.	C2
Performance Development & Review	I get enough helpful feedback on how well I do my work.	C2
Access to Time & Resources	I have sufficient support to do my job well.	C2
Recognition & Rewards	I feel appreciated for the work I do.	C2
SG3: Involved in decisions		
Confidence & Trust in Management	I have confidence and trust in my direct line manager. I have confidence and trust in Board Members responsible for the wider organisation.	C6
Listened to & Acted Upon	I am confident my ideas and suggestions are listened to. I am confident my ideas and suggestions are acted upon.	C4
Partnership Working	I feel involved in decisions relating to my organisation.	C4
Empowered to Influence	I feel involved in decisions relating to my job. I feel involved in decisions relating to my team.	C4

SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued		
Valued as an Individual	I am treated with dignity and respect as an individual.	C8
Effective Team Working	My team works well together.	C5
Consistent Application of Employment Policy & Procedures	I am treated fairly and consistently.	C6
Performance Management	I am confident performance is managed well within my team. I am confident performance is managed well within my organisation.	C5
SG5: Provided with a Continuously Improving and Safe Working Environment, Promoting the Health and Wellbeing of Staff, Patients and the Wider Community		
Appropriate Behaviours & Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job.	C6
Job Satisfaction	My work gives me a sense of achievement.	C5
Assessing Risk & Monitoring Work Stress & Workload	I feel my direct line manager cares about my health & wellbeing.	C3
Health & Wellbeing Support	I feel my organisation cares about my health & wellbeing.	C3

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 7 January 2025
Title:	Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training & PDPR compliance rates
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Learning and Development Manager

Executive Summary

- This paper is a response to the escalation of current performance metrics of both PDPR completion and core skills/mandatory training compliance rates across the organisation; raised at the NHS Fife Board committee held on 26 November 2024.
- This paper captures recovery plans to drive up performance against two of NHS Fife's corporate objectives for 2024/25, i.e.;
 - 80% compliance achieved by 31 March 2025 for all staff across our core skills/mandatory training suite; and
 - 60% of staff having completed a Personal Development Plan Review (PDPR) by 31 March 2025.
- The recovery plan is a complex suite of activities, that rely on multiple stakeholders and opportunities to redress the performance across both metrics. The plan illustrates; actions to date; actions in play to drive up performance metrics, up to 31 March 2025. An impact assessment of these actions has been assigned to demonstrate likely impact across the range of actions.

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

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

- Appropriately trained & developed.

2. Report Summary

2.1 Situation

As of September 2024, NHS Fife reports an overall core skills compliance rate of 60%. The corporate target for core skills compliance in 2024/25 is set at 80% to be achieved by 31 March 2025. This reflects a projected shortfall of 20%, underscoring the need for a robust recovery plan to bridge the gap.

Similarly, NHS Fife has a target of 60% for Personal Development and Performance Review (PDPR) completion rates. Current compliance stands at 43.1%, indicating a projected shortfall of 16.9%. This highlights the necessity of developing a focused recovery plan to meet organisational objectives.

2.2 Background

The Staff Governance Standard for NHS Scotland requires all NHS organisations to prioritise the personal health, safety, and well-being of staff and patients in the delivery of services. To ensure the provision of a continuously improving, safe and person-centred working environment, all employees must undertake statutory and mandatory training required for all job roles plus essential role specific training that is appropriate to their individual role and identified to them by their line manager.

Within NHS Fife statutory and mandatory training is provided online and in 'taught' sessions by a range of specialist functions (e.g. Infection Control, Health and Safety, Practice Development etc). This is provided to meet the needs of all staff and as required for essential role specific training.

The NHS Fife Workforce function is responsible for the development and maintenance of the NHS Fife Statutory and Mandatory Training and Education for all staff, Corporate Induction and for monitoring and reporting on organisational performance with statutory and mandatory compliance / attendance.

Ensuring staff have an annual appraisal of performance is an integral strand of the Agenda for Change national agreement and staff governance standard 2 "appropriately trained". The core element is the Personal Development Plan and Review (PDPR) process underpinned by an electronic recording and monitoring system TURAS. It has been recognised that the most important element of the PDP process is the quality "face to face", meaningful discussion between reviewer and reviewee.

Appendix 1 illustrates NHS Fife's performance against PDPRs and core skills/mandatory training compliance over the past 5 years. This data suite also illustrates the iMatter scores for the past 5 years in relation to the appropriately trained section, i.e., perceptions and experience as reported by our workforce.

Appendix 2 illustrates NHS Fife's performance against PDPRs and core skills/mandatory training compliance across 2024.

2.3 Assessment

Achieving compliance with core skills training and PDPR completion rates is essential for NHS Fife and a critical element in ensuring workforce safety, competence, and organisational resilience. The recovery plan is designed to address barriers comprehensively, focusing on mitigating risks and embedding sustainable improvements. A firm commitment from managers, employees, and the organisation is essential to meeting these statutory requirements.

The recovery plan is informed by an evidence-based understanding of the barriers to compliance, which include the following:

Service Pressures and Competing Priorities

Operational demands, particularly during periods of increased service pressure, can often lead to the reprioritisation of statutory training and PDPR discussions. This must be urgently rebalanced to ensure that mandatory training and PDPR activities are prioritised alongside operational requirements, reflecting that the targets are based on a 12-month period and addressing them should be planned in such a manner. NHS Fife's Protected Learning Time Policy, effective from April 2024, mandates that managers schedule and safeguard time for staff training and development. Core skills compliance and PDPR completion are foundational priorities under this policy.

Data Quality and Reconciliation Issues

Historically, managers have relied on manual records to track compliance and completion rates due to the lack of real-time performance metrics. The recent introduction of the automated Core Skills Dashboard Report via eESS OBIEE provides managers with direct access to compliance data, offering a significant improvement in oversight. However, data quality issues, such as inaccuracies in employment records, unlinked TURAS accounts, and inconsistencies in reporting, are currently being addressed. These issues have necessitated additional work by the eESS and WD&E teams, including engagement with NHS Education for Scotland for account reconciliation. Accurate and reliable data is a prerequisite for effective management oversight, and resolving these challenges remains a priority to ensure confidence in reported metrics.

Potential Barriers to Compliance

Performance data over time, as illustrated in the appendices, shows a trend of underperformance or stagnation in compliance/completion rates. Concurrently, workforce surveys, such as iMatter, indicate a slight increase in staff perceptions of being appropriately trained. This disparity suggests a need to explore the factors influencing performance metrics and to identify effective levers for change. Engagement sessions with managers, planned for February 2025, aim to address this by fostering shared ownership of compliance objectives and identifying actionable solutions.

Induction and Core Skills Compliance for New Starters

Statutory training compliance for new starters is critical to ensuring safe and effective onboarding. The refreshed Corporate Induction Programme, launching in April 2025, will ensure all new employees are fully compliant before commencing their roles. An interim awareness campaign in December will reinforce the importance of mandatory training for all new hires and emphasise the organisational position that no duties are undertaken without full compliance.

Recovery Plan

Week 1 Deadline: 29/11/2024						
	Opportunity	Action	Details	Responsible	Potential Outcome	% Potential impact on completion rates, overall.
1.	Reduce number of partial appraisal sign offs	Identify, and email all 'one dotters' to secure accurate completion intel.	'One dotters' are Appraisal documents where one person has agreed the Appraisal but the other hasn't. 300 emails issued on 29/11/24 to secure joint confirmations conversations have taken place. As of 17/12, 27 of the 300 one dotters have closed, with 273 outstanding. Personalised emails to follow up for immediate action are being sent w/c 6/1/25.	L&D Manager (coordinate) WD&E Admin team (action)	2-300 more appraisals signed off.	Allowing for partial agreements being made in error, there is the potential to increase completion rates by 1-2%
2.	All paper-based appraisals to date, accounted for.	Contact managers of Domestic and Catering teams to secure accurate position.	Establish if there are any outstanding paper Appraisals that haven't been recorded online yet and offer support to progress this if needed. Relevant Managers contacted via email on 17/12. A further check will be completed on 31/12 to establish progress with a reminder sent to managers who have yet to respond to email.	L&D Manager (coordinate) WD&E Admin team (action) PAM Administration teams (action)	Potential of 530 employees who may record Appraisals via paper-based method.	Could return a maximum of 5% increase if completed. 100% engagement across the Property and Asset Management Directorate could provide an increase of 7.8%.

Week 2 : Deadline 06/12/2024

	Opportunity	Action	Detail	Responsible	Potential Outcomes	% Potential impact on completion rates, overall.
3a.	Corporate Directors receive a report with completion and compliance rates for every member of their directorate.	Provide a specific Directorate report to all Exec Directors within Corporate services, by 4/12/24, for the first time.	These individual directorate reports provide detail on every member of the directorate(s) current PDPR status including date of last appraisal and compliance rates against all core skills/mandatory modules. The aim is to drive up performance to 100%, without exception by 31 st March 2025.	L&D Manager (coordinate) AD of C,T&W and DoW (agree message content and co-sign) L&D Manager (action/send email)		Could return a maximum of 6% increase if outstanding PDPR requirements are met.
3b.	All Corporate Directorate managers receive a report with current Core Skills and PDPR compliance rates for every member of their team(s).	Issue tailored Core Skills and PDPR compliance status reports to 197 Corporate Directorate Managers by 6/12/24, for the first time.	Provide updated PDPR status reports to all Corporate Directorate team managers. Covering email offering good practice guidance and commitment expectations by 31 st March*.	L&D Manager (coordinate) WD&E Admin team (action)	541/1018 to be completed PDPRs in scope.	
4.	Ensure core skills training capacity is appropriate to meet demand levels.	Confirm with all core skills/mandatory practical training providers that the capacity to meet demand is in place.	Establish how many spaces are provided for each core skill topic where a practical training element is required between 12/12/2024 and 31/03/2025.	L&D Manager (coordinate) WD&E Admin team (action)	Capacity confirmed with providers for all practical training delivery ie manual handling, resus.	Capacity in place to meet additional demand.

Weeks 3,4 & 5: Deadline 29/12/2024						
	Opportunity	Action	Detail	Responsible	Potential Outcomes	% Potential impact on completion rates, overall.
5.	Ensuring revalidation and PDPR opportunities are seen as one.	Remind/highlight to Nursing managers that revalidation conversations with assigned Confirmers can double up as PDPR/Appraisal conversations.	<p>It is estimated that over 1100 nurses every year in NHS Fife are required to revalidate. Analysis suggests there could be circa 275 registrants who have to validate before 31st March 2025.</p> <p>Report requested detailing revalidating employees, revalidation date and manager names. Direct communications to be sent to managers with supportive comms issued via Weekly/Training brief.</p>	<p>L&D Manager (coordinate) WD&E Admin team (action) L&D Officer (eLearning) deliver PDPR and revalidation opportunity at Turas Appraisal lunchtime byte and KSF/PDPR Foundation Management sessions</p>	Assuming in the last ¼ of 2024/25, there could be 1100/4 = 275 registrants looking to revalidate between now and 31/3/25.	Could return a maximum of 1-2% increase if connections made & completed.
6.	Ensure accuracy of reports in HSCP by facilitating a data cleansing opportunity before distribution.	Provide HSCP report to HSCP central admin team for dissemination to individual service Business Managers.	The core skills component of the reports is influenced by employee data in core eESS. To ensure the data is as accurate as possible before individual reports are provided to managers, the HSCP report will be issued to the Business Managers week commencing 16/12 who will analyse the data and raise any errors in relation to assigned managers, departments, sub-departments, etc with the relevant manager for resolution.	<p>L&D Manager (coordinate)</p> <p>HSCP Admin/Business Managers (action)</p>	Reports to managers in the HSCPs contain accurate intelligence.	-
7a.	Acute Director & HSCP receive a report with completion and compliance rates for every member of their directorate.	Provide Acute and HSCP reports, by 29/12/24, for the first time.	<p>These individual directorate reports provide detail on every member of the directorate(s) current PDPR status including date of last appraisal and compliance rates against all core skills/mandatory modules.</p> <p>Covering email offering good practice guidance and commitment expectations by 31st March along with notice that all managers will receive individual team reports by 24/1/25.</p>	<p>L&D Manager (coordinate) AD of C,T&W and DoW (agree message content and co-sign) L&D Manager (action/send email)</p>		
8a.	Redistributing PDPR workloads at local levels, being pragmatic and responsive.	Ask managers to consider 'who else'	Encourage managers to identify, where possible another appropriate person in their team who could also support them in engaging in PDPR conversations with other team members. Direct communications to be sent to managers with supportive comms issued via Weekly/Training brief by 27/12 and again 13/01 to further reinforce this opportunity.	<p>L&D Manager (coordinate) WD&E Admin team (action) L&D Officer (eLearning) – provide increased number of lunchtime byte sessions.</p>		

Weeks 3,4 & 5: Deadline 29/12/2024						
	Opportunity	Action	Detail	Responsible	Potential Outcomes	% Potential impact on completion rates, overall.
8b.	Ensure all new employees complete Corporate Induction programme	Raise awareness of requirements with managers and new employees	Comms message to be added to the weekly Training Bulletin raising awareness of Corporate Induction requirements. Direct communications to be sent to all NHS Fife and HSCP managers emphasising importance of starting well. Corporate Induction booking form to be provided with communications. Audit of new employees in last 3 months to be completed to ensure Corporate Induction has been completed. If not, direct comms will be sent to both new employee and their manager to reiterate requirements.	L&D Manager (coordinate) WD&E Admin team (action)	NHS Fife will have assurance that new employees are starting well ahead of the implementation of the new Corporate Induction programme in April 2025	tbc

Weeks 6,7,8 & 9: Deadline 24/01/2025						
	Opportunity	Action	Detail	Responsible	Potential Outcomes	% Potential impact on completion rates, overall.
9.	New automated core skills dashboard report – readily accessible to all managers.	Launch eESS OBIEE Core Skills Manager dashboard report	Issue updated OBIEE guidance for managers with an email outlining the availability and benefits to this new report whilst associating this to the PDPR conversation outlining benefits in using the report to drive the development planning part of the process. Moving to self-service model instead of manual of reporting placed on the WD&E team to date.	L&D Manager (coordinate) WD&E Admin team (action)	Managers will be able to view and redress team compliance levels regularly.	-
9b.	All HSCP & Acute managers receive a report with current Core Skills and PDPR compliance rates for every member of their team(s).	Issue tailored Core Skills and PDPR compliance status reports to 449 HSCP & Acute Managers by 24/1/25, for the first time.	Provide updated PDPR status reports to all Corporate Directorate team managers. Covering email offering good practice guidance and commitment expectations by 31 st March*. HSCP Business Managers to provide support to managers at local levels to reduce number of support requests on WD&E team.	L&D Manager (coordinate) WD&E Admin team (action) with HSCP Business Managers	Increased PDPR completion rates & core skills compliance. HSCP –2067/ 3858 employees in scope (as at 29/11/24) Acute – 2004/ 3358 employees, in scope (as at 29/11/24)	Between 1% and 20% increase from both HSCP and AS. 40% increase in total.

