NHS Fife

AGENDA

A MEETING OF THE NHS FIFE STAFF GOVERNANCE COMMITTEE WILL BE HELD ON TUESDAY 4 MARCH 2025 FROM 10.00 AM TO 12.00 AM VIA MS TEAMS

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

Colin Grieve
Chair

Time	No.	Item			Page(s)
10:00	1.	Apologies for Absence: Lynne Garvey (Lisa Cooper deputising) / Margo McGurk *(CG)*			**Page(s)**
10:01	2.	Declaration of Members' Interests *(CG)*			
10:02	3.	Minutes of Previous Meeting held on Tuesday 7 January 2025 *(CG)*	*(Approval)*	(enc)	1-10
10:04	4.	Chair's Assurance Report presented to Fife NHS Board on 30 January 2025 *(CG)*	*(Information)*	(enc)	11-12
10:05	5.	Matters Arising / Action List *(CG)*	*(Assurance)*	(enc)	13
10:10	6.	Overview of Staff Governance Committee Meeting *(DM)*	*(Information)*	(Verbal)	
10:15	7.	**GOVERNANCE MATTERS**			
		7.1 Annual Review of Staff Governance Committee Terms of Reference *(GMcI)*	*(Discussion)*	(enc)	14-20
		7.2 Staff Governance Committee Self Assessment Report 2024/2025 *GMcI)*	*(Discussion)*	(enc)	21-31
		7.3 Health and Care (Staffing) (Scotland) Act 2019 Quarter 3 & Annual Report Update 2024/2025 *(RW)*	*(Assurance)*	(enc)	32-40
		7.4 Internal Control Evaluation Report 2024/2025 *(Jocelyn Lyall)*	*(Assurance)*	(enc)	41-94
		7.5 Annual Staff Governance Committee Workplan 2025/2026 *(DM)*	*(Approval)*	(enc)	95-103
		7.6 Delivery of Annual Workplan 2024/2025 *(DM)*	*(Assurance)*	(enc)	104-114
10:55	8.	**STRATEGY / PLANNING**			
		8.1 Reform, Transform & Perform / People & Change Board Update *(DM)*	*(Assurance)*	(enc)	115-119
		8.2 Annual Delivery Plan Quarter 3 Performance Report 2024/2025 *(Susan Fraser)*	*(Assurance)*	(enc)	120-157
		8.3 Workforce Plan for 2025/2026 *(RW)*	*(Assurance)*	(verbal)	
11:10		**BREAK**			
11:15	9.	**STAFF GOVERNANCE AND STAFF GOVERNANCE**			

STANDARD

	9.1	Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training *(JJ)*	*(Assurance)*	(enc)	158-165
	9.2	NHS Fife Leadership Framework *(JJ)*	*(Assurance)*	(enc)	166-187
	9.3	Whistleblowing Quarter 3 Report 2024/2025 *(GMcl)*	*(Assurance)*	(enc)	188-202
	9.4	Wellbeing Champion Update *(John Kemp)*	*(Assurance)*	(verbal)	
	9.5	Equality & Diversity Champion Update *(SB)*	*(Assurance)*	(verbal)	

11:35	**10.**	**QUALITY / PERFORMANCE**				
	10.1	Integrated Performance & Quality Report *(DM)*	*(Assurance)*	(enc)	203-214
	10.2	Corporate Risks Aligned to Staff Governance Committee *(DM)*	*(Assurance)*	(enc)	215-227

11:45	**11.**	**LINKED COMMITTEE MINUTES**				
	11.1	Area Partnership Forum held on 22 January 2025 (unconfirmed)	*(Information)*	(enc)	228-238
	11.2	Health and Social Care Partnership Local Partnership Forum held on 12 November 2024 (confirmed)	*(Information)*	(enc)	239-249
	11.3	Workforce Planning Forum held on 15 January 2025 (confirmed)	*(Information)*	(enc)	250-258
	11.4	Equality & Human Rights Steering Group held on 4 February 2025 (unconfirmed)	*(Information)*	(enc)	259-264

11:50	**12.**	**ESCALATION OF ISSUES TO NHS FIFE BOARD**		
	12.1	To the Board in the IPQR Summary	(verbal)
	12.2	Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board	(verbal)

11:52	**13.**	Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 March 2025	(verbal)

11:55	**14.**	**ANY OTHER BUSINESS**

12:00   Date of Next Meeting: **Tuesday 13 May 2025 at 10.00 am to 12.00 noon** via MS Teams

NHS Fife

AGENDA

A PRIVATE MEETING OF THE NHS FIFE STAFF GOVERNANCE COMMITTEE WILL BE HELD ON TUESDAY 4 MARCH 2025 FROM 12.00 NOON TO 12.30 PM VIA MS TEAMS

Colin Grieve
Chair

12:00	**1.**	Apologies for Absence: Lynne Garvey (Lisa Cooper deputising) / Margo McGurk *(CG)*			**Page(s)**
12:01	**2.**	Declaration of Members' Interests *(CG)*			
12:02	**3.**	Minutes of Previous Meeting held on Tuesday 7 January 2025 *(CG)*	*(Approval)*	(enc)	1-5
12:05	**4.**	Matters Arising *(CG)*	*(Assurance)*	(verbal)	
12:10	**5.**	Business Transformation Update *(Ben Hannan/Alistair Graham)*	*(Assurance)*	(presentation)	
12:20	**6.**	Suspensions and Regulatory Referrals *(DM)*	*(Assurance)*	(enc)	6-15
12:25	**7.**	Any Other Business			
12:30	**8.**	Date of Next Meeting: **Tuesday 13 May 2025 at 12.00 noon via MS Teams**			

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 7 JANUARY 2025 AT 10.00 AM VIA MS TEAMS

Present:
Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Lynne Parsons, Employee Director

In attendance:
Vicki Bennett, Health & Social Care Partnership (H&SCP) LPF Co Chair
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Patricia Kilpatrick, NHS Fife Chair
Jackie Millen, Learning & Development Manager *(for Item 9.2 only)*
Brian McKenna, Workforce Planning Lead *(for item 7.2 only)*
Margo McGurk, Director of Finance & Strategy
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
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 Committee noted that the tenure of Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion, had come to an end as of 31 December 2024. The Chair acknowledged K MacDonald's contribution to the Committee and expressed thanks for all her efforts, particularly in relation to the Board's Whistleblowing compliance and promotion. It was advised that whilst the role of Whistleblowing Champion is being recruited to, Anne Haston, Non-Executive Member, has been appointed to the Staff Governance Committee as a member on an interim basis and would be in attendance at the next meeting.

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 Anne Haston, Non-Executive Member and Andrew Verrechia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 5 November 2024

The minutes of the meeting held on 5 November 2024 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 26 November 2024

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 26 November 2024.

5. Matters Arising / Action List

In relation to Item 2 on the Action List, the Director of Health & Social Care referred to the papers that had been shared with the Committee in advance of the meeting and provided an overview of the mechanisms in place for managing and monitoring Health & Safety within the Partnership. It was advised that any escalations to the Committee would be directed via the Chair of the Health & Safety Sub Committee.

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

6. GOVERNANCE MATTERS

6.1 Health and Care (Staffing) (Scotland) Act (HCSA) 2019 Quarter 2 Report

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provided a comprehensive overview of the Board's current activity in relation to the implementation of the HCSA.

Highlighting the salient points of the report, the Head of Workforce Planning & Staff Wellbeing advised that HCSA requirements have been incorporated into the Board's relevant procurement tender documentation and evaluation processes. In line with the stipulations of the Act, e-learning training activity is also being monitored. Information gathered from clinical services via assurance questionnaires

continues to be used to assess compliance and identify areas for improvement. A template has been developed to enable clinicians to summarise overall compliance with HCSA requirements and provide a RAG compliance status for their profession, which will be incorporated into future quarterly reports.

It was noted that the second High Cost Agency quarterly return had been submitted and this would support ongoing work on the reduction in agency staffing and benchmarking against other Boards. Specialty Specific Common Staffing Method Tool Runs for 2024 have also been completed. The Local Implementation Group meets monthly, with good engagement across the Board and work is progressing to develop standard operating procedures in relation to Risk Assessment, Escalation Processes and the Duty to Seek Clinical Advice. In addition, a revised communication campaign is currently being developed for launch before the end of Quarter 4, to raise awareness of the requirements of the Act.

In response to a question from the Employee Director, the Head of Workforce Planning & Staff Wellbeing described the overall mechanisms in place to assess training compliance and other workforce related risks and emphasised the importance of eRostering and SafeCare in the implementation of the Act. It was agreed that an update on the revised eRostering Implementation Plan would be arranged to be delivered at a future meeting.

<div align="center">**Action: Head of Workforce Planning & Staff Wellbeing**</div>

In response to a query from the Chair in relation to non-compliance with the Act, the Head of Workforce Planning & Staff Wellbeing clarified the supportive measures that would potentially be implemented by Health Improvement Scotland (HIS) in the event that the Board is found to be non-compliant with HCSA requirements. The Director of Workforce echoed that HIS would work in partnership with the Board in a supportive manner to address any issues of non-compliance and affirmed that feedback to date on the Board's performance was positive.

The Committee **took a 'Moderate' level of assurance** from the Health & Care (Staffing) (Scotland) Quarter 2 Report and noted that relevant stakeholders will receive a combined third and fourth internal quarterly HCSA report in March 2025, which will form the basis of the first formal Annual Report.

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.

In relation to issues that had been identified in the built environment in Phase One of the Victoria Hospital during a previous inspection by HIS, the Committee was advised that a follow up unannounced inspection took place on 3 December 2024. Progress was reviewed and evidence of significant improvement was provided in relation to the maintenance of ageing buildings and collaborative working between Estates & Facilities and the Infection Prevention & Control team to identify and resolve environmental risks, particularly in Wards 5, 6 and 9. The engagement of an external firm to undertake bi-annual fire door checks was also well received, as was changes in the Estates & Facilities management structure that would promote consistency in the maintenance of facilities across Fife, whilst potentially generating cost savings.

The Committee was advised that the Fire Policy had been updated and circulated at the end of November 2024 and efforts are ongoing to review compliance and address any areas that require attention. It was noted that following a recommendation in the 2024/2025 Internal Control Evaluation Report, the Health & Safety Sub-Committee Incident Report would be updated to include comparative data to ensure that any changes in metrics could be easily identified.

The Committee discussed the Violence & Aggression (V&A) incidents reported in the NHS Fife Incident Report and emphasised the importance of encouraging a culture of reporting as well as the opportunities that could be explored to conduct a 'Deep Dive' into this area. The Director of Property & Asset Management commented that V&A incidents had seen a decline since August 2023.

S Braiden, Non-Executive Member and Equality & Diversity Champion expressed interest in gaining a better understanding on V&A occurrences within the Board. It was agreed that this matter would be discussed off-table with the Director of Health & Social Care and the Associate Director of Culture, Development and Wellbeing and reported back to the Committee.

Action: S Braiden, Non-Executive Member and Equality & Diversity Champion

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

6.3   **Annual Staff Governance Committee Proposed Workplan for 2025/2026**

The Chair invited the Director of Workforce to speak to the paper, which outlined the proposed Committee Workplan for 2025/2026, noting that it would be adapted throughout the year in line with evolving operational demands.

It was advised that following the appointment of the Director of Planning & Transformation, any matters related to Strategy detailed in the Workplan would be assigned to the Director of Planning & Transformation.

Action: Director of Workforce

The Committee was invited to offer suggestions on topics that would be beneficial for future Development Sessions and whether these could be incorporated into the Private Session of the Committee to alleviate time pressures.

In response to a comment from P Kilpatrick, NHS Fife Chair, it was agreed that the scrutiny of Mandatory Training performance throughout the year should be more explicitly represented within the Workplan.

Action: Director of Workforce

The Committee **took a 'Significant' level of assurance** from the report and considered and endorsed the 2025/2026 Annual Staff Governance Committee proposed Workplan, subject to the inclusion of more explicit scrutiny of Mandatory Training throughout the year.

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 November 2024.

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

7.   STRATEGY / PLANNING

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

The Chair invited the Director of Workforce and the Head of Workforce Resourcing & Relations 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.

It was reported that as at 30 November 2024, the Board had achieved £3.668 million in Supplementary Staffing savings. Discussion took place on the extensive efforts in train to ensure that the Board was on track to meet the £5 million savings target approved in the 2024/2025 Financial Plan.

The Direct Engagement model for Locums had achieved savings to the value of £238,000 since it was rolled out in August 2024. Additional work is being undertaken to increase compliance rates, which are currently at 53%. The Committee was encouraged to note that all Junior Doctor Rotas are now compliant. The Director of Workforce expressed thanks to all colleagues who were engaged in this ongoing collaborative effort.

It was advised that a review of the existing workforce had been completed and the data gathered would be discussed at the People & Change Board this month to agree the approach to be progressed by the Whole Time Equivalent (WTE) Reduction initiative. The Committee noted that the £3 million share of NHS Scotland Resource Allocation Committee (NRAC) funding identified would be used to offset the £7.1m recurring pay pressures arising as a result of unfunded posts.

The Head of Workforce Resourcing & Relations advised the Committee that discussions are ongoing with managers in relation to employees currently on the Redeployment Register who meet the criteria for Voluntary Severance.

The Committee noted that the work of the Attendance Management Oversight Group continues, with three high priority areas within Complex & Critical Care considering the implementation of recommendations from the multi-factorial review which was conducted. Following a recent benchmarking exercise, efforts are progressing to align the Board's approach to attendance management case handling to that of other Health Boards.

Plans are also underway to implement the next 30 minute reduction in the working week as stipulated by the 2023/2024 Agenda for Change Pay Award, with appropriate consideration being given to the staffing resources that will be required to manage this reduction.