Weeks 6,7,8 & 9: Deadline 24/01/2025						
	Opportunity	Action	Detail	Responsible	Potential Outcomes	% Potential impact on completion rates, overall.
10.	Closing data gaps : standalone TURAS accounts.	Identify data gaps in systems that influence Core Skills and PDPR outcomes	There 1577 standalone Turas accounts that are not linked to NHS Fife employment. Until this has been resolved, core compliance for these employees cannot be confirmed. Following direct approaches to individual employees to gather employment data, collaboration with NHS Education for Scotland is required to resolve this situation.	L&D Manager (coordinate) WD&E Admin team (action)	Compliance levels will improve on completion of this work.	Could be up to 7-10%
11a.	'No one left behind' initiative'	Work with the Comms team to create campaign.	Secure message to be communicated direct to managers via email message - Encourage 100% engagement/compliance across all teams (of those team members who are actively attending work and have been in the team for longer than 9/10 months to recognise absences/ vacancies/ new members of staff in their first year in post,etc).	Comms team/ L&D Manager (coordinate) Meeting to be arranged - early January 2024		
11b.	Raise awareness: the value of a PDPR and core skills – why it matters.	All staff comms to spotlight the importance of PDPRs and core skills.	Highlight to all members of staff, via the Weekly Brief, of the importance of the PDPR conversation and the 'two tabs to complete' information similar to that given to managers. Message to feature in the Weekly Brief over weeks 6,7,8 & 9. A blog will also be developed to highlight the associations between PDPR, core skills training, protected learning time and revalidation/ professional registration conversations.	Comms team/ L&D Manager (coordinate). L&D Officer (eLearning) (create blog) Blog to be added to WD&E Stafflink pages and showcased in the Weekly Brief/Training Bulletin		

Weeks 10-14: Deadline 24/02/2025						
	Opportunity	Action	Detail	Responsible person(s)	Potential Outcomes	% Potential impact on completion rates, overall.
12.	Sensemaking sustainable recovery with general managers for sustainable results.	Working with HSCP & Acute General managers to understand the barriers to date, and explore the range of activities, levers and support mechanisms that will drive up performance over time.	Establish inquiry and action planning sessions with Heads of Service from the HSCP and General Managers from Acute to understand their perspectives on the barriers to secure meaningful PDPR conversations and full compliance with core skills/mandatory training. This intelligence will inform the activity plan for the whole system from April 2025 onwards to secure continued improvement and sustained performance.	L&D Manager , AD of C,T&W with DoW, DoAS & DoHSCP.	Sustainable results and resetting learning as a priority	Further increases in % rates into 2025.

There are inherent challenges in bringing forwards the recovery plan, of note are;

The new automated core skills dashboard report, produced via eESS OBIEE is being issued to every manager for the first time. This report is designed to bridge the gap between TURAS and eESS functionality, enabling line managers direct access to track completion and compliance rates going forwards, with opportunity to see 'renewal' timelines as the data quality matures. Early insights from issuing this report, are highlighting data quality and accuracy issues eg employee's employment details, TURAS standalone accounts not tagged to NHS Fife as the employer, and potential teething issues in coding behind report productions. Fixing these data quality issues is generating work on all fronts, and for the eESS and WD&E teams, which is invaluable to redress now. This additional work must be completed to ensure the reports provided to managers are accurate and current; and this work is directly influencing the recovery plan timeline as a result.

And there is more work to do to better understand how to make it as easy as possible, for some staff who are not able nor/or confident to use online learning platforms to complete their core skills learning. As well as exploration of on the job/in situ learning opportunities in busy clinical areas going forwards. These challenges, against the backdrop of NHS Scotland's Once for Scotland ambitions and national workstreams in play to align a standardised suite of core skills training in the near future is noteworthy at this time as well.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining core skills compliance, and rates which reflect quality PDPR conversations, will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

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

2.3.3 Financial

The recovery plan outlined in this report is not expected to have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures remain a significant factor contributing to the reduced levels of training compliance across NHS Fife. These pressures necessitate a pragmatic and risk-based approach to ensuring statutory training requirements are met. While all mandatory training is essential, short-term efforts under the recovery plan must prioritise areas where non-compliance poses the most immediate risk to patient safety and organisational resilience. Critical areas include Infection Prevention and Control (IPC), Basic Life Support (BLS), manual handling, and fire safety, as these directly impact the ability of frontline teams to maintain safe and effective care delivery.

Improvements in training monitoring and reporting are being progressed to enable managers to make data-driven decisions that mitigate these risks effectively. The introduction of Core Skills compliance reports via OBIEE reporting capacity allows services to identify and prioritise high-risk areas. Managers are being supported in using this data to ensure training is approached systematically, enabling frontline teams to address compliance gaps in the most impactful areas first, without losing sight of the overarching importance of achieving compliance across all mandatory training modules.

By focusing on high-risk areas in the short term, the organisation aims to strike a balance between managing immediate risks to patient safety and maintaining long-term progress towards full statutory compliance. This approach recognises the current pressures facing services and emphasises the essential role of safety in the workplace. NHS Fife remains committed to providing managers with the tools, data, and support necessary to drive improvement and ensure that training compliance is aligned with the mitigation of organisational risk.

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

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

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement, and consultation

The proposed improvement actions were developed in consultation with the Director of Estates and Facilities and Director of Workforce. The paper was revised by the Associate Director of Culture, Development and Wellbeing.

2.3.8 Route to the Meeting

The Core Training Compliance updates and PDPR completion rates have previously been considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle i.e.:

- Executive Directors Group – 2 May 2024 and 17 October 2024
- Staff Governance Committee – 14 May 2024, 9 July 2024, and 5 November 2024
- Area Partnership Forum – 24 July 2024
- NHS Fife Board – 28 May 2024

This recovery plan instigated from the NHS Fife Board meeting on 26th November, will progress the governance cycle in the next quarter via:

- Executive Directors Group – 20 December 2024
- Staff Governance Committee – 7 January 2025
- Area Partnership Forum – 22 January 2025
- NHS Fife Board – 30 January 2025

2.4 Recommendation

This paper sets out recovery plans up to 31st March 2025. We recognise that much of this work, now, is key to enabling further work across 2025/26 to further embed and sustain continued improvements in these performance metrics. We plan to bring forward a 12-month plan to the Staff Governance committee in March that builds on the recovery plan activities and learning, to ensure a stronger more resilient position going forwards.

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Limited** Level of Assurance.

3. List of Appendices

The following appendices are included with this report:

- **Appendix 1** illustrates NHS Fife's performance against PDPRs and core skills / mandatory training completion/compliance over the past 5 years. It also illustrates the perceptions of staff as reflected in iMatter reports across the same timeframe, in relation to Appropriately Trained.
- **Appendix 2** illustrates NHS Fife's performance against PDPRs and core skills / mandatory training compliance over the last year.

Report Contact:

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

Appendix 1 illustrates NHS Fife’s performance against PDPRs and core skills/mandatory training compliance over the past 5 years. It also illustrates the perceptions of staff as reflected in iMatter reports across the same timeframe, in relation to the Appropriately Trained strand of Staff Governance.

1. PDPR completion rates for NHS Fife the past 5 years.

	2019	2020	2021	2022	2023	2024 (current- November)
PDPR %	42%	43%	37%	31%	38%	43.1%

2. PDPR completion rates for the past 5 years, illustrated across Acute, Corporate and HSCP, over time for these 3 areas.

PDPR %	2019	2020	2021	2022	2023	2024 (current)
Acute	48%	50%	39%	27%	37%	41%
Corporate	40%	30%	25%	26%	26%	42%
HSCP	38%	43%	45%	39%	47%	47%

3. Core skills/mandatory compliance rates for NHS Fife the past 5 years.

	2019	2020	2021	2022	2023	2024 (current)
Core skills %	61%	74%	70%	65%	57%	60%

4. Core skills/mandatory compliance rates for the past 5 year, across Acute, Corporate and HSCP = performance patterns over time for these 3 areas.

Core skills %	2019	2020	2021	2022	2023	2024 (current)
Acute	Not available	87%	81%	75%	56%	51%
Corporate	Not available	42%	40%	35%	47%	51%
HSCP	Not available	67%	82%	60%	65%	62%

5. iMatter rates, specifically in relation to the Appropriately Trained Staff Governance Standard for NHS Fife & FHSCP for the past 5 years; perception/experience and confidence levels of our workforce.

iMatter (Appropriately trained)	2019	2020	2021	2022	2023	2024 (current)
Learning & Growth I am given the time and resources to support my learning and growth.	72	73	70	70	72	74
Performance Development & Review I get enough helpful feedback on how well I do my work.	73	75	73	73	76	76
Access to Time & Resources I have sufficient support to do my job well.	78	79	77	77	79	80
Recognition & Rewards I feel appreciated for the work I do.	73	75	73	74	76	76

Appendix 2 illustrates NHS Fife’s performance against PDPRs and core skills/mandatory training compliance since April 2024.

In year data/pattern of performance over the year

1. PDPR rates for NHS Fife over the past 12 months – every quarter = performance patterns over time within the year.

	2023 Qtr 3	2023/24 Qtr 4	2024 Qtr 1	2024 Qtr 2	2024 (Qtr 3 as at November)
PDPR %	42.1%	40.9%	43.5%	42.9%	43.1%

2. PDPR rates for NHS Fife over the past 12 months – every quarter, broken down into Acute, Corporate and HSCP, performance patterns over time for these 3 areas.

PDPR %	2023 Qtr 3	2023/24 Qtr 4	2024 Qtr 1	2024 Qtr 2	2024 (Qtr 3 as at November)
Acute	34.7%	37%	39.6%	39.6%	40.3%
Corporate	33.2%	35.5%	43.2%	43.2%	41.4%
HSCP	54%	47.4%	47.1%	45.7%	46.4%

3. Overall Core skills/mandatory rates for NHS Fife since January 2024 (in alignment with NHS Fife EDG/APF/SGC reporting cycle)

	January 2024	April 2024	May 2024	September 2024
Core skills %	56%	59%	53%	60%

4. Core skills/mandatory rates for NHS Fife since January 2024 (in alignment with NHS Fife EDG/APF/SGC reporting cycle), broken down into Acute, Corporate and HSCP, performance patterns over time for these 3 areas.

Core skills %	January 2024	April 2024	May 2024	September 2024
Acute	55%	54%	50%	51%
Corporate	48%	44%	44%	62%
HSCP	62%	61%	61%	51%

AREA PARTNERSHIP FORUM

(Meeting on Wednesday 20 November 2024)

The main focus of the Area Partnership Forum meeting held on 20th November 2024 was the Re-form, Transform and Perform Framework, with updates from the Workstreams, and discussion thereof. Also spotlighted was the challenging financial situation.

In addition to standing items, the new Whistleblowing Co-ordinator outlined her role and ambitions; there were fulsome discussions on the practicalities of ePayslips and plans for the awareness campaign; the concerning level of DNAs at training courses, given the challenge to improve core training compliance; and the need for partnership involvement at the early stages of changes affecting the workforce. Updates were provided on the work around improving Attendance Management; the challenges in terms of implementing the remaining 1-hour reduction in the working week; and good news stories in relation to Employability Initiatives and Workforce Equality.

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH NOVEMBER 2024 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: David Miller, Director of Workforce (Items 1-3), Carol Potter, Chief Executive

Present:

Sharon Adamson, Royal College of Nursing	Neil McCormick, Director of Property & Asset Management
Gillian Bell, UNISON	Debbie McGirr, Speak Up/ Whistleblowing Co-ordinator
Vicki Bennett, British Dietetic Association	Margo McGurk Director of Finance & Strategy
Helen Caithness, Royal College of Nursing	Christopher McKenna, Medical Director
Claire Dobson, Director of Acute Services	Ben Morrison, Royal College of Podiatry
Lynne Garvey, Director of Health & Social Care	Louise Noble, UNISON
Alistair Graham, Director of Digital & Information	Sandra Raynor, Head of Workforce Resourcing & Relations
John Hackett, UNISON - Regional Organiser	Caroline Somerville, UNISON
Benjamin Hannan, Director of Reform & Transformation	Gillian Tait, Senior Officer, Royal College of Nursing
Joy Johnstone, Federation of Clinical Scientists	Joy Tomlinson, Director of Public Health
Janette Keenan, Nurse Director	Andrew Verrecchia, UNISON
Michaela Lessels, UNISON	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Chu Lim, British Medical Association	
Kirsty MacGregor, Director of Communications	

In Attendance:

Jane Anderson, General Manager, Women, Children and Clinical Services (Item 05.2)
Yvonne Batehup, Welfare Officer, UNISON
Susan Fraser, Associate Director of Planning & Performance (Item 08.4, 08.5)
Maxine Michie, Deputy Director of Finance (Item 3)
Jackie Millen, Learning & Development Manager (Item 09.1)
Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

D Miller welcomed everyone to the meeting, especially those attending their first Area Partnership Forum (APF) meeting, and introductions were made.

Apologies for absence were noted from: P Hayter, L Mackie, W McConville and L Parsons.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the APF meeting held on 18th September 2024 were approved as a true and accurate record.

The Action List was reviewed:

It was noted that NHS Grampian had presented to NHS Fife their work on an Anti-Racism Strategy.

It was noted that a room had been identified for Staff Side use at Victoria

Hospital; however, work is required to alleviate noise from the ventilation system. Office space for Staff Side colleagues at Queen Margaret Hospital was also requested.

J Hackett drew attention to the need for APF papers to be issued timeously.

03. MATTERS ARISING

03.1 ePayslips

03.1.1 EQIA

M Michie advised that in response to a request at the APF in September, a small group had been established to take forward the development of an Equality Impact Assessment (EQIA) on the introduction of ePayslips to all. The draft document was widely circulated, and feedback received has been incorporated. The challenge of access and accessibility was recognised: to enable easier access to ePayslips, M Michie explained that NHS Fife electronic devices may be provided in all of the Staff Health & Wellbeing Hubs and in other areas for all staff to use; however, it was suggested the Hubs may not be the most appropriate locations given privacy and confidentiality issues. It was also requested that printing capability is available. M Michie confirmed that the default is electronic payslips; and highlighted this would be helpful as benefit claims are more straightforward to apply for online. D Miller indicated that although not yet available, new functionality will enable individuals to access their ePayslip using a mobile phone.

03.1.2 Preview of ePayslips Internal Campaign Messages

K MacGregor reported that a dedicated hub on ePayslips will be created on StaffLink. A comprehensive range of materials is being progressed including 'How to' video clips; a Question and Answer section is being prepared in collaboration with Tracy Chalmers, Head of Payroll Services and will be circulated to APF for comment; K MacGregor tabled proposed visuals for a traditional Comms campaign and desktop graphics; a QR code on promotional materials will take individuals straight to the hub on StaffLink; and a Manager's Briefing Toolkit will offer advice and guidance. In addition, National Services Scotland have prepared a helpful diagram on 'How to understand your payslip'.

**K MacG/
All**

03.1.3 UNISON Fife Health Branch ePayslips Survey

L Noble reported that she had raised staff side concerns during the preparation of the EQIA and these have been addressed. However, the challenge of accessing an ePayslip remains: the Wellbeing Hubs are for breaks, not all staff do online training/ use a computer, contacting Payroll is another electronic function. L Noble recognised the majority of staff wouldn't be affected by the roll out of ePayslips, but the main reasons raised in the survey responses for those that would be were: don't have access to a work computer, don't have the time, can't it be emailed to me, can't I access it on my phone. Y Batehup confirmed that a large number of facilities staff only undertake face-to-face training, wouldn't go into a Hub, aren't comfortable using electronic devices, and like to see their payslip on the day to ensure they are paid correctly. C Somerville queried how easy is it for staff to opt in? A Graham advised areas had been identified in principle for laptops, printers etc, however, happy to explore suggestions for alternative sites.

04. INVOLVED IN DECISIONS

04.1 Acute Services Division and Corporate Directorates Local

File Name: APF 201124
Originator: Janet Melville

Issue: V0.2
Page 2 of 12

Review Date:

Partnership Forum Update

C Dobson advised that the ASD&CD LPF had met on 15 November 2024, a positive meeting with a full agenda, good representation from the Corporate Directorate and fulsome discussions; there was nothing formally to escalate.

C Dobson shared with APF the main highlights: the Acute RTP was discussed, where we are currently with our savings schemes in relation to unscheduled care, planned care, COVID legacy reduction and supplementary staffing. Surge reduction requires further work and reflects the significant operational pressure that services are under. Updates were provided on the three transformation priorities. Plans are progressing as anticipated in terms of co-location of ward areas, including development of the Same Day Emergency Care Model (SDEC) and the Redesign of Surgical Pathways.

J Millen had provided an iMatter update with a summary of Action Plans in place and encouraged teams yet to do so, to develop their Action Plan. However, it is unclear what iMatter would look like next year.

C Dobson had introduced the Acute Clinical Services Framework which describes the vision for acute services into the longer term; clinical engagement and close working with the LPF are central to this work going forward.

Fiona Forrest had updated on Hospital Pharmacy at the Weekend and what the Comms will look like around that.

APF **noted** the report.

04.2 Health & Social Care Partnership Local Partnership Forum Update

L Garvey reported that the H&SCP LPF has met twice recently, on 10 September 2024, and with an Extraordinary (EO) meeting on 21 October 2024.

There were good conversations at both meetings: at the H&SCP LPF, updates were provided from the services on Health & Safety and work is progressing to improve, in particular, compliance with mandatory training.

Workforce updates were on Attendance; Staff Health & Wellbeing; Employee Relations; Recruitment; Systems Pressures and a real emphasis on Work Life Balance. Concerns were noted in relation to absence due to mental health issues: a deep dive to explore the causes identified personal stress as a main factor rather than work-related stress. They also talked about the Workforce Action Plan, and iMatter: there has been a real push to get Action Plans in place, although pleased with the 70% response rate and in particular scoring 90% in the 'manager is approachable' question, which is worth celebrating.

A number of Annual Reports were tabled and noted.

The main focus of the EO meeting was on finance and transformation: the challenging financial position and the impact on partners. Members were given an overview of impact on staff on a number of actions required in delivery of the Recovery Plan, and service pressures were highlighted.

S Adamson raised concerns in relation to a lack of staff side involvement in finance plans being taken forward and discussions on ward closures, resulting in staff hearing rumours - there should be partnership involvement from the earliest stages - reassurance is sought on what is happening going forward. L Garvey confirmed there has only been one ward closure agreed, with others requiring essential maintenance/ still under discussion. N McCormick advised

work had been paused, given the changes to post-holders, however meetings are being reinstated to engage with staff and to allay their concerns. Y Batehup suggested improved communications/ briefings were required to prevent staff being unaware/ hearing of changes/ closures through the grapevine. C Somerville highlighted the similarities to the closing of Hayfield House, has there been no learning from that? Staff like to know what's going on, to be better prepared for change. B Hannan thanked colleagues for their feedback and hadn't considered the two processes to be linked, and now noted the commonalities. C Potter proposed presenting to the January APF, a high-level overview of what are the current challenges faced within our Mental Health services, what are our ambitions, what are we looking to do in the future.

LG

In response to J Hackett's query in terms of the H&SCP Recovery Plan, it was noted it was initially rejected but following assurance discussions and staff side input, subsequently agreed.

APF **noted** the report.

05. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

05.1 Health & Safety Sub Committee Update

N McCormick explained a regular report of incidence statistics and narrative will be brought to future Staff Governance Committee (SGC) and APF meetings.

N McCormick talked to the report, highlighting there is now a full complement of staff within the Health & Safety Team, with more joint working: it has been agreed with H&SCP colleagues that we will deliver Violence & Aggression (V&A) training Fife-wide. Plans are in place to recruit another V&A Trainer.

The Fire Advisory Team previously managed within Estates & Facilities has moved under Health & Safety to enable risk assessment in a holistic way. New national guidance requires a senior member to be responsible for leading the Fire Advisory Team.

A new Manual Handling Policy has been developed and is at final approval stage; with the EQIA component complete. There have been a few changes, in particular, the Scottish Mental Health Passport accreditation – we can assess/ consider training when individuals move from other Boards.

Other issues include staff not attending refresher courses, given the challenges of releasing staff, and so their training is out of date.

L Noble advised that the recent (rescheduled) Acute Health & Safety Committee meeting was cancelled at short notice as Co-Chair P Hayter's facility time was revoked at the last minute and the meeting wasn't quorate. L Noble stressed the importance of this group meeting regularly; and C Dobson urged colleagues to build on the hard work undertaken to re-establish this group.

APF **noted** the report.

05.2 Attendance Management Update

J Anderson talked to the report, a regular update to SGC and APF on the work of the Attendance Management Oversight Group (AMOG). J Anderson indicated that disappointingly, two AMOG meetings had been stood down as they weren't quorate; however, there has been rich and meaningful dialogue at the other meetings.

Following an improvement in absence rates in July and August 2024, there was an increase in absence in September 2024, highlighting the challenges in sustaining improvements in attendance management. At the last APF, three teams were identified as falling into high priority areas, within Critical & Complex Care. Managers are committed to exploring opportunities to improve attendance management and work with staff in those areas. At a previous AMOG meeting, concerns were raised in terms of inconsistent application of targets. Members of AMOG undertook benchmarking work with other Boards to discuss their approach to attendance management. One significant difference was how long-term absence is managed in other Boards; Fife is a bit of an outlier. Recommendations will now be taken forward with staff side colleagues: a draft of the proposed changes to the application of attendance management handling has been shared with APF staff side colleagues and AMOG members. The next AMOG meeting will prioritise this topic and it is a chance to make appropriate changes to align with other Boards and Policy.

J Anderson advised that she and S Raynor had recently met Kirsty Wilson, NHS Fife's new Occupational Health Consultant who will attend AMOG meetings to share her experience and knowledge.

At the last APF it was suggested using 'heat tables' for identifying areas requiring support with addressing high absence rates. The work is in its infancy and workforce colleagues will be invited to a future AMOG meeting to provide more information to help triangulate the data.

In the discussion that followed, C Dobson praised the work being undertaken, it feels 'different' this time; G Tait welcomed the work on managing application of the Attendance policy; D Miller acknowledged absence is a 'wicked' issue and stressed that we must work in line with the national policy; A Verrecchia hoped colleagues have had site of the UNISON response to the proposal to manage long-term absence.

APF **noted** the report.

06. TREATED FAIRLY AND CONSISTENTLY

06.1 Review of Band 5 Nursing Roles Update

S Raynor indicated that as at 18 November 2024, 272 applications were at various stages of progress, with 56 submitted by Fife Band 5 Nurses. Locally, the Managers Briefing Pack has been finalised and the Briefing Sessions (a mix of online and in person) have commenced. S Raynor encouraged Staff Side colleagues to support the sessions for Band 7 Charge Nurses and for Band 5 Nurses. The group are starting to look at Quality Checking and Batching of applications; envisaging we can commence this work in partnership before the end of 2024. Finally, we are awaiting national advice on a 'closing date' for submission on the portal/ end date to the process.

G Tait highlighted from feedback received the need for managers to be well trained in what their role is; some Band 5 staff are being put off from applying as they are getting mixed messages e.g. it's not for you. S Raynor confirmed that in addition to the Briefing Sessions, other methods of raising awareness are being explored in order to reach as many of the target audience as possible.

APF **noted** the report.

06.2 Reduction in the Working Week

S Raynor explained that the Impact and Risk Assessment pro-forma has been issued today to services who are still having to process the allowance payments. The intention is to use the feedback from these forms and financial assessments to extract WTE by band for services as the payment allowance is due to stop from 30 November 2024. Also exploring whether we can adopt this approach, similar to what NHS Lothian have done, looking at what this means for years 2 and 3 for the further hour. S Raynor reminded the Forum that the return outlining our current position is due into the Scottish Government on 29 November 2024. National guidance on handling the further hour reduction (2 x ½ hour or 1 x 1 hour) is awaited.

D Miller confirmed that a decision has yet to be taken on implementing the remaining 1-hour reduction in the working week. Unions had rejected the proposal for a 1-hour reduction delayed until 2026: J Hackett advised unions will not support this as the reduction is part of the pay agreement for 2023/24 and suggested a 1-hour reduction in 2025 would be preferable to two smaller reductions. D Miller advised that the default position is ½ hour reduction in 2025 and the remaining ½ hour in 2026. It was acknowledged that some areas continue to struggle with the reduction; further reductions could impact services to patients and increase waiting times/ necessitate additional posts. It was noted careful workforce planning is required to meet future demands together with determining the services we wish to provide. J Keenan drew attention to the impact of the reduction in the working week on the eRostering system.

APF **noted** the report.

06.3 Whistleblowing Report 2024/25 Quarter 2

D McGirr, Whistleblowing Co-ordinator indicated she was delighted to be part of the APF as her role involves staff relations, engagement and addressing concerns. She highlighted from the report that there were no new whistleblowing concerns during Quarter 2; there was one case outstanding due to its complexity; two anonymous concerns were dealt with in business as usual; there were no whistleblowing articles in the local press.

Since the report was written there has been more recent activity around the Board commitment to following best practice in terms of listening to staff raising concerns, supporting staff, and acting at the end as well.

Over the summer a Whistleblowing Oversight Group was established, Chaired by C Potter, reflecting on all aspects of whistleblowing, highlighting outcomes and learning from the themes arising; and linking in with Practice & Professional Development and Organisational Development to move forward.

D McGirr advised she has been in post since the end of September 2024, the role focuses on and encourages a culture of speaking up Fife-wide: in Acute, Community and Primary Care, through all avenues that already exist. Some staff are still unsure of where to go to access resources: this role is the conduit to navigate and share information.

In addition, D McGirr will coordinate work to ensure NHS Fife is compliant with the National Whistleblowing Standards, with reports quarterly to the Board. During her induction she has met some directorates and plans to meet others, including staff side colleagues, in the coming weeks.

Other work includes refreshing the Whistleblowing Decision-making Group to clarify the role of group.

D McGirr is planning to expand the role of the Confidential Contact (CC): she is meeting the 19 staff next week to ascertain further training/ support required and to roll out; and liaising with Comms to promote the role and expand the CC group. Also training Investigators so that they are ready when required.

C Potter encouraged staff side colleagues to meet D McGirr if they haven't already done so, she has a wealth of clinical and educator experience to share.

APF **noted** the report.

06.4 Workforce Policies Annual Update and Once for Scotland Workforce Policies Implementation Plan – Phase 2.2

S Raynor referred to the report drawing attention to the policies developed since November 2023 - listed are the updated and new policies/ resources - and the soft launch of the next phase of Once for Scotland (OfS) policies, between 15 October 2024 and 15 January 2025 with the policies going 'live' in February 2025. HR colleagues are currently working in partnership to undertake the self-assessment stage (exploring and understanding what the differences will be for managers and staff between our current practices and the new OfS policies). S Raynor indicated that Briefing Sessions have been arranged and advertised for December 2024/ January 2025, a mix of in person and on MS Teams delivery, and encouraged staff side to participate.

V Bennett and L Noble queried why the NHS Fife Voluntary Severance Policy is published on StaffLink and readily available to members of staff; it was their understanding it should only be used in exceptional circumstances and requested clarification. D Miller confirmed there is an approved policy, and it is on StaffLink/ intranet, however, there will be targeted comms only: staff have to meet certain eligibility criteria and it will only be deployed when all other avenues have been exhausted.

APF **noted** the report.

06.5 Workforce Equality Update

J Keenan was pleased to report that NHS Fife received a Pastoral Care International Recruitment Quality Award from the Scottish Government in April 2024 in recognition of the support given to international recruits: NHS Fife has onboarded 99 international nurses and 5 international radiographers.

J Keenan advised work is underway to revisit and relaunch a Diverse Ethnicity Network (DEN) early next year, given positive interest and fresh ideas learned from the establishment of the LGBT+ Network and from NHS Grampian's work on an Anti-Racism Strategy.

Other highlights include: we are also linking with Fife Council on a Neurodivergent Staff Network, the initial meeting is on 2 December 2024. NHS Fife participated in the Fife Pride Event on 29 June 2024. Speak Up Week took place between 30 September to 4 October 2024, encouraging staff to speak up. And as previously alluded to, we are working with NHS Grampian on an Anti-Racism Strategy.

R Waugh reported on the positive activity over the last year. The LGBT+ Network launched successfully with Matt Valenti's input and to date, two formal meetings have now taken place with good engagement. The intention is that the Network becomes self-managed and has formalised the Chair and Vice Chair positions and plans for Secretary. The Network has agreed a logo which has been approved by Comms. Fife wide Pop-up sessions are being arranged

for early next year. It is hoped members of EDG could attend a meeting.

Discussions are on-going regarding opening the invitation to join the Network to Fife Council / H&SCP colleagues, alongside their invitation for NHS Fife colleagues to join their new Neurodivergent Staff Network, with links to Equality outcomes and planned work on anti-racism strategy, which would enable a good opportunity for collaborative working.

I Bumba is currently working on the Equality Outcomes Plan for 2025, which we have contributed to in terms of workforce aspects. It was agreed to share the aspirations around leadership and management.

RW

J Keenan expressed her thanks to I Bumba for her enthusiasm in reinvigorating the work of the Equality & Human Rights Steering Group.

It was suggested the NHS Grampian video clip on their work around Anti-Racism was shared with APF members.

JK

APF **noted** the report.

06.6 Employability Initiative & Programmes Update

R Waugh indicated there has been good progress this year with employability initiatives which is demonstrated within the paper. We have gone from a position of zero and not sure what we were going to do to some really positive work, recognising we have more to do. Since Jess McQueen, Employability Manager left earlier this, Alison McArthur, International Recruitment/ Employability Officer and Lyndsey Thomson, Employability Officer have undertaken a huge amount of work to progress on-going initiatives. Anchors has been recognised as an area that we could do more to progress in relation to this aspect of employment and we are currently making progress with EMERGE, but there is a lot of work to be done to develop a youth recruitment pathway to entry level positions, (clinical and non-clinical) whilst offering training, development and progression opportunities. Since the report was written, we have also managed to secure a grant from the Raymond Fernie Trust to purchase uniforms and items for work placements. There will be a further update on the metrics in future. The employability agenda supports our Anchor Institution ambitions. R Waugh indicated we are hosting the Developing the Young Workforce Board at Queen Margaret Hospital, including a tour of the virtual ward.

In the discussion that followed, it was noted there was a vast range of opportunities for NHS Fife to reach out to encourage youngsters to pursue a career in the NHS, including volunteering, school engagement and careers events, apprenticeships and collaborating with educational and other partners.

APF **noted** the report.

07. RE-FORM, TRANSFORM, PERFORM FRAMEWORK

B Hannan reported that we are working towards a joint Transformation Plan to coordinate NHS Fife services, with initial discussions having taken place in partnership. A date has been agreed to hand over the Bed Modelling Exercise which provides a tool to explore future demand and capacity. B Hannan drew attention to the good work going on the background around data maturity and the ability to generate reports essential for decision making and transparency going forward.

Acute Reconfiguration Update

C Dobson advised there is good news, however, challenges continue. Acute Service Redesign RTP meets fortnightly. Activities in the past month have focused on the creation of the Integrated Respiratory Unit which went smoothly. The next series of changes include the co-location of Medicine of the Elderly/ Stroke/ Neurology to 40's in the coming weeks and General Medicine is moving to Ward 32. This helps us with the next steps to lay Pathways: hoping to at least start SDEC in December 2024. It is more complicated in terms of design given it is 'Front Door' with high demand /high flow / high pressure and the dependencies on diagnostics. We have also worked on Surgical Pathways to improve flow in AU2 to alleviate 4-hour breaches, how we can move patients more seamlessly from ED. We are now focussing on plans for 2025/26 to continue reimagining Acute Services and the development of the Acute Services Framework.