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

7.2 Workforce Planning Update

The Chair invited the Workforce Planning Lead to speak to the report.

The Committee was advised that revised Workforce Planning guidance has been issued by Scottish Government in December 2024, with a requirement for Health Boards to complete and return a pre-determined template by 17 March 2025. The Workforce Planning Lead advised that in order to meet the deadline, stakeholder engagement may need to be facilitated in a more agile manner and potentially outwith Committee cycles. It was noted that there is no requirement for the Board to publish the Workforce Plan in 2025 and the one-year cycle supersedes the previous obligation to develop and publish a three-year Workforce Plan.

Whilst appreciating the requirement for agile stakeholder engagement, the Employee Director underscored the need for the Area Partnership Forum to be fully involved in the process. The Director of Workforce welcomed the revised guidance, particularly in the current financial climate, and offered assurance that all relevant stakeholders would be appropriately engaged in the Board's submission.

Noting the submission deadline, the Chair enquired how the workforce planning details would be triangulated with Financial and Service plans, particularly where planning cycles are not aligned. The Director of Planning & Transformation acknowledged that whilst there was a degree of fluidity in the overall process, it was important to ensure that planning assumptions from all relevant Governance Committees inform the Workforce Planning exercise. The Director of Finance & Strategy emphasised that Financial Plans would need to include robust planning assumptions in relation to workforce reductions, in order to achieve financial balance.

The Committee **took a 'Significant' level of assurance** that the Workforce Planning submission for 2025/2026 will be developed in accordance with the revised guidance.

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 advised that Sickness Absence had increased from 7.07% in September to 7.36% in October 2024. As at September 2024 vacancies were reported at 3.3% (Medical & Dental), 2.7% (Nursing & Midwifery) and 4% (AHPs). It was noted that PDPR compliance and recovery would be discussed in greater detail later in the meeting.

The Committee discussed at length the need for further exploration of the reasons for staff absence and what additional efforts could be employed to ensure staff are supported timeously before and during periods of absence. The Employee Director acknowledged that whilst the reasons for staff absence are multifactorial and vary across services and areas, a significant amount of work is being undertaken to manage sickness absence consistently and compassionately across the organisation.

J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, emphasised the importance of continuing to make provisions for Staff Psychology and Spiritual Care Support Services in resource allocations and cautioned that attempting to realise savings within these areas might be counterproductive to reducing sickness absence. The Director of Acute Services reiterated the need for a person-centred approach to absence management.

The Chair highlighted the importance of establishing the correlation between absence data, reasons for staff absence and how these align with the support being offered to staff. It was requested that a report be brought back to a future Committee. It was also agreed that a Development Session would be held to further evaluate absence data and the wellbeing support being offered to staff.

Action: Head of Workforce Planning & Staff Wellbeing

Noting the discussions at the meeting, the Committee **took a 'Limited' (rather than moderate) level of assurance** from the report, acknowledging the current operational pressures affecting the organisation and **endorsed** the workforce section of the IPQR.

8.2   Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to the report, which provided an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 3 September 2024.

Referring to Appendix 1 of the report, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 {Implementation of Health and Care (Staffing) (Scotland) Act 2019} remains at moderate.

The Committee noted that risks would now be compared against the Board's recently approved Risk Appetite Statement detailed in Appendix 4.

The Head of Workforce Planning & Staff Wellbeing confirmed that a meeting with the Associate Director for Risk and Professional Standards was scheduled to take place, to review and reset risk scores where appropriate, taking into account any relevant contextual variables.

The Committee **took a "Moderate" level of assurance** that all actions within the control of the organisation are being taken to mitigate the Corporate Risks aligned to the Staff Governance Committee, as far as it is possible to do so.

9. **STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**

9.1 **Involved in Decisions: iMatter Report**

The Chair invited the Associate Director of Culture, Development and Wellbeing to speak to the report.

The Committee noted that the 2024/2025 iMatter campaign had seen an engagement level of 64%, which was 2% lower than the previous year, though 6% higher than the national response rate of 58% and second highest among NHS Scotland Territorial Boards. The Employment Engagement Index score at 76% was reported to be in line with national levels. It was also advised that 65% of iMatter teams had recorded an Action Plan within the eight week deadline.

Preparations for the 2025/2026 iMatter Campaign were outlined, which included updating of resources, scheduling of communications and delivering a series of Manager Team Action Planning sessions, among other activities. A summary of actions to improve performance and engagement was also provided, including targeted support for teams that had reported low response rates and scores in the 2024/2025 survey period.

Reference was made to the NHS Fife Leadership Framework, Managers' Essential Learning Programme and blended Corporate Induction aimed at supporting Leaders and Managers in their efforts to increase engagement.

The Employee Director expressed thanks to all those involved in delivering the positive results that had been achieved to date.

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

9.2 **Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training**

The Associate Director of Culture, Development and Wellbeing introduced the report, which detailed the Board's Recovery Plans to improve performance in the areas of PDPR and Core Skills compliance.

The Learning & Development Manager was invited to provide a detailed update on the measures being implemented to improve Core Skills compliance, which is currently reported at 60% against a target of 80% and PDPR compliance, reported to be 44.3% as at December 2024 against a target of 60%. The quantified impact potentially expected from these improvement measures was also indicated.

In relation to Core Skills compliance, the Committee was advised that a data quality and reconciliation exercise had been undertaken to ensure that the information reported is a true reflection of compliance rates. It was noted that Core Skills compliance reports were also distributed to managers at the beginning of December 2024, with a request to ensure that all staff are fully compliant by 31 March 2025. Discussions are ongoing with the Health & Safety Team to explore opportunities to deliver in-person Core Skills training. It is anticipated that these sessions will initially be trialled at the Victoria Hospital site and aimed at clinical

staff. To ensure higher levels of compliance in 2025, additional Protected Learning Time Information Sessions would also be offered.

Measures to improve PDPR compliance encompassed data cleansing, reconciliation of paper-based appraisals, monitoring of partially signed appraisals, distribution of compliance reports for individual employees to Executive Directors and managers with a request that all staff must be fully compliant by 31 March 2025, introduction of automated dashboard reports and encouraging managers to combine revalidation and PDPR conversations, amongst other initiatives. A document which highlights the benefits of PDPR to all stakeholders is currently being developed.

On behalf of the Committee, the Chair acknowledged with thanks the significant amount of work being done to progress the Recovery Plan.

Commenting favourably on the comprehensive report, the Employee Director emphasised the importance of collaborative working to embed continuous learning as an organisational priority to keep both staff and patients safe and the need to clearly understand who has responsibility for delivering the improvements detailed in the Recovery Plan.

In response to a question from V Bennett, Health & Social Care Partnership (H&SCP) LPF Co Chair, regarding how staff competence is assured, the Associate Director of Culture, Development and Wellbeing advised that the Board's eLearning training courses provided by National Education for Scotland (NES) are rigorously evaluated through educational quality governance cycles before being launched nationally. The Director of Property & Asset Management referred to the Scottish Manual Handling Passport Scheme that the Board was now accredited to participate in, which ensures that employees are trained to a national standard. The Director of Health & Social Care echoed that monitoring competency against compliance with nationally stipulated training standards would be an appropriate tool of measurement. The Learning & Development Manager commented that in-person training delivered has an inbuilt competency metric and where there are concerns around competence, additional support is provided to employees to ensure they meet the necessary levels of competence.

The Committee **took a 'Limited' level of assurance** from the report acknowledging that the Recovery Plan was in its early stages and that an update would be brought to the March meeting of the Committee.

9.3 Wellbeing Champion Update

In the interest of time and with the consent of J Kemp, Non-Executive Director and Staff Health Wellbeing Champion, the Chair requested that this matter be deferred to the next meeting.

Action: Head of Workforce Planning & Staff Wellbeing

9.4 Equality & Diversity Champion Update

In the interest of time and with the consent of S Braiden, Non-Executive Member & the Equality & Diversity Champion, the Chair requested that this matter be deferred to the next meeting.

10.   **LINKED COMMITTEE MINUTES**

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

10.1 Area Partnership Forum held on 20 November 2024 (unconfirmed)
10.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 November 2024 (unconfirmed)
10.3 Health & Social Care Partnership Local Partnership Forum held on 10 September 2024 (confirmed)
10.4 Health & Safety Sub Committee held on 6 December 2024 (unconfirmed)
10.5 Equality & Human Rights Strategy Group held on 7 November 2024 (confirmed)

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

11.1   **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.

11.2   **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.

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

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.

13.   **ANY OTHER BUSINESS**

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

14.   **DATE OF NEXT MEETING**

Tuesday 4 March 2025 at 10.00 am to 12.00 noon via MS Teams

Meeting: **Staff Governance Committee**

Meeting date: **Tuesday 7 January 2025**

Title: **Committee Chair's Assurance Report**

1.   Committee's Performance against Annual Workplan

1.1   The Committee's Workplan is on track and is 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 Health and Care (Staffing) (Scotland) Act Quarter 2 report, noting that this is an iterative process and that work is progressing in respect of actions identified from feedback from the assurance process, including refreshed communications and development and implementation of standard operating procedures.

2.2   The Committee took a '*moderate*' level of assurance from the Improved and Safe Working Environment / Health & Safety Quarterly update, noting the content of the HSCP assurance reports which were provided separately. It was agreed that the report provided a solid foundation for the Committee to consider this important topic.

2.3   The Committee took a '*moderate*' level of assurance from the Reform Transform & Perform / People & Change Board report, which included an Attendance Management update. The Committee noted the positive efforts in respect of supplementary staffing, junior doctor rota bandings and workplace improvements and implementation of Direct Engagement, which have contributed to the savings target, alongside the current WTE establishment activity and Voluntary Severance policy implementation. Further details are included in the minutes.

2.4   The Committee took a '*moderate*' level of assurance from the report on the plan for development of the Workforce Plan for 2025/2026, a draft of which is required to be submitted to Scottish Government by 17 March 2025.

2.5   In respect of the iMatter report, the Committee took a '*significant'* level of assurance from the update provided and acknowledged the Board's positive position in terms of the iMatter feedback from staff.

2.6   In addition, the Committee heard extensive feedback on the recovery plan and the work undertaken by the Workforce Directorate to support an improvement in PDPR and Core Skills / Mandatory Training. While the position affords a '*limited'* level of assurance, the Committee acknowledged the commitment of colleagues to improving this, both in the current and future years. A further report on progress will be provided at the March 2025 meeting.

3. Update on Performance Metrics

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

- An increase in the Board's reported sickness absence rates from 7.07% in September 2024 to 7.36% in October 2024, which is therefore unlikely to meet the local trajectory and local target of 6.5% by 31 March 2025.

- A 0.2% increase in the PDPR metrics (43.1% as at November 2024), so also 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 noted by the Committee as providing a '*moderate*' level of assurance overall. It was agreed that the risk ratings were reflective of the current position, with each of the Committee's named risks rated as follows:

- **Workforce Planning & Delivery – Risk Level High**
- **Staff Health & Wellbeing – Risk Level High**
- **Implementation of Health and Care (Staffing) (Scotland) Act 2019 – Risk Level Moderate**

Further details on the mitigating actions being taken to manage these risks are detailed within the minutes.

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
January 2025

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.	07/01/24	**Health and Care (Staffing) (Scotland) Act (HCSA) 2019 Quarter 2 Report**	Update on revised eRostering Implementation Plan to be arranged at a future Staff Governance Committee Development session, alongside the demonstration of the system.	**Head of Workforce Planning & Staff Wellbeing**	On agenda for SGC Development Session on 18 February 2025.	**Closed**
2.	07/01/24	**Improved and Safe Working Environment / Health & Safety Quarterly Report**	Committee to be updated on off-table discussions to gain a better understanding on Violence & Aggression occurrences within the Board.	**S Braiden, Non-Executive Member & Equality & Diversity Champion**	Update to be provided at March 2025 SGC meeting.	**Closed**
3.	07/01/24	**Annual Staff Governance Committee Proposed Workplan for 2025/2026**	Matters relating to Strategy detailed in the 2025/26 Annual Workplan to be assigned to Director of Planning & Transformation. Scrutiny of Mandatory Training Performance to be more explicit in the 2025/26 Annual Workplan.	**Director of Workforce** **Director of Workforce**	Required changes made to SGC Annual Workplan to be presented at March 2025 meeting.	**Closed**
4.	07/01/24	**Integrated Performance & Quality Report**	Correlation between absence data, reasons for staff absence and wellbeing support offered to staff to be investigated for discussion at a future Staff Governance Development session.	**Head of Workforce Planning & Staff Wellbeing**	SGC Annual Workplan updated.	**Closed**
5.	07/01/24	**Wellbeing Champion Update**	To be deferred to next meeting.	**Head of Workforce Planning & Staff Wellbeing**	On agenda for March 2025 SGC meeting.	**Closed**
6.	07/01/24	**Equality & Diversity Champion Update**	To be deferred to next meeting.	**Head of Workforce Planning & Staff Wellbeing**	On agenda for March 2025 SGC meeting.	**Closed**

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**4 March 2025**
Title:	**Annual Review of Committee's Terms of Reference**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

Executive Summary:

- The Committee's Terms of Reference is presented for endorsement, before onward submission to the NHS Fife Board for approval.

- The review is carried out on annual basis, as part of the overall annual governance process, and reflected in the annual update to the NHS Fife Code of Corporate Governance, submitted to the Board in May 2025.

- Proposed changes are tracked within the enclosed document, for visibility.

1.   Purpose

This report is presented to Staff Governance Committee for:
- Discussion

This report relates to:
- Local policy

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Involved in decisions

2.   Report Summary

2.1   Situation

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

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2024, as per the above cycle.

2.3 Assessment

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

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

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

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **significant** level of assurance.
- **Discussion** - consider the attached remit, advise of any proposed changes and **endorse** a final version for further consideration by the Board.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~28 May 2024~~TBC

1. **PURPOSE**

1.1   The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.

1.2   To assure the Board that the staff governance arrangements in the Integration Joint Board are working effectively.

1.3   To escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within services, including those devolved to the Integration Joint Board.

1.4   To oversee and evaluate staff governance activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the staff governance and related risk management aspects of transformative change programmes and new and innovative ways of working.

2. **COMPOSITION**

2.1   The membership of the Staff Governance Committee will be:

- Four Non-Executive members, one of whom will be the Chair of the Committee.
- Employee Director
- Chief Executive
- Director of Nursing
- Staff Side Chairs of the Local Partnership Forums, or their nominated deputy

2.2   Each member shall give notification if they are unable to attend a meeting. For Non-Executive members, they shall notify the Committee Chair, who may ask other Non-Executive members to act as members of the Committee to achieve a quorum. For Staff Side Chairs of the Local Partnership Forums, they will notify the Lead Officer, confirming their nominated deputy. This will be reported to the Committee Chair. This information will be drawn to the attention of the Board.

2.3   Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely

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

- Director of Workforce
- Director of Acute Services
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Director of Planning & Transformation
- Director of Property & Asset Management
- Medical Director
- Board Secretary
- ~~Deputy Director of Workforce and~~ Heads of Service, Workforce Directorate

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

3.   QUORUM

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

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

4.   MEETINGS

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

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

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

5.   REMIT

5.1   The remit of the Staff Governance Committee is to:

- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;

- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;

- Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;

- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;

- Maintain an oversight of employee relations matters, and monitor progress of related processes;

- Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;

- Contribute to the development of the Annual Delivery Plan, in particular but not exclusively, around issues affecting staff;

- Exercise oversight of Workforce Planning, delivery and risk, to enable appropriate scrutiny and monitoring of the Board's Workforce Plan, its delivery against the agreed workplan, and the impact on related strategic risks;

- Support the continued development of personal appraisal professional learning and performance;

- Review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility;

- Undertake an annual self-assessment of the Committee's work and effectiveness.

5.2   The Committee shall review the arrangements for employees raising concerns, in confidence, in line with the National Whistleblowing Standards. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.

5.3   The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and the Board thereafter.

5.4   The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.5   The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of

governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and the Scottish Public Finance Manual.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Staff Governance Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who also provides an assurance report on the matters considered at the Committee and highlightsa report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 4 March 2025**
Title:	**Committee Self-Assessment Report 2024/2025**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

Executive Summary:

- This paper details the outcome of the recent self-assessment exercise of the Staff Governance Committee's effectiveness. A summary of the findings is given in the SBAR, with the full responses and free text comments included in the appendix.

- A moderate level of assurance is suggested, indicating the successful completion of the exercise and the identification of a number of learning points to be taken into the year ahead.

1. Purpose

This is presented to Staff Governance Committee for:
- Discussion

This report relates to a:
- Local policy

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Involved in Decisions

2. Report Summary

2.1 Situation

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

2.2 Background

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

A light-touch review of the standard question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in January 2025. The survey was undertaken online and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

2.3 Assessment

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

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference, though the current Board vacancy for a Whistleblowing Champion has recently necessitated another Non-Executive joining the Committee on a temporary basis. Additional 'attendees' from the Executive cohort were thought to have been an useful addition to Committee discussions. There have been some issues throughout the past year regarding quoracy, but the addition of a new Staff Side Chair of the HSCP Local Partnership Fora is expected to address this. The schedule of meetings was thought to be appropriate for the Committee's annual cycle of business. The Committee was felt to be responsive to matters arising outwith the annual workplan, noting that emerging issues are discussed between the Director of Workforce and the Chair to agree its suitability for inclusion on the next committee agenda. Occasionally matters will be circulated outwith the committee if there is a time sensitivity. It was noted that the introduction of the Chair's Assurance Report to the Board had been a useful initiative and had helped improved the visibility of the Committee's work at Board level.

Self-Assessment Questionnaire (completed by members and attendees)

Excluding the Chair, in total 5 (of 6) members (excluding the Chair) and 5 regular attendees completed the questionnaire. In general, the Committee's current mode of operation

received a generally positive assessment from its members and attendees who participated, though a number of questions received a lower rating. There was a sense from respondents that the Committee's chairing and focus had improved over the past year and this was appropriately focusing on governance matters. There was still the occasional time pressure on meetings to complete the agenda, meaning later papers might be rushed and it has been suggested that a priority-led agenda would ensure the most important papers receive appropriate attention.

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

- limiting, where possible, the lag in reporting data, with some alternative comments that the current bi-monthly meeting schedule does not allow time in-between meetings for major changes in Staff Governance focused performance data to occur;
- ensuring that discussions at meetings remain focused on the key remit areas of the Committee, avoiding straying into overly operational detail and other committees' areas of focus such as finance etc.;
- reducing the circulation of late papers (measures have been taken this year to address this) and ensuring that paper packs and agendas are achievable within the time allowed for meetings; and
- at Committee Development Sessions, ensuring topics are of direct relevance to Committees and are well attended by the Non-Executives to whom they are directed.

Some of the issues noted above, particularly around size of meeting packs and overly detailed papers, are not unique to the Staff Governance Committee and indeed are common comments across a number of Board committees, particularly those with wide-ranging remits. Board-wide enhancements to agendas and paper format are currently being discussed with all Committee Chairs.

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

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

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

The Committee is the first group to receive this paper. This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided to Staff Governance Committee for:

- **Assurance** – This report provides a **moderate** level of assurance.
- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

3. List of Appendices

The following appendices are included with this report:

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

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

	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics					
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	4 (40%)	6 (60%)	-	-	The new Staff Governance Committee Chair has made a big difference to this meeting. Committee has a broad range of members and regular attendees. Greater contributions from other attendees would be good for the next cycle.
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	4 (40%)	6 (60%)	-	-	Feel on occasions some key members should lead items. Agree. But attendance and input from the staff-side representative (not Employee Director) can reduce the importance of this voice. The inclusion of the Medical Director has been positive. This has been enhanced during the last year with additional attendees.
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	2 (20%)	7 (70%)	1 (1%)	-	As above, some key members don't routinely contribute unless Q&A. Some Committee members seek to apportion blame, seeking who is responsible and not in a way that holds officers to account. Staff Governance matters often stray into conversations in relation to Finance. Development Sessions to clarify roles and responsibilities would be helpful. Recent discussions whereby Non-Executives "want to get underneath" an issue were confusing - I am unclear as to how this would change or improve the organisational position.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A4.	Committee members are able to express their opinions openly and constructively.	4 (4%)	5 (50%)	1 (10%)	-	No issues with this. There appears to be less of an openness in discussing long-term performance issues by the Committee.
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	5 (50%)	4 (40%)	1 (1%)	-	Discussions do take place to an extent but my sense is that we rarely get the nub of an issue and I am often left feeling unsure as to how he Committee impacts on staff within the organisation.
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	2 (20%)	8 (80%)	-	-	Development Sessions are really welcomed. Further development is required. Agree, although it has been difficult to plan Development Sessions. I think we could do a bit more in this regard and perhaps re-focus Development Sessions.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	2 (20%)	8 (80%)	-	-	Deep dives can be moved into a Development Session or private if required. This has improved but further scope for meaningful Development Sessions.
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	2 (20%)	7 (70%)	1 (1%)	-	Papers can be late due to frequency of meeting. Generally agree, but there have been some issue during the year of confusion about where targets have come from. Agree, although there is always the three-month reporting lag. Reports lag.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	3 (30%)	7 (70%)	-	-	-
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	3 (30%)	6 (60%)	1 (10%)	-	Reduced Working Week is a prime example.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	1 (10%)	6 (60%)	3 (30%)	-	Papers are lengthy and rely on author pulling out salient points As with all committees, we struggle with length and precision of purpose in papers. This has improved in the last year; it would be good to see the analysis of data deepen with stronger inks to strategic direction. Efforts have been made to condense the agenda and volume of papers, which is greatly appreciated. Similar to other committees, it would be worth encouraging members to hold the five primary functions of governance at the forefront of discussions and when asking for reports. There is a tendency for requests for more detail, but this does not necessarily address an specific aspect of good governance and can result in operational detail being inappropriately provided. We can work on the content of SBARs and focus of the Committee via the Workplan and principles of good governance.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (20%)	7 (70%)	1 (1%)	-	Often late. Quite a few late papers in the past year. Delays have been highlighted and addressed when they have occurred.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	2 (20%)	8 (80%)	-	-	Can be lengthy meetings Agendas can be long, but we generally get through them. Meetings are long and the agendas are extensive. But....still a desire for further operational detail, which distracts the Committee from its role and from delivery The balance of time at the beginning of meetings could be managed to support consideration of later agenda items.
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	5 (50%)	5 (50%)	-	-	-
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	4 (40%)	6 (60%)	-	-	-
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	4 (40%)	6 (60%)	-	-	Comprehensive updates are given at the Board.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	2 (20%)	8 (80%)	-	-	-
C. The Role and Work of the Committee						
C1.	The Committee reports regularly to the Board verbally and through minutes / Chair's Assurance Report, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	7 (70%)	3 (30%)	-	-	New Chair's Assurance Report supports this.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	1 (10%)	9 (90%)	-	-	It can dip into operational matters on some items. This is improving, a step for next year would be in measuring impact and delivery. Further understanding of the Reduction in Working Week and its impact on staff.
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	4 (40%)	6 (60%)	-	-	-
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	2 (20%)	8 (80%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?					The main aspect is membership of Non-Executives and replacing members that have left. Once that is rectified, the Committee will go from strength to strength. Shorter papers. Frequency to quarterly to allow matters to progress between committees - often preparing next committee paper week or so after last committee does not always allow time for progression. As with all committees, clearer up-front introductions in the written paper and more concise papers would help. Measurables, delivery, impact on staff. Clearly defined timescales for actions intended to improve under-performing areas. Open and honest dialogue on the difficult issues the Board needs to address. Tone and manner of challenge and scrutiny is worth careful consideration by all committees. Values and behaviours are important enablers to respectful discussions. I think the Committee is operating well. SBAR management and focus of agenda.
D. Staff Governance Committee specific questions						
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e. those related to either Clinical, Finance & Performance, Public Health & Wellbeing, Remuneration or Staff) are being managed to a tolerable level.	2 (20%)	8 (80%)	-	-	-

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D2	There is appropriate coverage of the key components of the Committee's remit in meeting agendas (i.e., as an example, for Clinical Governance, the full range of clinical governance activity, including Patient Safety, Quality of Care, Clinical Effectiveness and Patient Experience, is reviewed during the year - and similarly so for other committees).	3 930%)	7 (70%)	-	-	-
D3.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (1%)	8 (80%)	1 (10%)	-	Focus on effective performance unclear.
D4.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues, and has the opportunity to escalate ongoing concerns to the Board.	3 (30%)	5 (50%)	2 (20%)	-	Personal Development Review and mandatory training would be a good example of this. Raised by Chair of Staff Governance to Director of Workforce. Recovery paper presented at next Committee and scrutinised by members.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 4 March 2025**
Title:	**Health and Care (Staffing) (Scotland) Act 2019: Quarter 3 and Annual Report Update 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 a summary 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.

- The Annual Report template is currently being completed for submission to Scottish Government (SG) by 30 April 2025. Given the submission date falls outwith the Committee meeting cycle and also the timeline for the Quarter 4 data capture, the link to the full annual report template will be provided to Staff Governance Committee members for consideration and feedback prior to submission. Any information collected in Quarter 4 which is not included in the annual report will be added to the report for the first quarter of 2025/2026.

- To note the continued collective efforts of the local Implementation Group and Heads of Service who provided feedback to inform the content of this report. To meet the annual reporting requirements the local Implementation Group has moved to use an MS Excel based questionnaire aligned to the national template for gathering information from services and this has helped to continue to accumulate a detailed overview of current actions and issues to be addressed in future quarters and into 2025/2026.

- The monitoring arrangements across the operational delivery units and professions helps to understand compliance with the legislation and to ensure appropriate mechanisms of accountability and responsibility are in place and functioning.

- The Board has submitted the third High Cost Agency quarterly return (1/9/2024 to 31/12/2024) to SG and this will give an opportunity to continue the existing work on the reduction in agency staffing and to benchmark with other Boards. The NHS Fife reports and National publication are available upon request.

- NHS Fife has made good progress and has positive engagement from all professions. Where gaps have been identified, there are plans in place to resolve them. Further assessment and reporting will keep this on track to ensure we are working towards full compliance with the legislation.

- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to the documentation covering our evidence in respect of implementation of the Act.

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.
- Appropriately trained & developed

2. Report Summary

2.1 Situation

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires quarterly and annual 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 detailed within NHS Circular DL(2024)25.

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.

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

As previously reported, to assist HIS with their functions, it has been agreed to provide HIS with copies of the Board quarterly and Annual Reports. The next HIS Engagement meeting is due to take place on 6 March 2025.

2.3   Assessment

A moderate level of compliance against the various duties detailed within the Health and Care Staffing Act is suggested. This is supported by the self assessment templates populated by the Services / Professional Leads, as highlighted in Appendix 1. It is noted that this assessment is based on the application of Daily OPEL processes across a number of services and Job Families, and Business Continuity arrangements in other areas. The administrative resource required for maintaining the OPEL workload is acknowledged, and the barriers to achieving a greater level of compliance has been identified in these templates as the absence of eRostering and SafeCare in these areas, and importantly embedding the output from these solutions into the Daily OPEL process. Additional challenges in achieving green have been cited as the current financial position, and the impact this is having on hard to fill posts and vacancy control measures.