Infrastructure & Change Update

N McCormick reported that office consolidation is nearing completion: Hayfield House, Cameron House and Haig House are now fully closed, with staff moving to Fife House and Bankhead locations; feedback from staff affected has been generally good. The next stage is to consider the wider estate and issues affecting existing infrastructure and to understand what the future will look like. Valuations are being sought for underutilised buildings, which may be sold/ disposed of as part of wider configuration. Estates & Facilities have moved from the Cameron site, with Dental and Addictions to follow. Work on the Training Suite on level 8 of the Tower at Victoria Hospital is now complete; and hot desking is available on sites across Fife. The focus will move to longer term, to understand clinical requirements going forward.

Business Transformation Update

A Graham indicated that processes to improve core administrative functions are being considered together with structure, to benchmark good practice and gauge opportunities for improvement. We are at a key stage as we commence a communication engagement approach with operatives. Analysis and mapping of data and processes is helping to develop a unified approach. We continue to track progress against original plans: we are underperforming against financial plans and looking at bridging actions such as implementing temporary changes to the workforce e.g. a 13 week pause in recruitment where it is safe to do so i.e. evaluating the impact on clinical services and staff safety. Other activity includes local consolidation within secretarial teams; small levels of investment for digital solutions e.g. IDL; and looking at areas for reduction e.g. reducing our reliance on paper, printing and postage.

People and Change Update

D Miller informed the Forum that at the recent People and Change Board (P&CB), it had been agreed to focus on a topic at each meeting, this time it had been on Direct Engagement. The Supplementary Staffing Group has been stood down as most are also members of the P&CB. A positive meeting had been held with Scottish Government on both Supplementary Staffing and Direct Engagement. We have stepped up a group on Direct Engagement to address teething issues e.g. role clarity, with good work and savings being identified. We are taking a paper to the Board on legacy cost pressures with posts, and also on Voluntary Severance.

D Miller was pleased to advise the Whole Time Equivalent (WTE) work to understand why there has been a growth in staff numbers across the whole of Fife has been undertaken and has been mapped and analysed to tracking by department level. The next stage is to use this intelligence to drive and inform

workforce planning.

There followed a discussion during which a number of concerns were raised by staff side colleagues: in relation to staff moves – reassurance was given that this is in the early stages of planning and staff would be kept informed; the recruitment pause and the impact on staff morale/ stress/ absence rates as well as on which services we can provide to patients/ clinical risk? – reassurance was given that this would be monitored and appropriate action taken as required e.g. amendments to the VMF process. It was recognised that efficiencies and savings must be realised, and this will involve difficult decisions being taken and tough choices being made to reach a sustainable workforce position. It was noted that investment in modern digital solutions would support the workforce to carry out their roles efficiently and effectively.

M McGurk agreed to discuss financial issues further with Y Batehup out with the meeting. C Potter suggested this is a great opportunity to radically change the way we do things and encouraged staff side colleagues to support staff to feel confident to raise concerns/ propose ideas with RTP Leads.

APF **noted** the update.

08. WELL INFORMED

08.1 Financial Performance & Sustainability Report

M McGurk referred to the report which details the financial position for the 6 months to September 2024: we are reporting an overspend against revenue budget of £23.5m. It is actually a positive story, as the overspend run rate trend is downwards, signposting an improving position albeit with a number of non-recurring one-off benefits. All work driving financial improvement is yielding results.

The RTP table indicates that at the end of September 2024 we aimed to have made £9.65m reductions; although there is a shortfall of £1.5m (compared to £8.1m savings during all of last year). NHS Fife is asked to deliver £25m of savings; we have plans for £23.3m, but still a lot to do in 5 months. M McGurk urged colleagues to influence anything that could be paused/ stopped/ not spent.

The table towards the end of the report makes stark reading; even with the planned savings, we are forecasting a £36.8m financial gap at the end of 2024/25 (£6.8m more than originally forecast). This is the result of a significant overspend position in H&SCP delegated budget and Acute Services. We can't continue to operate our services as we are currently doing, a very challenging position.

APF **noted** the update.

08.2 Communications Update

K MacGregor highlighted key areas of work: the Winter Campaign has been launched with various pieces of messaging, in particular around 111. Public messaging in terms of RTP – especially in terms of public access to dentistry and around waiting times.

Internal Coms Survey – the aim was to benchmark how staff access news/ updates etc. 410 staff completed the survey (almost reaching our target of 5% of staff). Headline results: 50% of staff advised they have no problems accessing news; the biggest barrier, that around 32% identified, was having

insufficient time in their working day. In terms of accessing news, 73% of staff found it was easy/ very easy, with 11% finding it difficult. There were also a number of ideas and suggestions put forward, a fuller analysis report will be brought to the January APF with next steps.

APF **noted** the update.

08.3 Area Partnership Forum Assurance Report

C Potter explained that L Parsons as a stakeholder member of the Board and Employee Director is required to provide a mid-year report on the work of the APF to provide assurance to the Board. C Potter requested colleagues to advise of anything that has been omitted from the report.

APF **noted** the update.

Due to time constraints, Forum members **noted** the following reports:

08.4 Population Health & Wellbeing Strategy 2024/25 Mid-Year Report

08.5 Annual Delivery Plan Quarter 2 Progress Report

08.6 Occupational Health & Staff Wellbeing Annual Report 2023/24

R Waugh highlighted, on behalf of OH colleagues, that there is a high number of staff not attending appointments.

08.7 Volunteering Annual Report 2023/24

08.8 Staff Governance Annual Monitoring Return 2024/25

09. APPROPRIATELY TRAINED

09.1 Appropriately Trained

J Millen was pleased to report that core skills training engagement had increased in September 2024.

J Millen drew attention to the rising incidence of DNAs (Did Not Attend) at training sessions: one Infection Control session had to be cancelled at short notice as none of the 13 staff booked on attended. J Millen acknowledged service pressures and the capacity to release staff, but highlighted in turn, the impact on admin and training resources, patient care etc.

The Core Skills SLWG is currently exploring various training delivery methods: one suggestion is to trial a half day of training (manual handling, health and safety, fire) as it may be easier to release staff once for longer; and would assist the work ongoing around Protected Learning Time (PLT).

In response to C Somerville's question, J Millen recognised that current systems are not fit for purpose in terms of recording specific PLT activity but a national workstream on System Modification anticipates this will be developed in the longer term. C Somerville raised a concern that PLT is not applied consistently across the organisation; J Millen explained the time required for PLT is dependent on an individual's role and training requirements; however, the training should be undertaken within their contracted hours.

APF **noted** the update.

10. ITEMS FOR NOTING

The following item was **noted** by APF, with nothing requiring escalation:

10.1 H&SCP Local Partnership Forum – Minutes of 2nd July 2024

- 10.2 ASD&CSD Local Partnership Forum – Minutes of 15th August 2024
- 10.3 NHS Fife Staff Health & Wellbeing Group – Minutes of 20th August 2024
- 10.4 ASD&CD Health & Safety Committee – Minutes of 23rd September 2024
- 10.5 Health & Safety Sub-Committee – Minutes of 6th September 2024
- 10.6 Implementation of Health and Care Staffing Act – NHS Fife Safe Staffing Group – Minutes of 20th September 2024
- 10.7 Workforce Equality Sub-Group – (Unconfirmed) Minutes of 14th October 2024

11. AOB

11.1 Staff Flu Vaccination Campaign

R Waugh encouraged colleagues to attend a 'drop in' clinic for their annual flu vaccination or to get the jab from a peer vaccinator.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 22nd January 2025 at 13:30 hrs.

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

(Friday 15 November 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 FRIDAY 15 NOVEMBER 2024 AT 2.00 PM VIA MS TEAMS

Present:

Claire Dobson (CD), Director of Acute Services (**Chair**)
 Andrew Verrecchia (AV), Unison
 Miriam Watts (MW), General Manager – Surgical Directorate
 Belinda Morgan (BM), General Manager – Medical Directorate
 Jane Anderson (JA), General Manager – Women, Children & Clinical Services Directorate
 Paul Bishop (PB), Head of Estates
 Fiona Forrest (FF), Acting Director of Pharmacy & Medicines
 Melanie Jorgensen (MJ), Interim HR Team Leader
 Jackie Millen (JM), Interim Learning & Development Manager
 Sharon Crabb (SC), Public Health Service Manager
 Michaela Lessels (ML), Unison
 Joy Johnstone (JJ), Federation of Clinical Scientists
 Samuel Grimshaw (SG), Society of Radiographers
 Sam Ferguson (SF), Chartered Society of Physiotherapists
 Neil McCormick (NM), Director of Property & Asset Management

In Attendance:

Siobhan McIlroy (SM), Head of Patient Experience (attending for N Robertson)
 Kirsty Goodsir-Maguire (KG-M), Finance Business Partner (for J Chambers)
 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 William Nixon, Caroline Somerville, Nicola Robertson, Norma Beveridge, Benjamin Hannan, Bryan Archibald, Neal Stevenson, Dr Sue Blair and Jill Chambers.</p>	
<p>2 MINUTE OF PREVIOUS MEETING – 15 AUGUST 2024</p> <p>The Minutes of the Meeting held on 15 August 2024 were accepted as an accurate record.</p>	
<p>3 ACTION LIST & MATTERS ARISING</p>	

3.1 **Health & Care Staffing Act Update**

The slide presentation and helpful guide was shared with colleagues via email on 19 August 2024. Close action.

GMcK

3.2 **Vacancy Management Forms (VMFs)**

CD/AV met with David Miller to discuss some of the challenges with VMFs. This has smoothed out a little but there is a development in relation to Jobtrain being used to support vacancy management moving forward and Jane Anderson is involved in that group.

JA advised a Short Life Working Group (SLWG) has been formed and they will pilot a transition from a paper VMF to use the Jobtrain version. Two teams have been identified to start the pilot in the New Year; feedback from the SLWG in February; and full implementation by April 2025. Support will be provided by Jackie Millen's team in terms of training and development. Close action.

GMcK

3.3 **NHS Fife Board Meeting**

The SBAR and Corporate Objectives was shared with colleagues via email on 22 August 2024. Close action.

GMcK

3.4 **Hospital Pharmacy at Weekend**

FF advised there have been further discussions around the pay protection aspects and note Unison's position around that. This is still to be worked through with our payroll colleagues and FF will be in contact with AV and LN before they go ahead with any communication to our staff. Close action.

GMcK

3.5 **Capital Projects Report**

CD advised she had visited the old plaster room this week which will be the new staff side offices. The space was looking good but there is some concern in relation to the fan in the ceiling and the noise from that. PB advised this is being dealt with and the issue will be resolved. AV advised on behalf of staff side colleagues they were delighted with the office facility and thanks to everyone that has been involved and the support that has been given. Close action.

GMcK

3.6 **Concerns Regarding Meeting Arrangements via Microsoft Teams**

CD/AV had a conversation with David Miller and agreed that employee relation meetings were important, and those conversations should be held on a face-to-face basis wherever they

possibly can. AV advised this had improved but had not been completely eradicated with the odd occasion when staff side colleagues have to push back. Close action.

GMcK

3.7 Issues for Escalation to Area Partnership Forum

CD advised a discussion was to take place at Area Partnership Forum (APF) for further discussion with a wider audience in relation to sickness absence and working from home and how some of our practices have changed in relation to that. CD advised she had not been able to attend the last APF but agreed to check the minutes of the last APF meeting to ascertain if this had been discussed.

Post Meeting Note:

The 18 September 2024 APF minutes were checked, and this item had been discussed. Close action.

GMcK

4 HEALTH & SAFETY:

4.1 Health & Safety Incident Report

The Health and Safety Incident Report for the period August 2024 to September 2024 was distributed and noted, for information.

PB advised a health and safety update is given on a Monday at their senior management team meeting and this could be circulated to LPF colleagues, for information/awareness. **Post Meeting Note: Due to annual leave no Health and Safety Report was lodged at this meeting.**

CD advised the next Acute Services Division and Corporate Directorates Health and Safety Committee takes place on 18 November 2024 and if there are any health and safety issues they should be raised through this route.

BM advised an issue has been identified around manual handling and training for single handed care so there is equity across Acute and Primary Care. CD advised an email had been circulated from Anne-Marie Marshall and her team indicating more sessions would take place in January, February and March 2025 that are appropriate for Acute colleagues. There is still some wording that indicates if staff have not had recent manual handling training, they are not able to handle a patient. CD advised she had asked NM to review this as this is not something that the organisation is supportive of in terms of that statement. CD welcomed a further discussion on this at the Acute Services Division and Corporate Directorates Health and Safety Committee meeting on 18 November 2024.

NM

5 STAFF GOVERNANCE:

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

CD advised the demand for Acute services has been particularly high over the past couple of weeks. Huge thanks to our staff for their support in keeping our patients, site and colleagues safe as it has been exceptionally busy, and we have seen some of our highest Operational Pressures Escalation Levels Framework (OPEL) scores.

Surgical Directorate

MW advised:

Staff have been working between our two Orthopaedic wards and the National Treatment Centre (NTC) in order to keep staffing levels safe as we have had gaps in our rotas within Wards 31 and 33.

There is a focus on performance in AU2 and we have various operational SLWGs going on to ensure that we are not making any changes that would adversely impact the staff.

We continue to monitor our waiting times and because of the finance situation across the whole of the division we have paused activity in a lot of areas.

Over the winter period we will continue with our regular theatre huddles at 8.15 am with an additional theatre huddle just after the 1 pm capacity meeting. This will enable us to look at what activity we are able to put through the following day based on the anticipated pressures and where possible best utilise our staff.

Medical Directorate

BM advised:

We are seeing over 200 unplanned attendances daily which is an increase from the previous month. Our A&E 4-hour access standard is 75.3%, which is 6% above the national average. Our overall OPEL performance has consistently shown us operating at purple level.

We have 4 junior doctor rotas which are now compliant, and all our junior doctors have been able to achieve their breaks on time and consistently across every shift.

Specific wellbeing days have been held for our critical care staff and a further two days are planned. Good feedback has been received.

Sickness absence within the directorate continues to be high at 8.6%. There have been some improvements, and it has come down slightly from last year when we reached 9.2%.

We are consistently working with teams through staff engagement and workshops around the Integrated Acute Respiratory Unit. Ward 53 and Ward 43 were moved a few weeks ago. Phase 2 takes place on 29 November 2024 with a move of Ward 41 and 43. We will have an integrated Neurology/Stroke Unit within Ward 42 and a Medicine of the Elderly (MOE) ward in Ward 43 with a much broader focus on frailty. We have a workstream around our Same Day Emergency Care model (SDEC) and have had a useful meeting with Diagnostic and Radiology colleagues around moving forward with that planning.

21% of consultants have a fully signed off job plan within the Medical Directorate, with another 20% at second phase with an aim to have these signed off by Christmas.

Two new consultant posts have been signed off and will be going to recruitment in the next couple of weeks. One is a joint Medicine of the Elderly/Scottish Community Orientated Medical Programme (ScotCOM) post and for the first time we have a joint Medicine of the Elderly and Neurology post. There will be discussions next week around the development of further Advanced Nurse Practitioner roles in our Medicine of the Elderly directorate.

Women, Children & Clinical Services Directorate

JA advised:

Support services continue to engage with the Reform, Transform, Perform (RTP) Programme and feel they are involved in the decision making around some of the things that are happening across the hospital. There has been good feedback from those teams.

There have been really good examples of partnership working this week between the Medical Directorate and the Women, Children and Clinical Services Directorate to see what support services, particularly Radiology and Laboratories can do to help ease some of the pressure at the front door and try to schedule some of the unscheduled care imaging requirements.

25% of consultants have a fully signed off job plan within the Women, Children and Clinical Services Directorate which is a huge

improvement. There are others sitting at first and second phase ready to be signed off and we hope there is an improved picture by end of December 2024.