A summary of progress made during Quarter 3 is detailed below, alongside actions for Quarter 4.

Key Achievements during Quarter 3:

- Completion figures in respect of HCSA eLearning Training sessions during 2024/2025 are detailed below:

    - Domain 1 fundamentals of health and care staffing: **50**
    - Domain 2 workload and workforce planning: **271**
    - Domain 3 managing and using workload and workforce planning data: 2**1**
    - Domain 4 quality assurance and governance: **20**

- The Core Training and PDPR Recovery Plan also supports compliance with the Act.

- Development of the draft Workforce Plan for 2025/2026, taking account of the current and future staffing aligned to requirements of the Act.

- Successful introduction of a new MS Excel template aligned to the preset national reporting document, to assess compliance with the Act within clinical services, identify areas for improvement and to support inclusion of narrative within this Quarter 3 / Annual Report.

- The revised data capture process ensures clinical leaders and managers are focused on the specific elements of each duty when confirming their RAG status.

- Development and introduction of a range of Standard Operating Procedures relevant to the Act covering Staffing Level Risk Assessment and Escalation Process, and Duty to Seek Clinical Advice, Roster Building and Supplementary Staffing Escalation Risk Assessment.

- The required Specialty Specific Common Staffing Method Tool Runs have been completed as planned for 2024. Some individual areas have also run the tools out of schedule to suit local requirements. The scheduling of annual tool runs has been planned for 2025/2026, plus reporting the output of these reports to the Executive Directors Group and locally to meet Act requirements.

- The Workforce Hubs went live in November 2024, with the aim of reducing 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.

- Senior Nursing & Midwifery Workforce colleagues have been providing complementary HCSA training sessions and Staffing level tool run sessions, running until March 2025.

Key Milestones / Actions for Quarters 4 and 2025/2026

- Continued development of the bespoke data capture template to enable "Board level clinicians" to summarise overall compliance with HCSA requirements and provide a RAG status of compliance for their profession.

- 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 1 April 2026 and the introduction of Protected Learning Time.

- Continued emphasis on Fife's path to green in respect of HCSA compliance, including follow up on actions from the quarterly data capture exercises, 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.

eRostering and SafeCare

As previously reported, eRostering and SafeCare are integral to the Board being able to fulfil HCSA requirements, and the absence of SafeCare has been referenced throughout the self assessment template as an obstacle from reaching and maintaining a Green RAG status. Following discussion with the Director of Finance and Director of Nursing, eRostering implementation has been paused whilst deep dive reviews have been carried out on existing areas to ensure rosters are accurate, being used and additional support / training is provided.

The deep dives are almost complete and Implementation has resumed with the delivery model updated to reflect key learning from deep dives. This includes, a new data gathering work package, a clear formal sign off process and increased post 'go live' support. In addition, SafeCare will now be part of the implementation process. For eRostering and SafeCare to be most effective implementation is best carried out in clusters. The planned order is as follows:

Acute:

- Surgical Directorate
- Medical Directorate
- Women, Children & Clinical Services

HSCP:

- Complex & Critical Care Services
- Community Care Services
- Primary and Preventative Care Services

Initial engagement has been carried out with 11 services and the required data gathering is underway. Initial engagement sessions are scheduled with a further 12 services.

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 the third quarterly HCSA High Cost Agency Report that highlighted challenges within known areas (individual details available on request), and work is continuing in these areas via the Supplementary Staffing Group and the People and Change Board.

There is also a risk in relation to the outcome of the implementation of the Act in respect of some of the duties potentially resulting in additional financial pressures.

2.3.4 Risk Assessment / Management

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 data collected for reporting purposes allows services to consider their workforce related risks, alongside any workforce risks logged on Datix. In future, as services are using SafeCare, there will be the opportunity to review details of recurrent and severe risks and their mitigations at a Board level.

There is a risk to that the loss of the N&M aligned workforce posts which have supported the Tool runs required by the Act and who have provided training and support to services, will mean that the Tool runs are not run as effectively.

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

Relevant Leads communicate with key stakeholders and key national and local contract 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 the 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.
- **Decision** – Review and scrutinise the information provided in this paper and confirm that it can proceed for consideration by NHS Fife Board at its March 2025 meeting, noting that that this continues to be an iterative process and that reporting will continue to evolve.

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

12IA - Duty to Ensure Appropriate Staffing

Health Care Staffing Act

12IA: Duty to Ensure Appropriate Staffing
Requirement to ensure suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for
- Health, wellbeing & Safety of patients
- Provision of safe and high-quality care, and
- In so far as it affects either of these matters, the wellbeing of staff

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow

12IC - Duty to have Real Time Staffing Assessment in Place
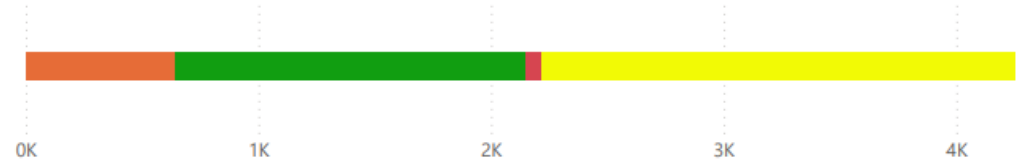
Health Care Staffing Act

12IC: Duty to have Real Time Staffing Assessment in Place
Clearly defined systems and processes for the real-time assessment of compliance with the duty to ensure appropriate staffing, taking account of:
- Patient Acuity (where applicable)
- Number and skill mix of available staff
- Professionally judged staffing required

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow

12ID - Duty to have risk escalation process in place

Health Care Staffing Act

12ID: Duty to have risk escalation process in place
Requirement for a consistent means of recording the escalations and mitigations of staffing risk identified through the real-time staffing assessment processes which has not been possible to mitigate. All risks identified should be reported to the lead professional (LP) for that areas.

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow

12IE - Duty to have arrangements to address servers and recurrent risk

Health Care Staffing Act

12IE: Duty to have arrangements to address severe and recurrent risks
Requirement to agree and define what severse and recurrent staffing risks look like, and to determine how these are managed and mitigated to prevent the future materialisation of these risks

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow

## 12IF - Duty to seek clinical advice on staffing

Health Care Staffing Act

12IF: Duty to seek clinical advice on staffing
Requirement to establish arrangements which:
- Put in place, and keep in place, plans for seeking/gaining appropriate clinical advice when decisions are needed in relation to staffing and
- Put in place, and keep in place, arrangements for documenting decisions which conflict with said clinical advice.

Sum of Headcount by RAG Status
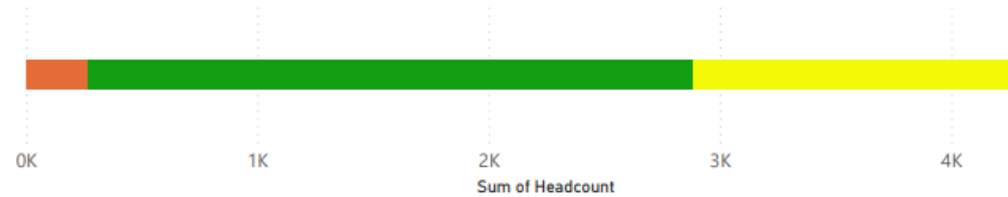
RAG Status ● Amber ● Green ● Red ● Yellow
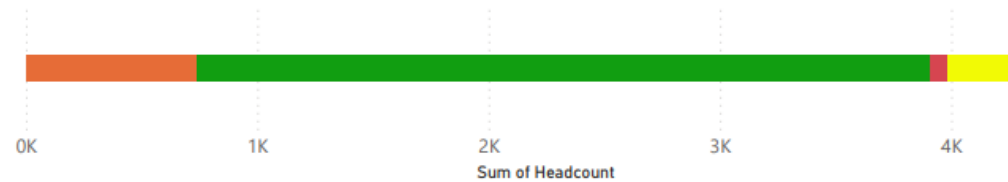
12IH - Duty to ensure adequate time given to clinical leaders

Health Care Staffing Act

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

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Yellow

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

Health Care Staffing Act

12II: Duty to ensure appropriate staffing: training of staff
Requirement that all staff covered by the Act should have relevant information and training to:
- Ensure they are suitably qualified and cometent in their role, and
- Ensure they can implement the duties of the Act
The nature and conent of training will be dependent on the individual circumstances, role and responsibility.

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Yellow

NHS Fife
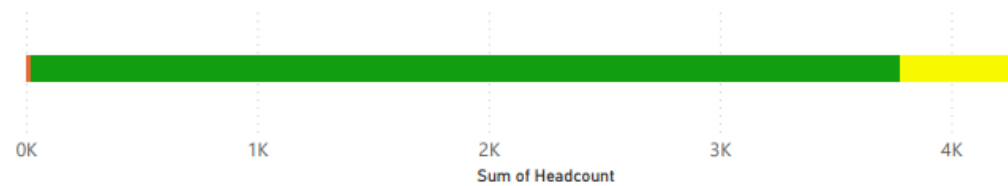
Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 4 March 2025**
Title:	**Internal Control Evaluation Report 2024/2025**
Responsible Executive:	**Full name and title of responsible Executive lead**
Report Author:	**Jocelyn Lyall, Chief Internal Auditor**

Executive Summary:

- This Internal Control Evaluation (ICE) aims to provide early warning of any significant issues that may affect the Governance Statement.

- The report highlights the exceptionally challenging circumstances NHS Fife is facing and highlights areas of good practice. Key to the future performance of the Board is Reform, Transform, Perform (RTP), which will require a continuing focus and pace of change to achieve its objectives for 2024/2025.

- The ICE was issued to the Director of Finance and Strategy on 4 December 2024 and members of the Executive Directors Group (EDG) confirmed factual accuracy and provided final Management Responses on 3 December 2025. The report has been issued to Audit and Risk Committee members and will be presented to the March 2025 Audit and Risk Committee for formal approval.

- This report is for the Staff Governance Committee to consider and specifically note the narrative under both Corporate and Clinical Governance.

1. Purpose

This report is presented to Staff Governance Committee for:
- Assurance
- Discussion

This report relates to a:
- Local policy
-

This 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

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control to manage and control all the available resources used in the organisation.

2.2 Background

The work of Internal Audit and the assurances provided by the Chief Internal Auditor in relation to internal control are key assurance sources taken into account when the Chief Executive undertakes the annual review of internal controls, and form part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which is included and published in the Board's Annual Accounts.

2.3 Assessment

Key Themes

Over the last four years Internal Audit has reported that long term risks can only be mitigated through strategic change. The Audit Scotland NHS in Scotland 2024 report highlighted the need to focus more on longer term reform and that difficult decisions about what the NHS should potentially stop doing will be necessary. Stakeholders must be consulted on change and their views must be considered in the decision making to ensure quality of care and best value from available resources.

We reiterate our previous commentary that there must be an impetus to 'do things differently' and to prioritise in line with a clearly communicated, realistic and coherent integrated, Fife-wide strategic direction for transformation, within the available financial and staffing envelope.

Collaborative clarity of vision will be essential to enable Fife to develop an integrated transformation plan and to build on the first year of RTP to effectively and efficiently deliver good quality healthcare services whilst making required recurring savings.

The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and the wider partnership to work together effectively.

The Audit Scotland NHS in Scotland 2024 Finance and Performance report noted that Scotland's NHS is still struggling to deliver care in a timely way; most waiting times standards are not being met and overall performance has not changed markedly at a national level in the last year.

Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife.

Workforce risks remain very high across NHSScotland and our previous ICE and Annual Reports highlighted the well-known workforce risks and the potential impact on service delivery. Capacity, including the impact of vacancies and sickness absence remains a significant risk, with supplementary staffing costs a continuing, if improving, financial pressure.

Key developments include:

- Ongoing work to agree staffing establishment, with a focus on data quality, to inform the new Workforce Plan for effective delivery of services.
- Establishment of the RTP People and Change Board to deliver safe, sustainable workforce improvement whilst contributing to the delivery of sustainable financial savings.
- Continuous improvement in Staff Governance Committee governance and reporting processes.

Management has agreed action to enhance the Health & Safety Sub-Committee Incident Report to include analysis of data and identification of themes or trends and, where appropriate, learning from incidents, emerging concerns and areas for escalation, and a summary of ongoing improvement actions. This is frequently already covered in the minutes of the Health & Safety Sub Committee which are also submitted to SGC with any items for escalation.

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 Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment / Management

The process to produce the Annual Internal Audit Plan considers inherent and control risk for all aspects of the Internal Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legislative requirements are a core consideration in planning all internal audit reviews.

As detailed in the assessment section, the requirement to recruit to two vacant Principal Auditor posts and sickness absence is likely to impact on delivery of FTF Annual Internal Audit Plans.

The risk 'Compliance with Internal Audit Framework' is recorded on the FTF risk register and is described as:

'There is a risk that due to the cumulative effect of resource challenges and complexity of audits with generally higher risks and control issues, Internal Audit may not comply fully with the Internal Audit Framework, comprising the Audit Charter and the Specification for Internal Audit Services. This includes:

- Compliance with Public Sector Internal Audit Standards
- Compliance with the Service Specification, specifically:
  - ➢ Delivery of the agreed annual Internal Audit Plan
  - ➢ Provision of assurance throughout the year
  - ➢ Achievement of quality and performance measures
  - ➢ Provision of an opinion to the Chief Executive as Accountable Officer for yearend assurance.