The directorate sickness absence was 6.44% in September 2024 which is an increase slightly from the previous month. A focussed piece of work on absence management is being undertaken. The last Promoting Attendance at Work Panel was very productive. The team membership is shaping these meetings and there is some learning. Staff are being asked to utilise the HR time at the Promoting Attendance at Work Panels.

Medical vacancies remain high, particularly in Radiology and Laboratories resulting in higher purchase of healthcare costs. The team are working hard to find solutions to some of the vacancy gaps.

Non-medical vacancies had reduced significantly to 7.3% and recently we have been able to fill some hard to fill posts.

There is close monitoring of the use of supplementary staffing and good grip and control around that. Newly Qualified Practitioners (NQPs) will shortly ease some of the pressures.

There have been good results from the Direct Engagement conversations. We currently have only 3 locums that are not on Direct Engagement and currently they are propping up the ultrasound service, but this is not a long-term solution. Locum doctor use is mainly to cover gaps in the Paediatric and Neonatal service.

It has been difficult to obtain 80% mandatory training levels due to sickness absence rates and the reduced working week. Each of the teams within the service are undertaking some focussed work on increasing the engagement for mandatory training.

Our diagnostic imaging performance has increased from 40% of patients getting a test within 6-weeks in April 2024 to 81% this month which is a significant improvement. It hoped we can sustain some of that improvement without the waiting times funding we had anticipated. There is a longer-term vision for the Radiology service to go to a shift system and there has been good partnership working to prepare an SBAR to go forward for consideration and it will form part of our clinical strategy.

The skill mix that was put forward for the reporting Radiographer endorsed by the Senior Leadership Team and Executive Directors Group is resulting in significant cost avoidance for the Radiology service but also a huge amount of job satisfaction for the

Radiographer who took on that post. The shared learning across the team has been good and there is high morale within the team.

CD and AV thanked the General Managers for their directorate updates which were very full and informative and reflective of all of the activity and work that is going on.

5.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

MJ advised the overall average sickness absence figure for NHS Fife was 6.51% in August 2024. The absence rates in September and October 2024 have increased further.

Acute Services Division

MJ advised:

The Acute Services Division had a sickness absence rate of 6.36% in August 2024. The Medical Directorate had the highest sickness absence in August 2024 at 7.90%, Surgical Directorate at 5.56% and Women, Children and Clinical Services at 5.27%.

The highest number of hours lost was due to anxiety/stress/depression sickness absence category, followed by other musculoskeletal problems. The highest number of episodes of absence was due to anxiety/stress/depression/other psychiatric problems followed by gastro-intestinal problems.

The highest number of hours lost due to sickness absence was in the Nursing and Midwifery Band 5+, and the highest absence rate was in Other Therapeutic, however this only equated to 163 hours. The second highest was Nursing and Midwifery Bands 1-4.

Both short-term and long-term absence decreased in August 2024. There were 19 areas within the Acute Services Division with over 10% sickness absence.

Corporate Services Directorate

MJ advised:

The Corporate Services Directorates had a sickness absence rate of 6.12% in August 2024. The Facilities Directorate had the highest sickness absence rate in August 2024 at 8.82%, however this was a significant decrease from July's figure. This was followed by Health and Safety at 5.25%, then Corporate Services at 4.64% and Estates Directorate at 3.03%.

In terms of the other services within the corporate function the Nurse Director had the highest sickness absence at 6.83%, followed by Pharmacy Services at 6.15%.

The highest number of hours lost due to sickness absence was due to anxiety/stress/depression, followed by other known causes. The highest number of episodes was due with anxiety/stress/depression.

The highest number of hours lost due to sickness absence was in the Support Services job family and was also the highest absence rate.

Both short-term and long-term absence decreased in August 2024. There were 6 areas within the Corporate Services Directorates with over 10% sickness absence.

Attendance Management Oversight Group

MJ advised the Attendance Management Oversight Group continues to meet regularly and is looking at a variety of initiatives and support. They have also undertaken some benchmarking of other boards, looking at activity and how they are managing attendance.

JA advised the membership of the Attendance Management Oversight Group is being redesigned to ensure the correct colleagues are in attendance. Some hot spot areas have been identified where there are significant challenges and there are other areas that are performing extremely well, and they are hoping to share some learning across the teams. It is important to have that consistency of application of policy and our managers are well supported to support attendance at work for their teams.

5.3 Feedback from NHS Fife Board & Executive Directors Group

NHS Fife Board Meeting

CD advised the NHS Fife Board met on 25 September 2024. David Miller provided an update on the 3-year Workforce Plan. There was an update on the Annual Delivery Plan and the Whole System Infrastructure Planning from Margo McGurk. The Primary Care Strategy Year 1 Report was presented by Fiona McKay and there was an update on the Procurement Strategy.

CD advised a further NHS Fife Board meeting takes place on 26 November 2024. There will be a financial and operational performance update; RTP Update; Integration Joint Board (IJB) financial recovery plan update; the draft medium-term financial plan; Annual Delivery Plan (ADP) update and Joint Health Protection Plan. There will then be the standing reports from

Committees; update on Risk Appetite; Risk Management Framework; Prevention and Early Intervention Strategy; Population Health and Wellbeing Strategy 2024/25 Mid-Year Report; Digital and Information Strategy Review; and Sustainability and Greenspace Update.

FF advised fully open and honest conversations are taking place at the Board around our challenges and what we are trying to do around RTP.

NHS Fife Staff Awards

CD advised the NHS Fife Staff Awards took place on 4 October 2024 at the Glen Pavilion and was a fantastic celebration of the work of all of our staff and a special night for particular individuals who were nominated and won awards.

NHS Fife Annual Review

CD advised the NHS Fife Annual Review took place on 30 September 2024 and attended by Jenny Minto, Minister for Public Health and Women's Health and John Burns, Chief Operating Officer, NHS Scotland. We had a positive session in the morning with partnership colleagues and was reflective of the challenges that we are all facing.

Executive Directors Group

CD advised very similar themes have been discussed by the Executive Directors Group. Updates have been given around where we are with our RTP Programme; where we are financially; what is happening across the East Region and potentially how we are going to work differently as a result. There has been general discussion on the other updates coming through committees and those standing agenda items.

FF advised open and honest conversations are taking place and what we can do to support the organisation to achieve its objectives while also maintaining our staff wellbeing.

Reform, Transform, Perform Programme (RTP)

CD advised the RTP Executive Group met yesterday. The RTP Leadership Report provides a breakdown of the 3% schemes and identifies where schemes are in difficulty in terms of delivering all of the savings that are attached to them. The 3 main schemes are surge reduction, Service Level Agreement (SLA) activity work and business transformation. The Acute schemes are performing well in relation to unscheduled care, planned care, COVID legacy reduction and supplementary staffing.

CD advised there was also a discussion on electronic payslips and the Equality Impact Assessments (EQIA) that has been carried out.

CD advised Margo McGurk provided a finance update around the month 7 position and how we are going to identify any further savings schemes between now and the end of March 2025. We are still short of our 3% target for £25m and colleagues to identify any further schemes.

5.4 Finance Update

KG-M reminded colleagues to make sure that everything is in where it should be and highlighting any differences that could potentially impact the forecast.

5.5 Updates from the Corporate Directorates

SM advised:

Corporate Nursing Directorate Update

Spiritual Care

The Spiritual Care Team are experiencing staffing constraints and are not as present as they would wish to be at Queen Margaret, Glenrothes or Cameron Hospitals but all referrals are being covered.

The Spiritual Care Team are piloting a bereavement in the workplace module experiencing the death of colleague to help managers and teams be better prepared to navigate such an occurrence.

A lot of work has gone on in terms of having a more collegiate and collaborative approach to staff care. It has involved spiritual care, occupational health, psychology, peer support and wider staff care initiatives and putting all information under a unified banner on StaffLink to make it easier to access more materials and services for referral. This will be launched in November 2024 and are working to get these communications out.

Patient Experience Team

Patient Experience are still not meeting the 80% compliance target and only achieved 49% at September 2024 which is lower than last year. There is however a lot of good ongoing work with services in relation to stage 1 complaints and early resolution.

There has also been a more focused approach on resolving complaints within the 5–10-day timeframe.

We have seen a 42.1% reduction in open stage 1 complaints in quarter two this year compared to last year. Currently there are 4 stage 1 complaints in the system which is the lowest number for the last two years and are all sitting under 10 days.

There has been a huge reduction in the number of open concerns and enquiries.

There has been a reduction in open stage 2 complaints. In quarter two this year there were 205 open compared to 483 in quarter two last year, which is a 58% reduction. There are currently 63 stage 2 complaints open with only 5 over 100 days. There is 1 complaint which is an outlier which was linked to an adverse event. All the rest are waiting action or approval from the Chief Executive. There is 1 complaint awaiting statements but this is an exceptional one which had additional comments added from the complainant after it had been sent out.

We still have delays, and the majority of complaints are sitting with the service for statement or out for comment. Patient Experience are trying to focus on the drafting of complaints to ensure there are no delays and we have an efficient turnaround of complaints.

Although we are not achieving the 60% compliance for stage 2 complaints there has been a significant improvement in the shift compliance percentage over the past seven months. There has also been improvement in the average number of days to close a stage 2 complaint which was sitting at 94-days in September 2023, and this has reduced to 44-days.

To help reduce the delay and confusion of multi-directorate complaints, the team are taking out one of the steps in process which usually happens before the final draft goes out for approval.

This year we have had an exceptional year for Care Opinion. We have had a 29% increase in stories for Acute and a 425% increase in Health and Social Care. The majority of them are positive at 83% above the national standard.

There will be a visit from the Scottish Public Services Ombudsman (SPSO) in December 2024 with regard to the supportive intervention policy and the increase we have seen recently. Acute Services have been asked for some feedback as a lot of areas are experiencing difficulties with the SPSO and what they are asking. We have received less SPSO cases this year with only 16 to date and 34 in total last year.

Practice and Professional Development

In collaboration with Fife College the following programmes are underway:

- Modern Apprenticeship.
- Endorsed and non-endorsed HNC Programme.
- Cohort 4 Band 4 Assistant Practitioners for Acute.
- 2nd cohort of Open University Honours Programme for Nursing.
- Band 2 and Band 3 Competency Framework.
- Clinical skills training for all registered nursing and midwifery and support staff.
- Refresher of clinical skills training to support remobilisation of partnership staff.
- Training support for senior charge nurses to use the CSN PG Tool.
- Newly qualified and advanced practice CPD Programme.
- Excellence in Care and Care Dashboard.
- Delivery of level 2 mandatory resuscitation training.

Infection Prevention and Control Team (IPCT)

IPCT have new training for third year medical students with St Andrew's University. This is a joint module with tissue viability and IPCT which commenced in September 2024.

The launch of the Infection Prevention Control Link Practitioner Programme across NHS Fife in September 2024 following the success of a pilot at Queen Margaret Hospital earlier this year. Quarterly updates and meetings are bookable via Turas.

There is a three-half day study day focussing on IPCT and sustainability.

Winter preparedness education programmes are now underway.

Enhanced High Consequence Infectious Diseases (HCID) and Personal Protective Equipment (PPE) assembly training has also been provided and continues to be available on request.

The IPCT year 2 rolling audit programme is on track with recent focus on maternity services to support our preparation for upcoming new programmes of Healthcare Improvement Scotland (HIS) assurance audits and safe and clean audits for IPCT exploring moving this audit in phase in 2025.

IPCT and Estates are currently reviewing new requirements for additional water testing guidance around use of water in healthcare.

The Gloves Off Campaign and other initiatives have been supported through the Procurement Improvement Group and have been well received.

Antimicrobial Management Team is being re-established and the first meeting on 26 November 2024.

6 B Appropriately Trained

6.1 Training Update

JM advised:

Overall compliance in Core Skills training at the end of September 2024 was 60% with Acute Services and Corporate Directorates both achieving 51%. This demonstrated increases of 1% and 7% respectively.

The only decrease shown in that month's report was a 1% drop in engagement in Infection Prevention and Control for Acute Services, however the Corporate Directorates showed an increase of 5% for this topic.

For Acute Services the engagement in Manual Handling, Resuscitation, Child Protection, Gender Based Violence and Violence and Aggression remained static at 70%, 51%, 43%, 40% and 79% respectively. The remaining topics showed increases between 1% and 16%. In the Corporate Directorates, only Equality and Diversity engagement remained static at 82% with all remaining topics showing increases between 3% and 14%.

Over the last few months, there have been targeted actions in some Corporate Directorates, including Workforce, Finance and Property and Asset Management, and this has positively reflected in the overall outcomes.

A Core Skills Short Life Working Group has been established to look at the current core skills training programme to ascertain if it is fit for purpose. The group have met so far on two occasions and looked at updating of all NHS Fife Core Skills eLearning courses and this is underway, and work is progressing. The group are also considering how classroom-based learning can be delivered more effectively with consideration being given to delivering combined practical training sessions, such as fire and manual handling and possibly health and safety, to enable more effective workforce planning and to apply Protected Learning Time more effectively as well.

A blended Corporate Induction Programme is in the design phase which will reintroduce in-person delivery of some core skills topics

back into NHS Fife. It is believed that this will also support our recruitment and retention aims as well as welcoming new members of staff into the organisation on a more personal level and ensuring they are provided with all the essential skills within their first few days in their new role will support our aim to ensure our employees are safe, skilled and valued.

The refreshed Core Skills Programme and new Corporate Induction are scheduled for launch in April 2025.

A Managers Core Skills Compliance Dashboard Report has been worked on and ready to launch for managers next week.

6.2 Turas Update

JM advised:

The current compliance level in NHS Fife at the end of October 2024 is 43.1% with Acute Services achieving 40% and Corporate Directorates at 41.8%.

The PDRP compliance target has been reframed for this year to 60% given the current challenges we are facing from the nationally required 80%. This will be increased year on year by 5% until we are back up to the national target level. The reframed target level should not be taken lightly or considered easier to meet as current engagement activity does not reflect that we are moving in that direction as fast as we would like to be. Compliance levels reached their highest this year in July 2024 with 44.5% of NHS Fife employees having an annual PDRP in place. Every effort should now be made to ensure the trajectory moves in an upward direction as soon as possible.

It is important that we ensure every member of staff is given the opportunity to engage in a PDRP conversation which will help support an increase in employee engagement and retention.

We are making managers aware that Protected Learning Time (PLT) can be allocated for a PDRP conversation. The conversation allows for key discussions to take place and enable identification of individual learning and development requirements and the amount of PLT that is required over the next 12 months.

AV advised staff side/trade union colleagues had made a request to JM to participate in the Corporate Induction Programme to explain to staff early what partnership is.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

CD advised there is a lot of work ongoing at the moment in terms of RTP. CD/AV have had diary issues over the past couple of walk rounds but gave a commitment to undertake a walk round before Christmas.

CD advised she had undertaken a couple of walk rounds with non-executive colleagues and one as part of Speak Up Week which had been really valuable.

7.2 **iMatter Update**

JM advised:

We are at the end of the set process for this year. The response rate this year in Fife was 64% with an Employee Engagement Index (EEI) score of 76, which is a decrease of 2% on engagement compared to 2023. For the third year running our engagement level has exceeded the national outcome of 58%.

The national report is expected around 22 November 2024, and this will be shared across the organisation.

The engagement level for Acute Services was 55% and the EEI score was 74. Each individual directorate in Corporate Services are reflected separately with response rates and EEI scores. They all range between 75-95% engagement and 71-83% EEI. The only difference to that is Property and Asset Management which had a 46% response rate and a 72 EEI. Some work is required in this area as we move forward.

There were 635 action plans recorded across NHS Fife and this will be the figure that is reflected in the national report. Action plans can continue to be recorded after the deadline.

As at today there are 101/224 teams in Acute that have a team action plan in place with 134/175 across all Corporate Directorates also having an action plan in place. JM advised they will continue to encourage the remaining teams that have their action plans outstanding to engage in the process.

They will work with teams to improve the conversations in the action planning for the 2025/26 process. Ensuring employee engagement is key to achieving targets but it is important that every member of staff feels valued, supported and engaged within their role.

AV advised he sits on the Unison Scottish Health Committee where it was noted the Scottish Government would not be running iMatter next year. JM advised she was aware that they were definitely not running with the trainee doctors iMatter but would find out more at

the next leads meeting. CD advised she did think there was room for a refresh around some of the questions, but we would wait to hear further regarding the future of iMatter.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

CD advised colleagues had heard updates from the General Managers in relation to RTP. For awareness we have an Acute RTP Group which meets every second Thursday. The next ward moves in relation to the Integrated Acute Respiratory Unit have been outlined by BM and JA/BM are working on diagnostics for the SDEC model and MW is working through plans to approve our surgical pathways at the front door.

CD advised in the next few weeks we need to start to look at what 2025/26 looks like. Over the next year we have been asked to develop an Acute Clinical Services Framework and this will be a large focus of our work in terms of setting out our strategic plans for the next few years. A face-to-face workshop will be arranged and there will be an opportunity to hear from colleagues about what our services will look like in the future.

8.2 Hospital Pharmacy at Weekend

Update provided under Item 3.4.

8.3 36 Hour Working Week

MJ advised we are awaiting a national position on the handling of the next hour and what that looks like. We are also completing a return to Scottish Government later this month on our overall compliance and looking at our plans to exit from the payment. The next meeting of the Reduced Working Week Group is 26 November 2024.

CD advised colleagues met with David Miller yesterday to talk about the Acute position and forecast work of what the impact will be around the next 30 minutes and then the final 30 minutes in relation to workforce levels but also what that would mean for performance. This work is in progress. We have asked that if we meet again, staff side colleagues are involved. BM advised that a deep-dive of the Medical Directorate has indicated they will be 45 WTE short when we move to the 36-hour working week.

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

MJ advised the Staff Health and Wellbeing Update Report was circulated for information. A few areas were highlighted:

Values Based Reflective Practice (VBRP) In-Person Essential Toolkit Course

NHS Fife's Spiritual Care Team are offering Values Based Reflective Practice In-Person Essential Toolkit Course to all staff groups across NHS Fife and Health and Social Care Partnership during November and December 2024. Places can be booked via the link in the report.

Staff Wellbeing Handbook 2024-25

The Staff Wellbeing Handbook has recently been updated and is now available to download on StaffLink.

Bereavement Education Training Programme

The Spiritual Care Team are offering a short course focusing on bereavement in the workplace. The course will aim to enhance the readiness of health and social care staff, teams and line managers in responding to the death of a colleague in a compassionate and supportive manner. Details of the course are available on StaffLink.

9.2 Capital Projects Report

The September 2024 Capital Projects Report was noted for information.

NM advised we plan to use all of our capital funding before the end of the financial year. There are a couple of projects where we need to identify if there is any slippage going forward, particularly in relation to the Laboratory Information Management System (LIMS) and Hospital Electronic Prescribing and Medicines Administration (HEPMA).

NM advised we have around £250,000 of unallocated capital which we hoped to keep until December for anything urgent otherwise we will put this towards short order medical equipment. There are some minor proposals that are being progressed at the moment through the capital programme.

9.3 Acute & Corporate Adverse Events Report

The Acute and Corporate Adverse Events Report for the period October 2023 to September 2024 was circulated for information and awareness. If colleagues have any areas to highlight regarding adverse events, they can contact NB directly.

10 ISSUES FROM STAFF-SIDE

There were no issues raised from staff-side colleagues.

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

The Minutes of the Capital Equipment Management Group meeting held on 19 June 2024 were noted, for information.

11.2 Acute Services Division & Corporate Directorates Health & Safety Committee

The Minutes of the Acute Services Division and Corporate Directorates Health and Safety Committee meeting held on 23 September 2024 were noted, for information.

12 FUTURE DATES – 2025

The meeting dates for 2025 have been circulated and were noted for information.

13 HOW WAS TODAY’S MEETING?

13.1 Issues for Next Meeting

There were no issues raised for the next meeting.

CD advised now that we have full representation across Acute and Corporate Services, she would take the opportunity to discuss with AV the flow of the agenda.

CD/AV

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:

14.1 Festive Newsletter

CD advised an email has been circulated to colleagues to ask for contributions and celebrations for this year’s Festive Newsletter. Contributions should be sent to GMcK.

ALL

15 DATE OF NEXT MEETING

Thursday 19 December 2024 at 2.00 pm via MS Teams.

FIFE HSCP LOCAL PARTNERSHIP FORUM

(Meeting on 10 September 2024)

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 10 SEPTEMBER 2024 AT 9.00 AM VIA TEAMS

PRESENT: Kenny McCallum, UNISON (**Chair**)
 Audrey Valente, Chief Finance Officer, H&SC
 Ben Morrison, Royal College of Podiatry, NHS Fife
 Billy Nixon, H&S, NHS Fife
 Chris Conroy, Clinical Services Manager, NHS Fife
 Dafydd McIntosh, OD & Culture Specialist, H&SC
 Debbie Fyfe, Joint Trade Union Secretary
 Elizabeth Crighton, Organisational Development and Culture Specialist (Wellbeing)
 Gemma Reid, H&SC Coordinator (**Minutes**)
 Hazel Williamson, Communications Officer, H&SC
 Jennifer Rezendes, Principal Social Work Officer, H&SC
 Jillian Torrens, Head of Complex & Critical Care Services
 Kirsty Cairns, UNISON, NHS Fife
 Lee-Anne French, HR Business Partner, Fife Council
 Lisa Cooper, Head of Primary & Preventative Care Services
 Lynn Barker, Director of Nursing, H&SC
 Lynne Garvey, Head of Community Care Services
 Melanie Jorgensen, HR Team Leader, NHS Fife
 Morag Stenhouse, H&S Adviser, Fife Council
 Paul Hayter, NHS Fife
 Roy Lawrence, Principal Lead Organisation Development & Culture
 Sharon Adamson, RCN
 Steven Michie, H&S, Fife Council
 Vanessa Salmond, Head of Corporate Governance & IJB Secretary
 Vicki Bennett, British Dietetic Association Representative

APOLOGIES: Fiona McKay, Interim Director of Health & Social Care
 Helen Hellewell, Deputy Medical Director, H&SC
 Liam Mackie, UNISON Fife Health Branch
 Wendy McConville, UNISON Fife Health Branch
 Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 2 JULY 2024	

	<p>There was an amendment to the previous minutes from Elizabeth Crighton who confirmed the ask was not to get equality support, but wellbeing support as is reflected in the action plan. Action taken to amend previous minute. Minute accepted thereafter.</p> <p>Action log updates:</p> <p>1. Both Melanie and Lee-Anne advised this action was closed Lee-Anne will clarify and report back to Debbie. Lynne Garvey confirmed a management review is currently ongoing. Audrey advised her request for information on spans & layers was not as yet been forthcoming, Melanie agreed to conversation with Audrey offline to clarify the ask.</p> <p>2. Health, Safety & Wellbeing Update – Jillian Torrens Jillian advised attendance is an issue at this group, often not meeting quorum. Jillian asked all to encourage attendance and for any suggestions to help improve attendance are welcome – email Jillian directly.</p> <p>3. Health & Safety Update – Elizabeth Crighton Violence, Aggression & Threat - raised at last LPF by Fife Council, Unison & Staffside NHS Fife. Following the meeting Elizabeth discussed with Fiona McKay and thereafter hosted 2 meetings to discuss issues with colleagues from Fife Council & NHS, Debbie also involved in meetings. Range of issues identified, Elizabeth provided information from both employers and from Scottish Government website & other local supports for staff – action complete</p> <p>4. Workforce Action Plan Flash Report – Roy Lawrence. Roy met with Debbie out with LPF to discuss and confirmed action complete.</p>	<p>GR</p> <p>LAF</p> <p>AV / MJ</p> <p>AII / JT</p>
3	JOINT CHAIRS UPDATE	
	<p>Debbie highlighted Kenny has stepped in to take over from Eleanor who sadly passed away and confirmed the funeral was held last week. Eleanor's daughter in law was very grateful to those who paid their respects. The Board is awaiting the appointment of a co-chair from NHS Staffside</p>	NHS
4	HEALTH AND WELLBEING	
	<p>1.1 Attendance</p> <p>Lee-Anne French highlighted as of July 2024, there was a slight reduction in the working days lost due to sickness for the previous rolling year. Current absence level for HSCP remain static but represent an increase since Covid. The top 5 reasons for working days lost in June/July were highlighted as mental health (non-stress related), stress (non-work), other musculoskeletal, injury and fractures and unknown causes.</p>	

The absence reasons based on number of occasions for June/July were coughs/colds, D&V, Covid-19, chest and respiratory, unknown/not specified. The team are currently supporting 122 absence cases (112 long term) across the Partnership as of 27th August 2024.

Chair opened to questions

Debbie requested if more detail can be provided on absences due to mental health. Lynne Garvey confirmed this is pursued at team level and personal stress is a main factor rather than work related stress. Lee-Anne advised the Attendance Support Unit is analysing and working with services to identify a targeted approach to reduce absence within the Partnership.

Jennifer Rezendes advised that the Professional Assurance Framework is available which can support absences.

Melanie Jorgensen presented the sickness absence data for NHS which represents an increase of 7.72% for July 2024, which is higher than 2023. Short term absence decreased while long term increased. NHS Fife have stood up the Attendance Management Oversight group in response to the Government target to improve attendance during 2024-25. Achievements to date include reviewed attendance panels and implementation of neuro-diversity passport. There are a number of other activities planned and the team are also working with Lynn Innes in Spiritual Care to develop additional support tools. Melanie advised that current challenges remain with managers recording absence as code 99 (no reason for absence), which makes it challenging to review data.

The Chair opened to questions from members.

Debbie noted the correlation in absence between NHS Fife & Fife Council and questioned whether it would be possible to temporarily redeploy staff into areas where recruitment is a struggle. Debbie highlighted that there is a specific question on the Return-to-Work document around the impact individual absence has on colleagues and advised, that in her opinion this is not good for individual wellbeing. Debbie highlighted that we need to find out about the barriers to return to work.

Melanie noted teams have reached out to other Board with better performing indicators to find how they apply specific parts of policy or if they have other supports in place. Melanie highlighted an app used by NHS24 called Thrive, to detect early intervention around mental health issues. This is in the early stages of implementation. In regards to redeployment, the team are always considering and encouraging managers to do so. There is a recognition that people do better at work than not at work. Formal redeployment processes can be looked at on a temporary basis. Looking at how we record reasons for absence to see if data can be broken down to help with intervention

programmes to support staff. Lee-Anne French asked for a catch up with Debbie and Melanie offline to look at options.

4.2 Recruitment Update

Fife Council had 112 job requisitions to advertise within the reporting period. Females were the % of applicants and 81% of applicants did not disclose age.

Chair opened to questions from members.

NHS recruitment update (April – June 24) – Nursing & Midwifery job family reports highest level of activity. The average time to hire was approximately 144 days during the period of April-June, which is a decrease of 43 days from previous period Jan-March. There has been a significant decrease in the time from conditional offer to completion of pre-employment checks. Factors influencing this decrease reported to be improved recording, increased capacity within recruitment and occupational health teams, with workforce issues improving. HR will continue to monitor.

Chair opened up to questions from members.

Vicki Bennett questioned if we have data around number of people we lost due to long timescale to recruit into post. Melanie advised she would investigate to ascertain if this data was available. Melanie advised this is also impacted by offers to Newly Qualified Practitioners who withdraw as they may have applied to several Boards and taken their first choice. JobTrain doesn't ask why a candidate is withdrawing. Melanie agreed to raise with East Region however advised JobTrain is a national system so changes need agreed nationally.

4.3 Employee Relations Update

Highlights include 55 grievance cases which is reported to be higher than average. 38 disciplinary, 15 gross misconducts, with 7 cases over 6 months in duration and 4 cases over 12 months. Top 5 reasons reported to be negligence/carelessness, criminal convictions, inappropriate conduct, adult protection and breach of safety regulations. Due to limited resources within the team training has not been taking place, the Disciplinary Development Program previously held is unable to restart due to staffing, also last grievance training session was 27th June, and the team are looking to schedule these again when capacity improves. The team continue to provide investigating managers with support.

Melanie reported a total of 27 Employee Relations cases within NHS, inclusive of 5 from last period. Highest number of cases are represented by criminal convictions and professional issues. 37% of cases reported to be resolved within 3 months of commencement. 15% have been under investigation for over 12 months due to staff participation, sickness absence, requirement for

**LAF / DF
/ MJ**

MJ

	<p>Occupational Health input, and criminal proceedings which can delay investigations. Work is currently progressing to develop and agree KPI in relation to Employee Relations processes – looking to include RAG status as a management tool to keep heads of service informed throughout the investigation timeline. Cases which exceed the 12-month period require Senior Management oversight to support quicker progression of cases. Melanie highlighted supports around workforce policies and referred to TURAS training modules which are available to support.</p> <p>4.4 Staff Health & Wellbeing</p> <p>These papers have been presented to the wellbeing oversight group for awareness prior to being presented to LPF, they provide a summary of work progressing in relation to wellbeing in both organisations.</p> <p>4.5 Wellbeing Action Plan 2024-25</p> <p>Elizabeth provided a brief summary and highlighted page 55 of the report detailing the 5 wellbeing objectives. There is a conference planned for March 2025 for the Partnership with a focus on wellbeing. Mentally healthy workplace training is being offered on regular basis, however there is not always enough uptake in order to run course. This is a Public health Scotland full day course around prevention and understanding the manager role in employee wellbeing. Elizabeth encouraged managers to attend. Elizabeth advised members that she is leading on coordination of a partnership wide learning & induction passport, working with colleagues in independent sector. Debbie is meeting with Elizabeth 11th September and feels clarity of NHS & FC policies is required to ensure no crossover/confusion and ensure managers are referring to the correct policy. Manager capacity to attend training is an issue. Elizabeth thanked Debbie for her questions and confirmed these will be addressed offline.</p> <p>4.6 Equality, Diversity & Inclusion Action Plan 2024-27</p> <p>This action plan originated in 2023 through conversations around whistleblowing. The paper is presented to the LPF for discussion & decision to support. Two full consultation documents are available on request. Roy referred members to Appendix 3 and highlighted that an example of great work is in neuro-diversity newsletter. The Partnership achieved bronze level in equality pathways with an aim to go for gold.</p>	EC / DF
5	HEALTH AND SAFETY	
	<p>5.1 Health, Safety and Wellbeing Assurance Group Update (Inc. Mandatory Training)</p> <p>Jillian Torrens presented and advised members that she has taken over chair of Health, Safety & Wellbeing Assurance group who meet quarterly. Jillian advised there is a plan to review the Terms of Reference. The group are currently receiving quarterly SBARs from all portfolio areas to provide assurance on work ongoing in relation to Health & Social Work. There is a particular focus on developing mandatory training dashboards. There is an aim</p>	