This risk is scored as Moderate and 13 controls have been identified to mitigate the risk.

To mitigate this risk, as noted in the assessment section of this report, audit work related to the delivery of the Annual Internal Audit Report to support the Chief Internal Auditor's annual opinion has been prioritised.

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

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy. The draft ICE report has been shared with Directors to confirm the factual accuracy of each section.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager and reviewed by the Chief Internal Auditor, then presented to the Audit and Risk Committee for initial discussion. The Final ICE Report has been issued to Audit and Risk Committee members. The report is presented to the Staff Governance Committee for consideration.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Discussion** – Discuss and take assurance from the Internal Control Evaluation

3 List of Appendices

The following appendix is included with this report:

- Appendix 1: Internal Control Evaluation Final Report

Report Contact:
Jocelyn Lyall
Chief Internal Auditor
Email jocelyn.lyall2@nhs.scot

FTF Internal Audit Service

Internal Control Evaluation 2024/25
Report No. B07/25

Issued To: **C Potter, Chief Executive**
M McGurk, Director of Finance and Strategy and Deputy Chief Executive

G MacIntosh, Head of Corporate Governance/Board Secretary
Executive Directors Group
H Thomson, Board Committee Support Officer

Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

Contents

Target Audit and Risk Committee without Management Responses	12 December 2024
Draft Report Issued	4 December 2024
Management Responses Received	3 January 2025
Target Audit & Risk Committee with Management Responses	13 March 2025
Final Report Issued	**08 January 2025**

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. Together, the mid-year Internal Control Evaluation report (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full. The ICE review provides early warning of potential year-end assurance issues and allows a holistic overview of governance within NHS Fife.

3. The Annual Delivery Plan (ADP) 2024/2025 was signed off by the Scottish Government on 28 May 2024. The three-year Medium Term Financial Plan 2024/25 to 2026/27 (MTFP) was approved by Board on 26 March 2024. The Scottish Government acknowledged the Financial Plan for 2024/25 but did not approve it. As reported to Fife NHS Board on 25 September 2024, it remains unapproved, and dialogue is ongoing.

4. The ICE report will be presented to the 12 December 2024 Audit and Risk Committee meeting, providing a detailed assessment of the adequacy and effectiveness of internal control, which should allow remedial actions to be taken before year-end, allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE will also provide a detailed assessment of action taken to address previous internal audit recommendations from the 2023/24 ICE and Annual Report.

5. This review will be a key component of the opinion we provide in our Annual Report and will inform the 2025/26 Internal Audit planning process.

6. Our audit specifically considered whether:

    *   Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

7. Ongoing and required developments and recommended actions are included at Section 2.

8. Our Annual Report was issued on 14 June 2024 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.

9. As well as identifying key themes, our Annual Report made three specific recommendations in the following areas:

    *   Within the Clinical Governance Oversight Group (CGOG) Annual Report, references to External Assurance reporting will be included in future iterations.

    *   Reporting to Clinical Governance Committee (CGC) should include clear scheduling of the revision process for the Digital & Information (D&I) Strategy including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.

- Assurance regarding the review status of D&I policies not included in the Information Governance & Security (IG&S) Accountability and Assurance Framework report should be regularly provided to the D&I Board.

10. Outstanding actions from our previous ICE and Annual Report recommendations are shown in Table 1. The two actions relating to Digital & Information have been completed since the issue of our Annual Report and the planned completion of the recommendation about external assurance reporting to CGOG will be validated at year end.

11. Overall, there has been good progress on actions to address recommendations from the 2023/24 ICE and Annual Report. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

12. In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed.

13. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

14. Detailed findings are shown later in the report, and for context, relevant Corporate Risks against each strand of Corporate Governance are included. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.

15. Since 2021/22, Internal Audit has reported that long term risks can only be mitigated through strategic change. The Audit Scotland NHS in Scotland 2024 report highlighted the need to focus more on longer term reform and highlighted that difficult decisions about what the NHS should potentially stop doing will be necessary. Stakeholders must be consulted on change and their views must be considered in the decision making to ensure quality of care and best value from available resources.

16. We reiterate our previous commentary that there must be an impetus to 'do things differently' and to prioritise in line with a clearly communicated, realistic and coherent integrated, Fife wide strategic direction for transformation, within the available financial and staffing envelope.

17. The NHS in Scotland 2024 report emphasised that effective leadership and collaboration are essential and that senior leaders must have a clear vision and strategic direction for reform. Collaborative clarity of vision will be essential to enable Fife to develop an integrated transformation plan and to build on the first year of Reform, Transform and Perform (RTP) to effectively and efficiently deliver good quality healthcare services whilst making required recurring savings.

18. The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and the wider partnership to work together effectively. Collaborative governance requires a clear understanding of responsibilities, trust and willingness from all parties to work together, with the right culture in place to support all partners.

19. The Audit Scotland NHS in Scotland 2024 Finance and Performance report noted that Scotland's NHS is still struggling to deliver care in a timely way; most waiting times standards are not being met. Only two out of nine national standards reviewed by Audit Scotland were being met for the quarter ending June 2024. Performance against five of the standards improved in the year to June 2024, but overall performance has not changed markedly at a national level in the last year.

20. The Population Health and Wellbeing Strategy (PHWS) was approved by NHS Fife Board in March 2023 and covers the period to 2028. It is important that the impact of the overall Strategy on the health and wellbeing of the population of Fife is monitored, and that performance reporting on

progress of the strategy is presented through the annual reporting mechanism. The PHWS Annual Report provides assurance on progress and includes qualitative case studies. The Integrated Performance and Quality Report (IPQR) provides an additional supportive mechanism which enables measurement against realistic, challenging, achievable trajectories within available resources.

21. In June 2024 the Cabinet Secretary for NHS Recovery, Health and Social Care described the overarching vision as 'a Scotland where people live longer, healthy and fulfilling lives', supported by four key areas of work: improving population health; a focus on prevention and early intervention; providing quality services; maximising access, with all of these underpinned by putting people at the heart of those services. The PHWC has an extensive and well managed agenda and will have an increasingly important role as the national Population Health Framework develops.

22. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The financial deficit before savings for 2024/25 was £54.750m with £25m of savings to be achieved, leaving a £29.750m overspend.

23. Reporting on RTP, which aims to achieve the required 3% (£25m of savings) has been transparent and has evolved during the year to date. The RTP Framework is now well embedded, but the agenda is extremely challenging and will become more so in the future. Reporting must be overt, and realistic in terms of the achievability of savings, with barriers to achievement clearly reported. Looking ahead to 2025/26, plans must be based on realistic and validated data, with lessons learned from year 1 applied.

24. Where RTP workstreams are underperforming there has been additional reporting to quantify actions to bridge the financial gap. Achievement of the £25m savings for 2024/25 in the remaining five months of the financial year may not be possible with winter pressures now impacting. In the recent Quarter 2 review Scottish Government highlighted that "*It is vital the Board continues to work towards the savings target set of at least 3% recurring savings against baseline budget, as well as progressing further non recurrent measures and assessment of difficult choices to bring the position back towards financial breakeven which remains the statutory responsibility of the Accountable Officer to achieve.*"

25. At the end of October 2024, £11.968m of savings was anticipated across the 13 RTP schemes with £9.349m confirmed as delivered, a shortfall on plan of £2.618m. The November 2024 Board was informed that that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three. NHS Fife cannot rely on non-recurring savings as this will adversely impact on future years financial gaps and the split between recurring and non-recurring savings should be clearly identified and reported.

26. Whilst we concluded that financial reporting through governance structures is transparent with a focus on known areas of overspend, for example the IJB Recovery Plan for 2024/25, there remains a strong risk that the Board will not meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024. The achievement of financial balance in year corporate risk has a current risk rating of 25, with moderate target risk level of 16 by 31 March 2025, which with the known circumstances, appears to be unachievable. Oversight of this risk is the responsibility of the Finance, Performance and Resources Committee, which considers corporate risks aligned to it at each meeting.

27. The known reductions in capital funding and the resultant risk will be a key consideration for the Board and will require careful management to mitigate the impact on the revenue budget and transformation. A reduction in capital funding may impact on the Board's ability to address the pressures it is currently facing, as well as investing in longer-term reform such as innovation and technology.

28. Governance arrangements remain robust, and we commend the reporting of assurance levels to focus reporting and facilitate scrutiny and challenge from members.

29. We were pleased to note that the corporate risks are being actively reviewed and we have made recommendations to ensure risk scores and targets are realistic in terms of the internal and external environment, and that risks are reviewed in the context of the whole risk register with interconnections between risk explored. The programme of deep dives for the extant corporate risk register has been completed and we would encourage the reinstatement of this when the revised risks are agreed. Agreement of risk appetite will inform the corporate risk register review.

30. Workforce risks remain very high across NHSScotland and the NHS Fife workforce planning and delivery risk is scheduled for review in March 2025, following issue of anticipated Scottish Government guidance. Our previous ICE and Annual Reports highlighted well known workforce risks and the potential impact on service delivery. Capacity, including the impact of vacancies and sickness absence remains a significant risk, with supplementary staffing costs a continuing, if improving, financial pressure.

31. The Clinical Governance Strategic Framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. An improvement plan is in place to address known issues with adverse events management, and further work is required to improve complaints management performance.

32. This report contains several recommendations that reflect the changes to the risk environment in which the Board operates. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT INCLUDED:

- Approval of Board Corporate Objectives 2024/25.
- Population Health and Wellbeing Strategy 2024/25 Midyear Report to Board.
- Agreement of allocation of the additional £7.2m of National Resource Allocation Formula (NRAC) funding in 2024/25.
- Updates provided to the NHS Fife Board and Finance, Performance and Resources Committee (FPRC) on the NHS Support and Intervention Framework (currently Level 2).
- Board consideration of a Blueprint for Good Governance Improvement Plan update on progress.
- Board and PHWC consideration of a Sustainability and Greenspace Progress Report and achievements relating to the NHS Fife 2030 Greenspace Strategy.
- Procurement Strategy approved by the FPRC in September 2024.
- Ongoing work by external consultants on a system wide Bed modelling exercise indicating Clinical and Financial options for future planning.
- Development of a Crisis Communications Strategy in Response to Cyber Attack or Major Systems Outage in NHS Fife.
- Board approval of a revised Board Risk Appetite Statement.
- Ongoing work to agree staffing establishment, with a focus on data quality, to inform the new Workforce Plan for effective delivery of services.
- Establishment of the RTP People and Change Board to deliver safe, sustainable workforce improvement whilst contributing to the delivery of sustainable financial savings.
- Continuous improvement in Staff Governance Committee governance and reporting processes.
- Revision of the PHWC Terms of Reference to reflect changes in membership and oversight of delegated services where the committee is responsible for performance i.e. Mental Health and Primary Care.

- Mid-year progress reporting on the Clinical Governance Strategic Framework Delivery Plan.
- Imminent refresh of the Clinical Governance Strategic Framework.
- Introduction of a refreshed approach for the Organisational Learning Leadership Group.
- Enhancement of the IPQR to further improve presentation and to include additional Public Health measures.
- Initial assessment of the Scottish Government Budget Announcement for 2025/26, with the first draft of the Financial Plan for 2025/26 to be presented to EDG in January 2025.
- IJB Lessons Learnt report for 2023/24 was presented to the NHS Fife Board (Private Session) in November 2024.
- IJB Financial Recovery Plan for 2024/25 was presented to the NHS Fife Board (Private Session) in November 2024.

ACTION

33. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

34. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Jocelyn Lyall, BAcc CPFA
Chief Internal Auditor

TABLE 1		
Annual Report 2023/24 (B06/25) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Clinical Governance Oversight Group's (CGOG) Annual Statement of Assurance		
The CGOG Annual Assurance Statement for 2024/25 to include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission and on action being taken to address recommendations made in these reports. *Action Owner: Medical Director* **Original target implementation date 31 March 2025.**	As this action relates to an annual statement of assurance it will be actioned at year-end.	On Track
2. Digital and Information Framework Development and Approval Timescales		
The update report to on the D&I Strategy scheduled to be presented to Clinical Governance Committee (CGC) in July 2024 to include clear scheduling of the revision process including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval. *Action Owner: Director Digital & Information* **Original target implementation date 31 July 2024.**	CGC was updated regarding the change to a shorter-term D&I Framework and the reasons for this at their meeting on 6 September 2024 and was further updated regarding the timeline for its development and approval at its meeting on 1 November 2024.	Completed
3. Digital & Information (D&I) Policies Status Assurance Reporting		
Update to D&I Board regarding status of D&I Policies not included in the IG&S A&A Framework report presented to IG&SSG. *Action Owner: Director Digital & Information* **Original target implementation date 30 September 2024.**	The status of the 23 D&I Policies is now included in the D&I Performance paper presented to each D&I Board meeting.	Completed
ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
3. Scottish Government (SG) Annual Monitoring Return		
Update to Staff Governance Committee (SGC) on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years. *Action Owner: Director of Workforce* **Original target implementation date 31 March 2024.**	See Staff Governance section of this report for detail.	No Longer Relevant

4. Assurance Reporting to IG&SSG

a. All sections of IGS Accountability and Assurance Framework Report (IGSA&AR) to include performance measures and risk summary information. b. Monitoring of timing of distribution of IG&SSG and D&I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference. *Action Owner: Associate Director of Digital and Information* **Original target implementation date 30 April 2024.**	a. The paper presented to IG&SSG on 22 October 2024 provided an update on the establishment of KPIs, the reason for the absence of KPIs for some categories (no mechanism for consistent reporting) and that the availability of data in support of KPIs is under constant review. (Complete) b. Monitoring of the timing of issue of papers to of IG&SSG and D&I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 has been agreed to allow this to be monitored in 2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.	Minor slippage on agreed timelines

Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Development of Risk Management		
a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus. b. Deep Dive Reports to include: • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management. d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for	a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Revised risk Appetite Statement approved at the November 2024 Board meeting. Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite. Target implementation date further extended to 31 March 2025. b. The target implementation date was extended to 30 September 2024 but no deep dives on corporate risks addressing the issues raised have been presented to standing committees in 2024/25 to date. The target implementation date has been further extended to 31 March 2025. c. Revised KPIs which allow the ARC to oversee performance management of	Significant Slippage

provision of assurance consistent with the IJB Risk Management Strategy. *Action Owner: Director of Finance & Strategy* **Original target implementation date 31 March 2024.**	the risk management framework were presented to ARC on 16 May 2024 and ARC were advised that these will continue to evolve (Complete). The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete). This has been reviewed and an updated version will go to the NHS Fife Board for approval in January 2025 following Audit & Risk Committee scrutiny in December 2024.	
6. Digital & Information Strategy		
a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new D&I Strategy of elements from previous strategy not yet delivered. b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale. *Action Owner: Associate Director of Digital & Information* **Original target implementation date 31 July 2024.**	a. The D&I Strategy update to CGC on 3 November 2023 included analysis of the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete). b. The timescales for the development of the D&I Framework, and supporting financial plan, were outlined in a briefing paper to CGC on 1 November 2024. Target implementation date extended to 31 March 2025.	Minor slippage on agreed timelines

CORPORATE GOVERNANCE

> **Corporate Risks:**
>
> **Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by March 2025 - Below Risk Appetite (aligned to Public Health and Wellbeing Committee)**
>
> There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.
>
> **Risk 4 - Policy Obligations in Relation to Environmental Management and Climate Change Moderate (12); Target Moderate (10) by 1 April 2025**
>
> There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'

Leadership and Culture

The Audit Scotland NHS in Scotland 2024 report emphasised that effective leadership and collaboration are essential to enable the more radical decisions required around service reform, and the need for a clear vision and strategic direction for reform from senior leaders. Some changes to the executive team in 2024/25 include the appointment of a new Director of Health and Social Care (Integration Joint Board Chief Officer) from November 2024. The current Director of Finance & Strategy announced her intention to retire at the end of this financial year and recruitment is underway to fill this post. The Chief Executive has amended the existing Director of Finance & Strategy role, to de-couple any broader non-financial aspects, to ensure a relentless focus on financial governance, leadership and stewardship at Board level i.e. the core functions of the Board's most senior financial expert and professional adviser. In addition and with the evolution of RTP, and the necessity for enhanced planning across NHS Fife the Chief Executive has established a substantive role of Director of Planning & Transformation, as an evolution of the current interim Director of Reform & Transformation role and reflecting experiences of our RTP approach during 2024. Appointments to both these roles should be known by the end of this calendar year.

While these appointments should further strengthen the senior leadership capacity, the accompanying changes in responsibilities will require to be carefully managed during the transition period. The existing momentum must continue to deliver healthcare services effectively and efficiently through RTP and to navigate the financial challenge, while maintaining focus on quality of care and the pace of delivery against strategic and RTP priorities.

Reform, Transform and Perform (RTP)

RTP is NHS Fife's strategic approach to improving services and supporting and facilitating the actions required to address the unprecedented financial challenge all of which are rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. Regular organisation wide communications continue, including RTP and Me briefings, and three Board Development sessions have taken place this year.

The October 2024 Annual Review letter stated that '*It was … pleasing to note the progress the Board is making via its Re-form, Transform and Perform programme*'. The letter also noted '*Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant.*'

RTP progress reports have been presented to every Board and Standing Committee meeting in 2024/25, either in open or private session. Reporting has matured over the course of the year with reports becoming more standardised. However, greater clarity in reporting is recommended and

suggested developments are at action point 1. The RTP agenda is extremely challenging, and reporting must be transparent, overt, and realistic in terms of the achievability of savings.

The November 2024 Board update on the 13 RTP schemes stated that *'five deliverables have significant assurance, five have moderate assurance, and three have limited assurance'*. Savings delivered to end of September totalled £8.103m (84%) of the planned September total of £9.650m; 32% of the original saving target of £25.000m; and 35% of the re-forecasted 2024/25 saving total of £23.261m.

Our assessment of the reported position six months into 2024/25 is that there is some optimism bias around the level of anticipated savings that will be delivered by the end of 2024/25, and the assurance level assessment for some RTP schemes i.e. Business Transformation, Supplementary Staffing, Service Level Agreements and Balance Sheet. The updates on these schemes do not fully reflect the magnitude of the undelivered savings and the organisational efforts to deliver them. Whilst progress can be evidenced, significant work remains to deliver RTP. As RTP continues to mature and the year 1 outcomes are evidenced, Management should ensure that 2025/26 plans are predicated on realistic and validated data, with lessons learned from year 1 identified and applied.

Of particular concern is the under achievement within Scheme *'10 - Business Transformation'*, where £77,000 (3.2%) has been delivered against the original target of £2.400m (target now revised to £1.402m). Recognising the current level of performance and the more realistic revised savings target, a paper presented to the November 2024 Board (private session) reported progress and quantified bridging actions agreed with RTP Executive Group. Limited Assurance on financial targets and Moderate Assurance on progress was provided.

Scheme 14 – Balance Sheet has a forecast saving of £1.500m but no target saving or quantified saving to date. No assurance level or risk assessment is provided for this scheme. We have received assurances that this will be reported in the next RTP update.

Given the complexity and scale of the RTP landscape, there is a risk that if '*target savings'* are set at levels beyond what is deliverable / achievable it could undermine the success of initiatives from the outset, as key officers and staff perceive they are being asked to deliver against an unachievable target.

The Internal Audit Plan for 2024/25 includes a review of RTP governance arrangements and framework, including workstreams, grip and control in B15/25 Operational Planning. In addition, RTP workstreams will form part of the planned audits in 2024/25.

Strategy Development and Implementation

At their 11 November 2024 meeting the PHWC considered the Population Health and Wellbeing Strategy 2024-25 Midyear Report (April – September 2024). The Midyear report included two case studies of work underway in Fife, an overview of RTP and a summary of the work undertaken and provided 'Significant' assurance.

When the report was presented to Board on 26 November 2024 the level of assurance provided was Moderate and an additional appendix 'Assessing our impact' was included, setting out the key metrics to measure the health and wellbeing of the population. An update on these metrics will be provided in the PHWS annual report in Spring 2025 but the position at midyear was not provided as the information is nationally produced on an annual basis. This means that the Board did not have the opportunity to assess the impact of the overall Strategy on the health and wellbeing of the population of Fife. It is important to recognise however that improving the health and wellbeing of the population will take more than one year and sustained improvements will only be possible over a much longer timeframe.

One 'Merits Attention' recommendation from internal audit report B14/23 Strategic Plan Development remains outstanding and has been extended. We recommended that the risk for the

PHWS and Health Inequalities corporate risks should be reviewed together to ensure consistency and revised if appropriate. We would reiterate this recommendation which remains relevant.

The July 2024 Board considered the Director General for Health & Social Care, 5 June 2024 letter on 'Reforming Services and the way we work'. The minute noted that '*The Chair highlighted the need for NHS Fife to have planning at the front and centre of all discussions and decisions. She highlighted the importance of being able to model what will happen to local population demographics, its potential impact on future performance, and the need to consider what services may or may not be able to be provided going forward. The need to be pro-active was emphasised*.' The minute also noted need for further discussion around planning and agreed that this be a standing item on the Board agenda. The September 2024 Board Action List stated this action had been noted on the Board's workplan and would be added as a standard agenda item from November 2024. The November 2024 Action List update noted that there was nothing to add to the agenda for November and the Board is awaiting receipt of guidance, a Directors Letter (DL) from the SGHSCD. We will continue to monitor progress in this area.

Operational Planning

The Board continues to receive quarterly updates on the Annual Delivery Plan 2024/25, which flows from and links to the four strategic priorities identified in the PHWS.

The Quarter 2 update on the Annual Delivery Plan 2024/25 was considered by the Board in November 2024, the covering paper offering a useful summary of the 205 'deliverables' within the Plan. The update showed that 3% of deliverables were complete, 68% of deliverables were on track, 24% of deliverables were 'at risk', 4% were unlikely to complete on time' and one had been superseded / cancelled. There has been a slight deterioration in the position between Quarter 1 and Quarter 2.

Of the nine deliverables that are unlikely to complete on time, six are aligned to the 'Deliver Value and Sustainability' strategic priority, reflecting the challenges in business transformation and redesign.

Governance Arrangements

A number of Board and Committee papers have been considered in private session during the year to date. Whilst there may be justifiable reasons for this, we recommend that the nature of items considered in private is reviewed to ensure appropriateness and that the reason for considering an item in private is clearly stated in the SBAR, with the full agenda noting which items will be considered in 'private'.

Several key reports of the same nature e.g. Annual Delivery Plan, Corporate Objectives, are presented to Board and to Standing Committees and we encourage review to ensure there is no duplication in reporting. Report authors should provide clarity on the purpose of the paper presented to each committee, tailored to their remit.

In May 2024 the Board agreed levels of assurance to be included in reports to Board and Committees. This aids members in assessing the Level of Assurance that can be taken and support the focus of their scrutiny on key aspects. Board minutes do not always record the level of assurance agreed, but instead note '*The Board took assurance from the ….'.* We recommend that the level of assurance agreed by the Board or Committee is noted on all occasions.

Blueprint for Good Governance

In September 2024 the Board considered a Blueprint for Good Governance Improvement Plan update and took moderate assurance on progress. Five of eight actions were closed and the remaining actions related to agreement of risk appetite, improving the diversity of the Board, and introducing locally assurance mapping work. The November 2024 Board meeting subsequently approved a revised Board Risk Appetite Statement. The assurance mapping recommendation remains open pending the outcome of the Once for Scotland approach being developed by the national Board Secretaries

network. Improving diversity will be progressed on completion of Public Appointments recruitment process.

In the spring of 2025, Audit Scotland will be publishing a NHS spotlight publication focusing on governance, to assess how well leadership, scrutiny and governance are operating to support financial management, service performance and longer-term reforms. The report findings should support the Board with its ongoing government assessment processes.

Mental Health Services

The September 2024 Board (private session) was advised that Fife Child and Adolescent Mental Health Service (CAMHS) and Fife Psychology Therapy (PT) would be moving to stage 2 - Enhanced Support, of the Support and Intervention Framework in relation to the National Referral to Treatment Target (90% of patients seen within 18 weeks of referral).

The Board minute noted that Enhanced Support reinforced the need for the health and care system to work together in partnership, and that while CAMHS and PT are fully delegated to the IJB for strategic planning and delivered through the Health and Social Care Partnership (HSCP), the Fife NHS Board has been escalated on performance grounds. The Board agreed that a fuller plan will be prepared for CAMHS and PT, to include modelling and a new way of delivering services and to provide assurance on progress. The intention is to bring a workplan to the January 2025 Board private session.

The October 2024 Annual Review letter stated that '*local mental health services continue to experience high levels of demand and increased levels of acuity, combined with challenges in recruiting across all key professional groups including nursing, psychiatry, AHPs and psychology*.' The letter also commented on the extremely challenging national capital funding position and its impact on mental health services, and that the Board is carefully considering how to best invest and improve its mental health estate, with plans to invest £3 million over the next 3 years. The letter also notes the Scottish Government '*recognise that whilst this will not fully deliver all the benefits a new centralised facility could offer, it will bring essential improvements within the current financial circumstances*.'

The November 2024 Board IQPR report highlighted that Quality & Care mental health measures have deteriorated compared to the September 2024 Board position. Taking the current, medium, and longer-term pressures affecting the delivery of mental health services, we recommend that a mental health risk is considered for inclusion in the corporate risk register.

Integration

The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and wider partnership to work together effectively. Collaborative governance is a key feature of the Blueprint for Good Governance and requires a clear understanding of responsibilities, trust, and willingness from all parties to work together, with the right culture in place to support all partners. When health and social care systems come under pressure, there is a risk that collaborative governance is not achieved.

Partners need to work together to ensure that they deliver on the integration agenda in line with the Integration Scheme, and that they fulfil their roles accordingly in the true spirit of integration. This includes ensuring there is cohesion across the health and care system to help inform and shape transformation plans.

The challenges and pressures evident in the whole system are regularly considered by NHS Fife Board. Reflecting on this, the Chief Executive proposed at the September 2024 Board meeting that consideration would be given to the ways of working between the different organisations and how this is brought together as a collective. While this has not been reported to Board and is not included on the Board action list a Board Development Session planned for 17 December 2024 will cover the requirement for an integrated transformation plan. This requirement has already been agreed by the

NHS Fife Chief Executive, Fife Council Chief Executive and Fife IJB Chief Officer (Director of Health and Social Care).

We recommend that the Chief Executive's review considers the overall integration risk environment to determine whether there are sufficient and effective controls in place to support the delivery of integration objectives. The outcome of this assessment should be evaluated to determine if further governance oversight is required.

Performance

The Board and Standing Committees receive regular IRPQ reports and other performance reports covering a range of key national and local measures.

In common with all NHSScotland, performance against national targets continues to prove challenging. At November 2024, particular areas of challenge were: Treatment Time Guarantee; Delayed Discharge for Mental Health/Learning Disabilities; New Outpatient Appointments; Cancer waits for the 31 Day Referral to Treatment (RTT) and 62 Day RTT.

The PHWS midyear report to the November 2024 Board stated that the Integrated Unscheduled Care and Planned Care programmes remain on track for 2024/25 deliverables.