	<p>to achieve 90% compliance rate with mandatory training, with Jillian taking guidance around the potential to roster times for staff to do mandatory training. The Ligature Management Board continues to meet to produce a policy and are hoping to be signed off in the coming weeks. Jillian advised lone working fobs are in use within Fife Council and questioned whether NHS should also receive these.– no significant issues for escalation</p> <p>5.2 H&S Updates – NHS and Fife Council (Incl. Violence and Aggression)</p> <p>Billy Nixon presented the report and highlighted RIDDOR with 2 major outcomes of harm and 3 moderate. No trends were identified within the report.</p> <p>Morag Stenhouse reported on the rolling year to end of August. Due to changes within the Partnership, Morag highlighted Oracle is not fully up to date. Main causes reported to be slips, trips, falls and moving & handling. Three RIDDOR reported from June–Aug. Morag highlighted a late RIDDOR from March 2023 which had been put in as no lost time and only came to light when a claim came in. Morag reminded managers to inform Health & Safety if there is a change in reporting from no lost time to over 7days. Violence, Aggression & Threat report reflects an increase in incidents. Morag advised members that slide 4 should not be in report – please ignore.</p> <p>A discussion around risk assessments for moving and handling took place with Morag confirming an environmental risk assessment is carried out before a package of care is confirmed</p> <p>Debbie highlighted the Care at Home SWAY about how we report incidents. Can we put information out to heads of service around reporting & how to obtain support. Lynne Garvey will take action on this to ensure all Service Managers are replicating within their own service.</p> <p>Debbie welcomed replication of Karen’s SWAY in all areas.</p>	<p>LG</p>
<p>6</p>	<p>FINANCE</p>	
	<p>6.1 Finance Update</p> <p>Audrey reported a challenging Financial Year with the actuals to July projecting an overspend of £21.5m, which is an improved position of £3m. Improved position reported in the delivery of savings with a delivery of £28m of the £39m approved in March 2024. Audrey advised a Recovery plan is currently being worked through, thereafter being reported to FPS.</p> <p>6.2 Sustainable Workforce and Supplementary Staffing – Bank and Agency</p> <p>This was presented as a revised version to bank & agency spend, following a previous request. Bank expenditure is projected to spend £16.5m this year compared to £15m in the previous year. Other costs will be included in future</p>	

	<p>report. Agency has a £20.41m prediction against a previous year spend of £22m. Today's report doesn't include VAT saving and a further reduction will be reported at future meeting. Debbie thanked Audrey for the report and confirmed the percentage change is helpful to keep track of spending on external workforce to ensure this is appropriate.</p>	
7	SERVICE PRESSURES & WORKFORCE UPDATE	
	<p>7.1 Scottish Government Workforce Plan Guidance 2025-2028</p> <p>This paper was presented for assurance. Roy highlighted attachments & appendices and offered LPF a development session in December before creating the draft around this. This is a new 3-year plan with the Government requesting a workforce plan and not a strategy. Roy bringing assurance around planned timeline for delivery in October 2025, drafts will be brought to the LPF in various stages. The challenge is recognised around pace with a draft plan needed by February 2025. Year 2 annual report and 3rd year action plan to be provided in November 2024. Roy highlighted page 239 – ask from LPF to submit fit for purpose plan by July 2025, for publishing in Oct 2025. Roy is keen to have LPF engagement in final plan.</p> <p>Debbie agreed that a development session would be useful for some clarity. Lots of topics require addressed to ensure we are not overreaching or stepping on toes which causes Local Government issues around job evaluation and equal pay.</p> <p>7.2 Mpox Update</p> <p>Lynn reported that the World Health Organisation have declared an ongoing outbreak of Mpox within the African region. There is a weekly meeting led by Public Health in Fife to ensure governance around pathways, PPE and advice provided. Mpox has been incorporated into the high consequence infectious disease pathway. No further international cases have been identified outside of Central Africa, with a confirmed case in Sweden and Thailand, but no cases in the UK since WHO announced concern. Public Health leading for Fife with key stakeholders meeting weekly. Dr Hellewell also attends this meeting on a weekly basis.</p>	RL
8	REPORTS	
	<p>8.1 Prevention and Early Intervention Strategy</p> <p>Lisa presented this report for information and discussion by the LPF on its journey through to formal approval by the IJB on 27 September. This strategy has been 2 years in discovery and design. Strategic analysis has been completed, with wide consultation and engagement with stakeholders and communities. Lisa highlighted Appendix 2 which shows 10 high level</p>	

deliverables which we seek to achieve within 3 years. Workforce is a key enabler to support delivery of strategy, however it is recognised there is no additional financial resource available to support therefore there is a requirement to be innovative. A more detailed action plan is to be created. An annual report will be delivered at end of Year 1 to give assurance.

Debbie complemented Lisa on the paper and asked how we get there with a shrinking budget, ensuring we have appropriate resources, and that care is fairly distributed. Lisa highlighted the risk log within appendices. Year 1 is a Test of Change; strategies are multi-faceted and complex, but we need to work with what we have. 3 years is ambitious for achieving but need to measure impact which is within the deliverables. Lynne Garvey addressed Debbie's question around care, there is a need to reduce packages and carers coming back to coordinators. There is an increase in coordinators reported with a review of packages happening more frequently and on time which is an improvement. Every person going through "START program", including those with critical needs allowing them to be re-enabled in the community. Debbie highlighted that political buy-in is required to ensure success of the plan. She thanked Lisa and Lynne for clarification. Presentation accepted.

8.2 Workforce Action Plan Flash Report

Dafydd McIntosh presented detail around this report with salient points of activity.

He advised of the development of 3 year workforce plans framed around 5 pillars.

The Princes Trust cohort is underway and due to commence 5th November. This encompasses a 4-week introduction into world of work with 6 out of 8 individuals successful in securing employment following the program. 11 young people applied for the cohort, with some securing employment before taking up the course.

A Fife College HSCP relationship manager has been identified which is positive for the retention of young people within the Partnership following our investment in their training.

Dafydd highlighted Fife Council Life Chances and advised there is information on the Intranet on how to use the service.

The NHS Youth Academy are developing interactive tool. There is a timescale of March 2025 for this to be made available.

Dafydd highlighted that iMatter has reported a 70% response rate with action plans starting to be drafted for submission. A key highlight was a rare 90 score being recorded within the "manager is approachable" section. LPF are asked to continue to support the development of a 3-year plan.

Debbie thanked Dafydd for putting this together for quick overview and confirmed it was encouraging to see Princes Trust applicants securing employment within HSCP. Queried 90 score and would like to ensure that

	<p>their managers are recognising this. Dafydd confirmed that the results can be filtered down to team level.</p> <p>8.3 Professional Assurance Framework</p> <p>Jennifer highlighted the SBAR and fuller report as a reference guide. Jennifer assured members that feedback has been taken onboard around workforce, specifically around wellbeing and supervision to ensure all feel valued in their roles. It was acknowledged that there is no equivalent paper at a national level. The framework seeks to give reassurance that the 50% of workforce which comes from Fife Council is well supported. Jennifer advised the principles are extended into commissioned services to ensure appropriate values for social care profession are maintained. Jennifer advised that the paper will be taken to IJB for formal approval.</p> <p>Debbie expressed that this this framework will bring comfort to social care staff and welcomes this being put in place. Jennifer confirmed that over this year, the framework has been discussed at various social care/social work meetings as well as at the Mental Health Officer development session. Jennifer also advised that Fife are initiating a MHO audit tool which nowhere else in country has, and is being pushed into NHS Scotland MHO subgroup. The framework has received positive feedback from all areas.</p> <p>8.4 IJB/HSCP Resilience Assurance Group Annual Report</p> <p>Deferred to next meeting due to time.</p> <p>Item to be first on the agenda for next LPF.</p>	
9	ITEMS FOR BRIEFING STAFF	
	No items highlighted.	
10	AOCB	
	Debbie congratulated Lynne on her appointment to Director of Health and Social Care Partnership on behalf of the Joint Trade Unions and Local Government. Lynne confirmed she will commence post on 4 th November; Fiona McKay remains in post until this date. Lynne thanked Kenny for chairing the meeting. Kenny thanked everyone for their collective support in chairing his first meeting.	
15	DATE OF NEXT MEETING	
	Tuesday 12 November 2024 – 09:00-11:00 hours	

Staff Governance Committee

**Health and Safety Sub-Committee
(Meeting on 6 December 2024)**

There were no items to escalate to the Staff Governance Committee.



**Minute of the H&S Sub-Committee Meeting
Friday 6 December 2024 at 10 am on Teams**

Present

Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
 Janette Keenan, Director of Nursing (JK)
 David Miller, Director of Workforce (DM)
 Dr Chris McKenna, Medical Director (CMcK)

In Attendance

Billy Nixon, H&S Manager (BN)
 Anne-Marie Marshall (Manual Handling Team Lead (A-MM) (joined at 10.35 am)
 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 Claire Dobson and Iain MacLeod.</p> <p><u>Staff Side Representation</u> It was noted that there was no Staff Side representation present at today's meeting.</p> <p><u>Action</u> - David Miller agreed to take forward and update the group at the next meeting.</p>	DM
2	<p><u>Minute/Matters Arising:</u></p> <p>The Minute of 6 September 2024 was approved as an accurate record.</p> <p>Item 4.1 <u>Self-Harm Ligature Risks</u> In terms of patient self-harm incidents, it would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points. Can personal items be recorded on Datix?</p> <p><u>Action</u> - BN to advise the Sub-Committee</p> <p>4.2 <u>H&S Heads of Service Riddor Reporting Exercise</u></p> <p>Riddor Reportable information over the past 5 years was gathered from Scottish Boards identifying varying numbers of Riddor incidents across</p>	BN

	<p>Scotland. It was agreed that the report be distributed to Sub-Committee members for information.</p> <p>Action - BN agreed to distribute to the Sub-Committee</p>	<p>BN</p>
<p>3</p>	<p><u>Governance Arrangements:</u></p> <p>3.1 <u>Health & Safety Sub-Committee Terms of Reference 2025-26</u></p> <p>A 'draft' copy of the Health & Safety Terms of Reference (ToR) for 2025-26 will be prepared and distributed to the Sub-Committee members prior to the next meeting.</p> <p>Action - Andrea to take this forward.</p> <p>Action - The ToR (draft) will be discussed for final approval when the Sub-Group next meets on 7 March 2025.</p> <p>3.2 <u>Health & Safety Sub Committee Annual Statement of Assurance 2024-25</u></p> <p>A 'draft' copy of the Health & Safety Sub-Committee Annual Statement of Assurance 2024-25 will be prepared and distributed to Sub-Committee members prior to the next meeting.</p> <p>Action - Andrea to take this forward.</p> <p>Action - The Annual Statement of Assurance (draft) will be discussed for final approval when the Sub-Group next meets on 7 March 2025.</p> <p>Following approval by the Sub-Committee, the Annual Statement of Assurance 2024-25 will be noted at the next Clinical Governance Committee.</p> <p>3.3 <u>H&S Sub-Committee Annual Workplan 2025-26</u></p> <p>The H&S Sub-Committee Annual Workplan (draft) will be prepared by BN and distributed to the Sub-Committee in advance of the next meeting.</p> <p>Action - Andrea to take this forward.</p> <p>Action - The Annual Workplan (draft) will be discussed for final approval when the Sub-Group next meets on 7 March 2025.</p>	<p>Andrea</p> <p>All</p> <p>Andrea</p> <p>All</p> <p>Andrea</p> <p>All</p>
<p>4</p>	<p><u>Operational Updates</u></p> <p>4.1 <u>H&S Incident Report</u> (September - November 2024)</p> <p>The H&S Incident Report for the period September 2024 to November 2024 was distributed and noted by the Sub-Committee.</p> <p>Sharps (staff) 35 reported incidents in the quarter, of which:</p> <p>13 incidents - no harm 20 incidents - minor harm 2 incident - moderate harm</p>	

<p>For the quarter, there were 19 sharps incidents recorded with no SBAR attached, over 55% of the total reported.</p> <p>Many sharp incidents are not reportable and, therefore, the H&S Department do not receive any electronic notifications.</p> <p>The Department operates a manual system of checking Datix for all recorded sharps incidents and the approver of the incident is then sent a notification reminding them of the requirement for an SBAR.</p> <p>Despite being asked for an accompanying SBAR, many approvers sign off the incident and it is automatically closed.</p> <p>Action - the Sub-Committee agreed for BN to arrange for a message to be sent out on Blink, reminding staff of the procedure when recording a sharps incident on Datix.</p> <p>CMcK advised that Datix was being replaced in the future with a National Procurement approved system called InPhase, a software solution to monitor quality, performance and compliance.</p> <p>Due to several problems with installation, experienced by other boards, we should expect a delay of around six-months or more before it comes to NHS Fife.</p> <p>BN added that he was present at a demonstration of the InPhase system during a recent H&S Head of Service meeting. He explained that the system is modern and its functionality is simpler, especially around the reporting aspect as well as more detailed reports and graphs.</p> <p>Action - BN agreed to distribute several mock examples of reports and graphs from the InPhase system and distribute to the Sub-Committee out with the meeting.</p> <p>Slips, Trips & Falls (staff) 19 reported incidents in the quarter, of which:</p> <p>5 incidents - no harm 9 incidents - minor harm 5 incident - moderate harm</p> <p>Violence & Aggression (staff) 331 reported incidents in the quarter, of which:</p> <p>251 incidents - no harm 68 incidents - minor harm 11 incidents - moderate harm 1 incident major harm 0 incidents extreme harm</p> <p>Incidents reported to Police = 31 Incidents reported as sexual assault/harassment = 19 Incidents reported as hate crimes = 9</p> <p>Musculoskeletal (staff) 11 reported incidents in the quarter, of which: 1 incident - no harm 8 incidents - minor harm</p>	<p>BN</p> <p>BN</p>
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2 incidents - moderate harm

0 incidents - major harm

- 6 load handling
- 5 patient handling

Self-Harm (patients)

73 reported incidents in the quarter, of which:

47 incidents - no harm

15 incidents - minor harm

8 incidents - moderate harm

1 incident - major harm

2 incidents - extreme harm

Riddor (all)

7 reported incidents in the quarter, of which:

1 incident - no harm

1 incident - minor harm

3 incidents - moderate harm

2 incidents - major harm

4.2 Reinforced Autoclaved Aerated Concrete (RAAC) Update

NMcC advised that all of the discovery surveys are now complete across the Fife estate.

Many of the RAAC was in good condition and several having minor concerns.

In the near future, through National Procurement, a Point Cloud survey, involving laser scanners will follow. This will allow for accurate recording of all of the RAAC and will show if there has been any movement when scanned again next year.

Our local Surveyor, Bob Terry, has been recording and photographing affected buildings to demonstrate that there has been no change since the first recordings. This will continue on a yearly basis.

4.3 Violence and Aggression - Mental Health Training Update

BN advised that his team has taken over the responsibility for all mental health violence and aggression training across NHS Fife and the HSCP, effective October 2024.

Funding has been secured and the vacancy for a Violence and Aggression Trainer will be advertised in the near future, with interviews being held thereafter.

With this in mind, two-day physical intervention courses have been arranged for the end of December, January and up to the end of March 2025. These include training for regular staff members as well as senior sessions for Senior Charge Nurses, Lead Nurses and Senior Managers.

BN added that the meetings have been oversubscribed to compensate for no-shows.

Domestic Breakaway courses have also been organised at Stratheden. These two-day courses are offered every two weeks.

NMcC advised that for this month, it is important that the levels of violence and aggression training compliance increases. He added that on the report, there are eight areas of the organisation where violence and aggression is high, particularly in the HSCP, Mental Health and A&E,

BN agreed to speak with Bill Coyne with a view to given our Mental Health Wards high priority in terms of training.

NMcC advised that the NHS Fife Board was interested in our compliance with mandatory training across the organisation and stressed the importance of achieving as close to 100% compliance figures as possible.

Protected time for training through AfC will be introduced in the near future, however, it is vitally important that we find a balance meantime.

4.4 Sharps Incident Review

Discussed in item 4.1 above.

4.5 Moving and Handling Update

The Moving and Handling Training Report (April - November 2024) was distributed to the Sub-Committee in advance of the meeting.

BN advised that there has been many training courses arranged including Induction, moving and handling, Arjo Huntleigh sling training including the lateral lifter, bariatric and single-handed care.

Supportive training visits have also taken place in patient homes.

The Training Team follow up training requests in order to identify the training needs of that individual based on their training history. In many cases, Induction Training is offered again to staff who have had no up-to-date training for the last two years or more. Manual Handling staff are conscious of rotas, staff shortages etc in wards and to the difficulties of being released to attend training courses.

DM agreed with the concern around staff not attending mandatory Manual Handling training sessions, adding that the risks are too high in terms of someone hurting themselves as a result and, organisationally, we are, therefore, not covered.

From a Board perspective, we have been tasked with addressing the situation with a view to increasing the attendance at Mandatory Training sessions.

DM suggested adapting training and taking it to the staff in wards and departments. BN added that a problem exists around this when a person moves ward or leaves the organisation as the Health and Safety team is

not notified of moves and therefore has no way of identifying who is trained.

DM summarised by saying that the message should be to staff, as part of their contract, to keep up-to-date with their training,

Refresher training courses are vitally important to those staff who feel they do not need up-to-date training when, in fact, it is those staff who do.

He thanked the Manual Handling team for the incredible work they do and understands their frustration when training courses are not attended, as agreed.

BN advised that we have two Manual Handling Trainers employed within the organisation. If one of the trainers goes off, then the department has suddenly lost half of its training capacity. He raised the suggestion of introducing Secondment training roles, for the short-term, to increase compliance figures which would help with the protection of staff as well as the organisation?

NMcC added that the Portering team has engaged with the Manual Handling trainers who can accommodate different staff groups, who have agreed to attend Induction Training as a refresher. This course will cover all of their training requirements over a two-day period.

A-M Marshall joined the meeting.

A-MM advised that recent no-shows at Induction Training sessions include new members of staff who have been asked to cancel their training due to the wards being too busy and to head straight to the ward. This is not a good reflection on the organisation with no initial assessment having been carried out on the new member of staff and no time afforded to their training requirements.

A-MM added that she has faced difficulties around those staff who have been in the organisation for several years and do not feel that they require refresher training. Unfortunately, the organisation may find itself in a situation where that particular member of staff has an injury and contacts a lawyer seeking compensation. The outcome being that the organisation has no recourse, as the individual's training records are not up-to-date.

If individual training requirements were assessed on a more regular basis, then shorter courses could be attended to keep records up-to-date, resulting in less time away from busy wards and working locations.

Turas

A-MM advised that the team regularly check training waiting lists for cancellations and immediately call and email Senior Charge Nurses to ask if staff who are on waiting lists are available to attend, at short notice. This is often met with unwelcoming responses and behaviour and can be put down to increasing pressure and stress nursing staff are facing at that particular time.

This week for example, out of 54 training spots there were 65 cancellations which would have resulted in no training taking place at all

JK

	<p>had it not been for the efforts of the Manual Handling team chasing waiting lists.</p> <p>JK added that the poor behaviour shown from nursing staff is completely unacceptable, possible symptom of how busy we are, however, this is no excuse.</p> <p>Action - the Sub-Committee agreed for JK to meet with Norma Beveridge, Director of Nursing (Acute Services) and Lynn Garvey, Director of HSCP early next week to discuss concerns in finer detail and update the Sub-Committee as appropriate.</p> <p>DM added that he is in the process of preparing a Recovery Plan on a risk -based approach in terms of training which will be discussed at the EDG meeting on 20 December 2024 prior to escalation to Staff Governance Committee and the NHS Fife Board.</p>	
<p>5</p>	<p><u>HSE 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>It was noted that the HSE had visited NHS Grampian in relation to a patient fall with concerns around the member of staff's training record, particularly around moving and handling.</p>	
<p>6</p>	<p><u>Policies & Procedures</u></p> <p>6.1 <u>Noise at Work Procedure Review (GP/N1)</u></p> <p>BN advised the Sub-Committee that the Noise at Work Procedure (GP/N1) is due for renewal in February 2025 adding that the Procedure will only require a brief update as there has been no change to noise levels in the Guidance document (3rd edition). From there, the Procedure will be submitted to the Policy Group for approval.</p>	
<p>7</p>	<p><u>Performance</u></p> <p>7.1 <u>ASD&CD H&S Committee Update</u></p> <ul style="list-style-type: none"> • ASD&CD H&S Committee Minute of 22 July 2024 (meeting cancelled). • ASD&CD H&S Committee Minute of 23 September 2024 was circulated to the group for noting. <p>7.2 <u>HSCP H&S Assurance Group Update</u></p> <ul style="list-style-type: none"> • The HSCP H&S Assurance Group minute of 23 July 2024 (unconfirmed) was circulated to the group for noting. <p>NMcC - at the last Staff Governance Committee meeting, the question was raised around how the HSCP health and safety issues are fed into Staff Governance?</p> <p>The Sub-Committee agreed that any feedback can be raised at this meeting and escalated thereafter. On-going.</p>	

	<p>NMcC stressed the importance of linking in with Jillian Torrens, Head of Critical and Complex Care, HSCP who replaced Rona Laskowski when she retired in June 2024. This was noted by the Sub-Committee.</p>	
<p>8. <u>Any Other Business</u></p> <p>8.1 <u>HIS Feedback</u></p> <p>JK advised that she had received amazing feedback from the safe delivery of care inspection at VHK this week.</p> <p>To note, and for awareness, in January 2025, the HIS will be inspecting Mental Health and Maternity Units throughout Scotland.</p> <p>8.2 <u>Face Fit Testing</u></p> <p>BN stressed the importance of having an up-to-date register of Face Fit Testing trainers throughout the organisation, particularly when people move or change wards. He added that a lack of Face Fit trainers has been identified in several wards.</p> <p>The subject was discussed at length with a potential suggestion being considered.</p> <p>NMcC agreed to fund Face Fit training for Barry Williams, the H&S Assistant Advisor. BN to liaise with NMcC out with the meeting.</p> <p><u>Face Fit Testing for Doctors</u> - CMcK advised A-MM to contact Iain MacLeod, Deputy Medical Director in the first instance.</p> <p><u>Face Fit Testing for Trainee Doctors</u> – CMcK advised A-MM to contact Morwenna Wood, Consultant Nephrologist, Renal in the first instance.</p>		
<p>9 <u>Date & Time of Next Meeting</u></p> <p>Friday 7 March 2025 at 1 pm on Teams.</p>		

**Equality & Human Rights Strategy Group
(7 November 2024)**

Enclosed are the minutes for the NHS Fife Equality and Human Rights Steering Group that met on 7/11/24. Discussion points within this meeting are: Anti-Racism Discussion, Workforce Update including LGBT Network, Equality Outcomes and Inequalities.

CONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP HELD ON 7TH NOVEMBER AT 2.30PM VIA TEAMS

CO-CHAIRS:

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and Isla Bumba, Equality and Human Rights Lead

PRESENT:

Gordon Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IS
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing	JK
John Smith	Porter Manager	JS
Matt Valenti	Information Governance & Security Lead	MV
Karen Whatton	Lead Nurse – Care Home Assurance and Support	KW
Brian McKenna	Human Resources Manager	BM
Fiona Smit	Pharmacy Technician	FS
Debbie McGirr	Speak Up/Whistleblowing Co-ordinator	DM
Steven Knapman	Business Intelligence Lead	SK
Louise Radcliffe	FHSCP Organisational Development and Culture Specialist	LR
Karen Whatton	Care Home Assurance and Support Nursing	KW
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead	SO
Mhairi Gilmour	Public Health Scientist	MG

Heather Kirkbride Administrator Equality and Human Rights Team (Minutes)

APOLOGIES:

Aileen Lawrie	Director of Midwifery
Jackie Millen	Interim Learning & Development Manager Organisational Development Officer
Kerry Duffy	PPP Operational Contract Manger, Estates Central
Lorna Watson	Consultant in Public Health Medicine
Olivia Robertson	Senior Manager Children's Services & Rheumatology
Rhona Waugh	Head of Workforce, Planning and Staff Wellbeing
Sade Abiola	Senior Clinical Pharmacist
Torifnn Thorbjornsen	Head of Information Management
Zahida Ramzan	Policy Coordinator, Fife Council

1. ANTI-RACISM DISCUSSION

- NHS Fife is committed to implementing the Anti-Racism Strategy, which aligns with Workforce objectives
- JK will meet with the NHS Fife Chief Executive (CE) to discuss further steps.

NHS Grampian Anti-Racism Presentation:

- The presentation was well-received by staff, with positive feedback on the CE's personable video appearance.
- The Nigerian Independence Day event at the ARI canteen was particularly appreciated.

Staff Inclusion and Networks:

- FS noted NHS Grampian's successful staff networks, suggesting NHS Fife should consider re-establishing similar networks.
- During Black History Month, NHS Fife staff were directed to the dedicated blink page. FS recommended creating original content to show greater support.
- FS emphasized learning from Grampian's approach and including individuals from ethnic backgrounds and other protected characteristics.
- JK agreed on the need for more senior leadership involvement and incorporating input from existing staff, including the 99 recently employed internationally qualified nurses
- IB highlighted the importance of staff trust, noting NHS Grampian's initial challenges with staff networks and the positive impact of the CE video.
- DM suggested including less senior staff in the steering group to enhance engagement.

Transparency and Communication:

- FS expressed concerns about the group's perceived secrecy and inquired about the dissemination of minutes.
- DM stated that to effectively engage with staff from these groups, it is essential to include them in steering groups like this one. She suggested that adopting a bottom-up approach might be more engaging by having staff from less senior levels attend.
- JK clarified that minutes are sent to the Public Health and Wellbeing Committee (PHWC) and Staff Governance Committee. The group includes JK and the Area Partnership Forum (APF).
- The Board holds regular Equality and Human Rights development sessions. Last year, the Diverse Ethnicity Staff survey was presented to the APF and other governance committees.
- JK will liaise with Practice Development to potentially include international nurses or new radiographers in the group.

Roles and Representation:

- MG inquired about the roles of group members. JK stated that members should raise awareness within their teams and bring agenda items to the group.
- FS noted the absence of Pharmacy representation. JK mentioned the group's restructuring due to poor attendance and outcomes, and IB suggested introducing volunteer members to represent protected characteristics. IB and JK will review this.
- JK acknowledged the small size of the NHS Fife Equalities team and commended their efforts.
- Staff Communications:
 - It was requested that RL review staff communications to better publicize the group and its remit.

2. WORKFORCE UPDATE INCLUDING LGBT+ NETWORK

BM provided the Workforce update:

- The Workforce Equality subgroup met in October. At the meeting there was excitement on the Anti-Racism forthcoming presentation by NHS Grampian.
- The NHS Fife Equality Workforce report has been published. In the report we compare our workforce to the wider community we serve. To be circulated to the group
- We are utilising the census information as it gets published which results in us reviewing our documentation and updating where needed.
- E-Learning resource and mandatory training that is available on Turas is being updated and reviewed.
- There have been discussions around the non-pay award last year.
- Discussion around protected Learning time

MV provided the LGBT Plus Network Update:

- The network has held two formal meetings and one planning meeting.
- The network is open to LGBT Plus individuals and allies.
- A survey conducted earlier in the year indicated significant interest in the network, with over 100 staff members expressing interest.
- The network aims to provide a safe space for staff who may not be out at work.
- The goal is for the network to become self-sustaining over time, with NHS Fife providing initial support.
- The network will eventually transition to being employee-led.
- It is hoped that the network will evolve organically, with plans to replicate successful elements in other staff networks, such as a potential disabled employee network.
- NHS Fife Communications team are setting up a dedicated page possibility in the Equality and Human Rights for the networks and there is a team channel setup. JS commented that not all staff have access to computers so information like poster etc will need to be sent out to key staff members for onwards distribution/display.
- Running pop up stalls throughout NHS Fife promoting the network.

Feedback from the survey highlighted several areas of interest:

- Involvement in local events and places.
- Peer support training and services.
- Safe spaces for socializing and networking.
- Participation in policy and practice development within NHS Fife.

Meetings:

- Future meetings will not always be on Fridays or at lunchtime to accommodate more participants.
- Meetings will not always be held at the Victoria Hospital.
- Efforts will be made to avoid scheduling meetings during school holidays.

Membership:

- Yasmin Morgan has been appointed as the Vice Chair of the network and MV as the Chair.
- Yasmin and MV have a meeting scheduled with IB and RW to discuss the network's future coordination.
- The network is looking for a secretary.
- Discussions are ongoing with LR about potential collaboration for this network and others.
- Individuals from partner organisations without an LGBT+ network may join NHS Fife's network, with some restrictions during NHS-specific business.

Additional Points:

- MV asked members to contribute any ideas on making their workplace more inclusive via this link: <https://forms.office.com/e/H5Na5RA523>
Suggestions included adding pronouns to email signatures and contact cards.
- MV emphasized the support from the Executive Leadership group, JK, and other executive directors, despite the network being in its early stages, as encouraging. He expressed his appreciation and thanked everyone involved.
- The network's development and activities will continue to be shared with the group.
- GS commented on applying the learning to other networks and expressed interest in setting up a network for faith groups, as he has been approached by such groups.

3. MINUTE AND ACTION TRACKER



E&HR Meeting
Tracker -LIVE

4. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

4.1 Equality Outcomes

- Progress has been made on the Equality Outcomes (EO) Final Report which is almost finished. The draft version will be shared with the group for feedback soon.
- EO Mainstreaming Plan 2025-2029 is progressing but requires more work. NHS Fife are required to include Equality Outcomes in the plan. IB presented her proposed EOs to the group.
- An EO focused on trans issues is being considered. NHS Fife is developing both a patient-focused and a workforce Trans policy.

4.2 General Inequalities & the Groups Remit

- MG raised the issue around health inequalities and marginalized groups,
- querying whether it was within this groups remit to consider other vulnerable groups in addition to protected characteristics, highlighting that the Stage 2 EQIA forms already cover areas like poverty and substance use.
- .
- Discussion was had around exploring which aspects of equalities and inequalities relate to the different governance groups throughout fife.
- The group discussed avoiding duplication of other groups' work. JK emphasized not adding to IB's workload.
- It was agreed to discuss this work at future meetings as agenda items and to consider the proposal, reviewing the group's role and remit going forward.
- A Fairer Financial Decisions paper was developed as part of Reform, Transform, and Perform (RTP), based on work by NHS Lothian. A report was sent to EDG, but we are not aware if further action has been taken since.
-
- MG also mentioned that a development session was being set up to establish if there is a requirement for a specific health inclusion network in Fife. IB requested to be invited, the session will be held in early December.
- FS stated Pharmacy could help to which MG agreed and thanked FS.
-
- IB stated that there had been valuable conversations around the role, remit and membership of this group which she will review and bring an updated version to the next meeting.

4.3 Neurodiversity Event

LR informed the group about the upcoming neurodiversity event:

- The event will be held on December 2nd in Kirkcaldy from 1:30 PM to 3:30 PM.
- This initiative was inspired by the overwhelming response to an article published about neurodivergent staff experiences. The article led to a significant number of staff reaching out, expressing that it was the first time they felt seen and asking about next steps.
- EH from Fife Centre for Equalities has supported this work.
- A room has been identified for the event that can accommodate up to 88 people, but the plan is to keep the event to around 60 attendees.

- The event session is being designed by members of their Employee Resource Group, many of whom are neurodivergent. It is important that community members shape the sessions, as they have lived experience.
- An invite link will be sent to IB for distribution to the group.

5. DATE OF NEXT MEETING

The next meeting will take place on Tuesday 4th February 2025 at 2.30pm via MS Teams