Efforts should continue around the setting and reporting of realistic but challenging and achievable trajectories within available resources, in the context of statutory requirements and national targets and the PHWS, to allow members to conclude on overall Board performance with the right analysis to enable conclusions and informed decision making, including being able to consider preventative and or corrective actions.

Whilst there is a broad range of information provided in the Board IPQR, the report does not provide an overarching conclusion on whether performance is improving or deteriorating. The way in which benchmarking information is used to improve performance by learning lessons from Boards with similarities to Fife in terms of size and delivery model could be reported.

Complaints – Quality and Care

The Board IPQR reporting at September 2024 and November 2024 shows a general performance trend against the two complaints targets to be significantly and consistently below the expected target.

	Sept Board - previous	*Sept Board - current*	*Nov Board - previous*	*Nov Board - current*
Stage 1 Complaints Closed in month on time (target 80%)	68.9%	59.5%	50.0%	48.7%
Stage 2 Complaints Closed in month on time (target 60%)	21.4%	20.5%	16.7%	25.9%

The challenging position was referenced in the October 2024 Annual Review Ministerial letter which noted '*the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure*'. Given a key focus of responding to complaints is to implement identified learning needs, consideration of how NHS Fife can better support improved performance against this quality and care metric may be required.

Risk Management

The Annual Risk Management Report 2023/24 referenced several planned developments including review and update of the risk appetite statement and review of the Board Strategic Risk Profile. A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee.

Following discussion at Board Development sessions, the November Board 2024 subsequently approved a revised Board Risk Appetite Statement. Planned risk management developments for 2024/25 also included implementation of risk management key performance indicators, continued enhancement of the content and presentation of risk reports and further development of a risk management training programme.

Whilst we can evidence elements of good practice, we note that:

- It can take a significant number of months to develop and reframe risks, for example the proposed risk on drug-related deaths, the new Pandemic risk and the reframing of Risk 5 – Optimal Clinical Outcomes. We note also typically timeframes are not agreed.
- For some corporate risks the current score may not fully reflect the wider environment, with unrealistic target scores and timeframes. We have recommended that related corporate risks are reviewed together.
- At the September 2024 Board Risk 6 – Whole system capacity – Score 20 - High was discussed. The Director of Acute Services advised that this risk is to be discussed at EDG, where consideration will be given as to whether it remains a risk or has materialised into an issue, noting the Board will be advised on the outcome. There is no evidence of an update to the November 2024 Board per the Action List or any other paper.

Environmental Management

NHS Fife continues to make progress towards Scottish Government targets and the objectives set out in the National Sustainability Strategy. In January 2024, the NHS Fife 2022/23 Climate Emergency & Sustainability Board Report was published and highlighted sustainability progress and ambitions for the next year.

A Sustainability and Greenspace Progress Report presented to the November 2024 Board and Public Health and Wellbeing Committee included a follow-up to the January 2024 report. The report also outlined achievements relating to the NHS Fife 2030 Greenspace Strategy.

Challenges were highlighted in the report around full implementation of the Environmental Management System (EMS) and funding for decarbonisation and greenspace development in future capital planning.

Internal Audit B17/25 Environmental Management will be reported to the March 2025 Audit and Risk Committee.

Policies

The last General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC when 18% of policies were out of date. To accommodate the work associated with RTP it has been agreed an annual report will be produced, instead of twice yearly reporting, with the next report due in May 2025.

Corporate Objectives

Corporate objectives for 2024/25 aligned to the PHWS and RTP were considered by Standing Committees in advance of being approved by the Board on 30 July 2024.

Anchor Programme

An Anchor Institution Progress update was provided to the PHWC in November 2024, focussing on the development of the Anchor programme of work, progression from baseline activities and future ambitions.

Public Participation and Community Engagement Strategy 2024-28

The Public Participation and Community Engagement Strategy 2024-28 was discussed at the Board Development Session on 30 April 2024 and presented to PHWC on 13 May 2024, where the ambitions of the Strategy were approved in principle. The Board requested that the Strategy be brought back to a future meeting once it has been updated to reflect their feedback to include an operational plan on how the principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams. An overview of the Community Engagement and Public Participation Operating Model for 2024-2026 was presented to the July 2024 Board in private session. Members commented on the improved document and which was more focussed around Fife and what work will be undertaken locally.

Action Point Reference 1 – Reform, Transform and Perform (RTP)

Finding:

Our assessment of the reported position six months in to 2024/25 is that there is some optimism bias around the level of anticipated savings that will be delivered by the end of 2024/25, and the assurance level assessment for some RTP schemes i.e. Business Transformation, Supplementary Staffing, Service Level Agreements and Balance Sheet. The updates on these schemes do not fully reflect the magnitude of the undelivered savings and the organisational effort required to deliver them.

There is a risk that if 'target savings' are set at levels beyond what is deliverable / achievable it could undermine the success of initiatives from the outset, as key officers and staff perceive they are being asked to deliver against an unachievable target.

Reporting has matured over the course of the year with reports becoming more standardised. However, greater clarity in reporting is recommended.

Audit Recommendation:

As RTP continues to mature and the year 1 outcomes are evidenced, management should ensure that 2025/26 plans are predicated on realistic and validated data, with lessons learned from year 1 identified and applied to support NHS Fife to make the right decisions at the right time, based on appropriate data.

Savings trajectories should be used to highlight and provide early warning of barriers to achievement including reporting the balance between recurring and non-recurring savings and plans, as recommended in the financial governance section of this report.

The RTP reporting format should be reviewed, to ensure proportionate / brief narrative is included for all aspects of the programme. Reporting must be transparent, overt and realistic in terms of the achievability of savings, reflecting the extremely challenging environment and clearly identifying any barriers to achievement. Where targets are not going to be achieved this should be reported as early as possible, and the workstreams should be reviewed to confirm their continued relevance for carry forward to 2025/26.

Assessment of Risk:

Significant   Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

Financial reporting against RTP targets has been continuously reviewed to ensure appropriate and realistic forecasts against the target levels for each workstream. The summary table is also supported by detailed monthly trajectories. The savings levels for the highest risk workstreams have been reduced in line with anticipated delivery levels confirmed in Q3.

We will continue to develop reporting in this area and take on board the inclusion of a brief narrative, however the Financial Position Report (which is prepared monthly) includes narrative on each workstream.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2025

Action Point Reference 2 – Board and Standing Committee Reporting

Finding:
The following governance findings are noted: a. A sizeable proportion of Board and Committee papers have been considered in private session during the year to date. Whilst there may be justifiable reasons for doing so, if the correct balance between open and private session is not achieved, there is a risk the Board does not make decisions in an open and transparent manner. The open agenda does not detail items to be considered in private session. b. Several similar or near identical key reports are presented to Board and Standing Committees. This creates a risk of duplication, with the potential to adversely affect the pace of decision making. c. Board minutes do not always record the level of assurance agreed following consideration of discrete agenda items. This could reduce the Boards ability to track areas of concern and focus. d. The Action List does not always capture all areas identified by the Board during meetings.

Audit Recommendation:
a. The nature of items considered in private session should be reviewed to ensure appropriateness and the reason for considering an item in private should be clearly stated in reports, with the open business agenda noting which items require to be considered in private session. b. We encourage a review of reporting where similarities are evident to ensure there is no duplication in reporting and where appropriate report authors should provide clarity on the purpose of the paper presented to each committee, tailored to their remit. c. The level of assurance agreed by the Board or Committee should be noted on all occasions. d. The Action List process should be reviewed to ensure all identified areas are captured in subsequent lists.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:
The recommendations are accepted, and we will review current practice to ensure each of the points above are addressed.

Action by:	**Date of expected completion:**
Head of Governance & Board Secretary	31 March 2025

Action Point Reference 3 – Mental Health Services
Finding:
There are significant pressures around the delivery of mental health services in the current, medium, and longer term which need to be adequately and appropriately captured, mitigated, and monitored.
Audit Recommendation:
Establishment of a mental health risk should be considered. The risk should capture the challenges in the overall mental health risk environment and the current and planned controls to support the delivery and development of mental health service objectives on a whole system basis. The requirement for enhanced governance oversight should form part of this analysis.
Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

Management Response/Action:
The HSCP set up a Mental Health Oversight Group (MHOG), chaired by the HSCP Director and the NHS Executive Medical Director, in October 2024. The Mental Health risks logged via the Datix risk system were tabled and discussed at the MHOG meeting in November 2024 with an action for the Mental Health SLT (Heads of Service, Senior Manager, Associate Medical Director and Associate Nurse Director) to review these in their entirety and update, amend, close as necessary. The Mental Health SLT have had an initial meeting to review these risks and work is ongoing to update the Mental Health risk register to ensure it is contemporary. This work will be completed by 31 January 2025. The MHOG will continue to have oversight of all Mental Health risks on an ongoing basis.

Action by:	**Date of expected completion:**
Head of Service, Complex and Critical Care Services	31 January 2025

Action Point Reference 4 – Performance Reporting

Finding:

The following performance reporting findings were noted:

- The Population Health and Wellbeing Strategy (PHWS) 2024-25 Midyear Report stated that an update on metrics will be provided in the annual report in Spring 2025, but the position at midyear was not reported.
- IPQR performance reporting does not include planned trajectories for all measures.
- The current presentation of IPQR benchmarking information does not identify comparison Health Boards.

Audit Recommendation:

- To enable the Board to assess the impact of the overall PHWS on the health and wellbeing of the population of Fife, performance metrics should be regularly reported.

- Consideration should be given to refining Board performance reports to include planned trajectories. This would enable measurement against realistic, challenging, achievable trajectories within available resources in the context of statutory requirements and national targets, within the context of Strategic Framework, to ensure Members are able to conclude on the overall Board performance to enable conclusions and informed decision making, including being able to consider preventative and or corrective actions.

- The way in which IPQR benchmarking information is presented could be enhanced by identifying the comparison Boards. This would allow more meaningful comparisons to Boards with similarities to Fife in terms of size and delivery model. How lessons learned from these comparable Boards is used to improve performance should be reported in the IPQR.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:

Population Health and Wellbeing measures are published once a year, at most, so the reporting of Public Health & Wellbeing measures in the annual report 2023/24 (agreed by the Board in May 2024) will not be able to be updated until the next annual report 2024/25 is produced. These metrics are longer term measures and improvements will become evident over years rather than months or quarters. There has been a request to not produce a mid year report for this reason and to focus on the annual report.

Action by:	**Date of expected completion:**
Associate Director of Planning & Performance	Not Applicable

Action Point Reference 5 – Risk Management
Finding:

Acknowledging that corporate risks are due to be reviewed, from our review of the current corporate risk register we noted that:

a. It can take a significant number of months to develop and reframe risks, for example the proposed risk on drug-related deaths, the new Pandemic risk, and the reframing of Risk 5 - Optimal Clinical Outcomes. We note that typically timeframes are not agreed at Committee or Board meetings to support risk development work.

b. For the corporate risks detailed below the current score may not fully reflect the wider environment and elements out with the control of NHS Fife, resulting in unrealistic target scores and timeframes. Alignment of risk scores has also been considered.

   o Risk 1 - Population Health and Wellbeing Strategy – Score 12, Moderate. Given the pressure in the health and social care system, that the 3-year MTFP was not approved by the Scottish Government and the maturity level of RTP, which is in year 1, the risk score may be too low and may not fully reflect the organisation's ability to deliver strategy in the current environment. The risk score also does not fully align with Risk 2 - Health Inequalities, which is scored at 20, High.

   o Risk 4 - Policy obligations in relation to environmental management and climate change is scored as 12, Moderate and does not fully reflect the restrictions in capital funding and revenue financial constraints that will impact on the organisation's ability to meet the requirements of legislation. The risk score does not fully align with Risk 13 - Delivery of a balanced in-year financial position and Risk 14 - Delivery of recurring financial balance over the medium-term, which are both scored as 25, High.

   o Risk 15 - Prioritisation & Management of Capital funding – Score 12, Moderate does not align with the new Risk 20 - Reduced Capital Funding which is scored at 20, High. Given the significant constraints in capital funding, Risk 15's score may not reflect the seriousness of the impact of constraints in capital funding, including the associated impact on revenue budget, nor the longer-term impacts this will have on the NHS estate, e.g. backlog maintenance, inability to progress service modernisation, such as Mental Health redesign.

c. The September 2024 Board was advised that Corporate Risk 6 - Whole system capacity – Score 20, High was to be discussed at EDG, to determine whether it remains a risk or has materialised into an issue. It was agreed the Board would be advised on the outcome. There is no evidence of an update to the November Board per the Action List or any other paper, therefore there is a risk that the Board loses the opportunity to make informed decisions and take corrective action.

Audit Recommendation:

We recommend that:

a. Realistic timeframes are agreed to support risk development and review. Where indicative timeframes cannot be met, the Board or relevant Committee should be informed.

b. When the overarching risk environment and risk scores are reviewed, account should be taken of the evolving wider environment. Whilst recognising that the focus of risks are not intended to be fully aligned, there may be benefit in Committees considering related risks and their scores at the same meeting.

c.	When the Board is advised that a corporate risk is being reframed or may be transitioning from a risk to an issue, a timeline should be agreed to ensure that the Board is provided with an appropriate and timeous update.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation.
		Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

a. As a new risk requires a significant amount of work the suggestion of an agreed timescale for each is useful. The new drug related deaths risk has been presented to EDG and is due at PHWC in January 2025 before presentation to the Board. Likewise, the reframing of the Optimal Clinical Outcomes has been to CGOG and EDG in December and is due at CGC in January 2025

b. A review of the risk scoring as outlined under part b will be undertaken with each of the executive leads for the risks.

c. Reporting to Board on a realistic timescale for risk updates would be useful. The Whole System Capacity Risk has been re-framed, as have the other Acute Services Corporate Risks, and these were presented to CGOG and EDG in December 2024, alongside the re-framing of the Optimal Clinical Outcomes risk.

Action by:	**Date of expected completion:**
Associate Director for Risk and Professional Standards	31 March 2025

CLINICAL GOVERNANCE

Corporate Risks aligned to Clinical Governance Committee:

Risk 5 - Optimal Clinical Outcomes. High Risk (15); Target (10) Moderate by 30 September 2024 – Within Risk Appetite (currently being reframed)

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.

Risk 8 - Cancer Waiting Times — High Risk (15); Target (12) Moderate by 31 March 2025 – Above Risk Appetite – aligned to FPRC but also reported to CGC

There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31-day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.

Risk 9 - Quality and Safety — Moderate Risk (12); Target (6) Low by 31 March 2025 – Within Risk Appetite

There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Corporate Risks aligned to Public Health and Wellbeing Committee:

Risk 1 - Population Health and Wellbeing Strategy - Moderate Risk (12); Target Moderate (12) by 31 March 2025 – Below Risk Appetite

There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

Risk 2 – Health Inequalities – High Risk (20); Target High (15) by 31 March 2025 – Within Appetite

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Risk 10 – Primary Care Services - High Risk (16); Target Moderate (12) by 31 March 2025 – Above Appetite

There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.

Risk 21 – Pandemic Risk- High Risk (20); Target Moderate (20) by tbc – Within Appetite

There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.

Clinical Governance Framework

The Clinical Governance Strategic Framework Delivery Plan 2024/25 was presented to the 12 July 2024 meeting of the Clinical Governance Committee (CGC). The Committee took a "moderate" level of assurance from the paper. The delivery plan does not cover all aspects of the strategic framework but was instead devised to ensure it is achievable, with prioritised actions.

At the July 2024 CGC the Associate Director of Quality & Clinical Governance agreed to review the quality and improvement training aspects for the next iteration of the delivery plan.

A mid-year progress update on the Delivery Plan was presented to the CGC on 1 November 2024 and it was confirmed that work to refresh the Framework and Delivery Plan would commence shortly, having originally been planned for September 2024.

Seven of the 11 delivery plan workstreams have a due date of March 2025, one has a due date of December 2024 and one a due date of January 2025. The Safety and Just Culture Workstream had a June 2024 due date and the Medicines Safety Programme Workstream had an October 2024 due date. Where work remains ongoing, revised dates should be documented.

Internal Audit B17/25 Medicines Management will consider one review from the Medicines Assurance Audit Plan.

Action point 6 sets out enhancements to the delivery plan updates papers, to include a conclusion on the status of actions using a RAG status and a high-level summary of overall progress highlighting barriers to achievement, any impact on mitigation of corporate risks and the implication of non-achievement. Any workstreams not delivered in 2024/25 should be reviewed for inclusion in the 2025/26 delivery plan.

A Fife Health and Social Care Partnership Clinical & Care Governance Strategic Framework was scheduled to be presented to the IJB for approval by January 2024, but was delayed to the May 2024 IJB meeting. The completion date for this action was again extended to September 2024 to allow the content of the Framework to be reviewed by Internal Audit to confirm that it is consistent with recommendations from internal audit F06-22 Clinical and Care Governance. The NHS Fife Medical Director and the HSCP leadership team are still to resolve discussion on the content of the Framework. However, the NHS Fife Clinical Governance framework covers all aspects of clinical governance of delegated services.

Clinical Governance Committee

The CGC Terms of Reference are scheduled for review at the 7 March 2025 meeting, as set out in the CGC Annual workplan 2024/25. The 1 November 2024 CGC update on the workplan indicates that the Committee should receive all planned items for 2024/25.

The Clinical Governance Oversight Group (CGOG) reviewed their Terms of Reference at the 20 August 2024 meeting. Key changes covered membership, specifically Digital & Information representation. Amendments to the 'Role & Remit' increased focus on learning and the inclusion of acute services division and HSCP assurance reports. Areas for inclusion were delivering the aim of the Clinical Governance Strategic Framework and associated annual delivery plan and review of quality measures within the IPQR. The revised Terms of Reference were agreed at the 22 October 2024 meeting.

The business covered by the CGC and CGOG is extensive, particularly as the CGC has within its remit both clinical governance and eHealth / information governance. The remits and work plans of both committees would benefit from review in line with Committee Assurance principles to ensure there is no duplication of reporting and to ensure the committees are clear about their priorities and have focused agendas and workplans.

Clinical Risk Management

Corporate risks aligned to the CGC and to the PHWC are detailed at the start of this section. Both the CGC and PHWC received regular reports on the risks aligned to them and the current and target scores are reasonable.

Following the CGC deep dive into the Optimal Clinical Outcomes risk at the 1 March 2024 CGC, there was further discussion through the Risks and Opportunities Group (ROG) and CGOG, with a recommendation made to EDG on 5 September 2024 to close the risk, and work continues on the rewrite.

In common with other Standing Committees, the CGC has not considered risk deep dive reports in 2024/25. The cycle of review for deep dives was completed before the start of the year and it is anticipated that all clinical risks will be reviewed and refreshed.

The July 2024 CGC minutes reflected discussion on how the clinical risk consequences of corporate risks aligned to the FPRC are considered by the CGC, for example Risk 7 - Access to Outpatient, Diagnostic and Treatment Services. Members supported those risks being presented to the CGC on a yearly basis, for assurance on the clinical aspects.

Clinical Performance Reporting

The IPQR report cover paper presented to the 1 November 2024 CGC did not specifically highlight areas which had not reached target but did state that for all applicable metrics that utilise Statistical Process Control, the current position was within control limits.

15 metrics are reported via the IPQR relating to Quality and Care, of which seven (relating to Adverse Events/Significant Adverse Event Reviews, Hospital Standardised Mortality Rate (HSMR) & Mental Health Incidents) have no defined trajectory/target.

Performance for four metrics had deteriorated since the previous month and five metrics had deteriorated since the previous year. Detailed narrative explaining the data analysis and achievements and challenges was provided for Significant Adverse Event Reviews (SAERs), inpatient falls, pressure ulcers, mental health quality indicators, healthcare associated inspections, and complaints.

The governance of agreeing Quality and Care 'local targets' when there are national targets in place was discussed at the CGOG on 20 August 2024. The Medical Director and the Lead for Adverse Events presented a paper to the October 2024 CGOG documenting where local targets have come from and how and by whom they are approved. The report provided Moderate Assurance on the origin of the targets within the IPQR.

External Review

External Inspection Reports are included on an Activity Tracker routinely considered by the CGOG.

Learning

An Organisational Learning Update was presented to the 6 September 2024 CGC. The Organisational Learning Leadership Group oversees work to build on NHS Fife's capability as a learning organisation and has a delivery plan is in place. The group will provide assurance to the CGOG and the EDG. While the focus of this work is on clinical governance organisational learning, the development of a framework may bring benefit to wider to non-clinical activities.

Recognising the complexity of achieving the remit of the group, guiding principles have been identified to progress a refreshed approach in 2024/25 including:

- Build on the organisational ability to triangulate learning to contribute to the understanding of the bigger picture – getting the full system overview and defining how this will be brought into practice.
- Development of an Organisational Learning Framework.

Significant Adverse Events

Internal Audit previously reported that the quality of data used to assess performance in progressing adverse events reviews was being reviewed. Performance continues to require improvement. The Adverse Events Improvement Plan Update presented to the CGC on 1 November 2024 provided Moderate Assurance and covered areas of improvement for 2024/25 including reporting, reviewing, learning, and improving support and engagement of patient/families and staff with the process.

The Improvement Plan is extensive and several actions due for completion between December 2024 and February 2025 are reported as on track.

The Adverse Events Policy (GP/I9) is available on Stafflink and is due for review in February 2025.

The CGOG has agreed implementation of the refreshed Adverse Events trigger list, aligned to the Healthcare Improvement Scotland (HIS) Reporting and Learning from Adverse Events – A National Framework. The December 2024 CGOG will finalise and agree the process changes ahead of the implementation date of 6 January 2025.

The development of the Adverse Events Staff Support Pathway provides structure to staff following an adverse event. The August 2024 CGOG agreed that pathway documents along with a questionnaire would be circulated to senior leaders across the organisation to identify barriers and enablers for the progression of this work. As reported to the October 20224 CGOG, additional bespoke training sessions are in progress.

The Integrated Performance and Quality Report presented to CGC on 1 November 2024 reported that SAER median days to close (July 2024) was 255 working days against the target of 90 working days of commissioned date. The supporting narrative explained that the delay is multi-factorial with some of these factors being un-modifiable i.e. patient complexity, delay in postmortem result, and that NHS Fife is not an outlier in this respect. The adverse events improvement plan identifies a number of process changes to improvement on timely and quality completion of reviews.

Adverse event KPIs are reported to every second meeting of the CGOG with the last report presented in August 2024. Reporting consists of adverse events summary KPIs, incidents flashcard, themes and trends and updates on staff support pathway.

As at July 2024 performance was reported as:

KPI	Performance
SBAR decision made for major and extreme adverse events (100%)	52%
Adverse Events with severity reported as 'No Harm' should be closed within 10 working days of reported date	58%
Adverse Events with severity reported as 'Minor' or 'Moderate' should be closed within 60 working days of reported date	85%
Adverse Events with severity reported as 'Major' or 'Extreme' should be closed within 90 working days of commissioned date (ALL)	56%
Adverse Events with severity reported as 'Major' or 'Extreme' should be closed within 90 working days of commissioned date (LAERs and SAERs only)	15%
Actions resulting from LAER and SAER reviews should be completed by target date	47%

Duty of Candour (DoC)

On 20 August 2024 the CGOG considered a proposed update to the DoC guidance to include the process for monitoring quality performance indicators and a streamlined approach to the identification of cases for review by the Medical Director, who determines if DoC is activated. An updated letter of apology and steps to ensure consistency of approach across NHS Fife were also proposed. The group was asked to reflect and feedback on the proposed changes with the finalised

process and procedural guidance anticipated to be presented back to group in October 2024 for endorsement, but this did not take place.

Resilience

Actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported through the Audit Follow Up system. Fife IJB report F06-24 Resilience and Business Continuity was issued in April 2024 and two of three required actions are now complete. The third recommendation is in progress and relates to presentation of the internal audit report to the Assurance Resilience Group, and confirmation of completeness of Business Continuity Plans for services delegated by Fife Council.

Public Health and Wellbeing Committee (PHWC)

Internal Audit B16/25 – Population Health will review the governance arrangements for population health and wellbeing, including implementation of Strategy.

An update of the PHWC Terms of Reference was considered at the September 2024 meeting and approved at the November 2024 meeting of the Committee, with final approval at the November 2024 Board. The amended Terms of Reference reflect oversight of delegated services where the committee is responsible for performance i.e. Mental Health and Primary Care.

As discussed at the September 2024 meeting, a review of the PHWC workplan will be undertaken on a rolling basis as agendas for future meetings are set. We noted good practice in that the PHWC review of their workplan at each meeting clearly identified reports that were not required, additional reports for inclusion and issues for escalation.

At their 11 November 2024 meeting the PHWC considered the Population Health and Wellbeing Strategy (PHWS), 2024-25 Midyear Report (April – September 2024), which provided a 'Significant' level of assurance. When the report was presented to Board on 26 September 2024 the level of assurance provided was Moderate and additional appendix 'Assessing our impact' was included, setting out the key metrics to measure the health and wellbeing of the population. An update on these metrics will be provided in the PHWS annual report and we have recommended in year reporting of metrics in the corporate governance section of this report.

Risk Management

The PHWS risk is scored as Moderate (12) with the same target score, and it is below risk appetite. While the risk is at the target level the mitigation provides context in that 'the management of this specific risk will span a number of financial years'. Internal Audit are content that risk remains on the corporate risks register on the basis that risks to successful implementation of this long term strategy may vary over the longer term. We have commented on the risk score in the corporate governance section of this report.

Development of an Acute Services Clinical Framework is underway and this will align to the PHWS and will outline the clinical plans and ambitions for clinical services.

The Health Inequalities corporate risk is rated as High (20) with a target risk score of High (15) by 31 March 2025 and is within Appetite. Internal Audit considers this scoring appropriate and we note key mitigations, including the Prevention and Early Intervention Strategy ratified by the IJB. Public Health has supported development of the 'Fair financial decision making' checklist to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.

Corporate risk 21 – Pandemic risk is a new risk first reported to CGC in November 2024. The risk rating aligns with the UK National Risk Register 2023. The current and target risk rating are both 20, reflecting that the likelihood of a pandemic is not within local control and, although consequences may be mitigated through local preparation, consequences will remain extreme. An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.

Work is underway to collate lessons from the COVID19 response and outputs of related inquiries and implement these locally. The September 2024 meeting of the PHWC took a Limited level of assurance from the addition of the pandemic risk onto the Corporate Risk Register.

Corporate risk 10 - Primary Care Services is scored as High (16) with a target of Moderate (12) by 31 March 2025 and is above risk Appetite. While this appears reasonable, we note that at September 2024, only 25 of 41 actions being managed through the Primary Care Governance & Strategy Oversight Group to mitigate the risk were complete, although the remainder were reported as on track.

The Cancer Waiting Times risk is aligned to the FPRC but is also reported to the CGC. There is an emerging risk on drug related risks, which is a whole system risk.

The Fife HSCP Prevention and Early Intervention Strategy was presented to and was supported by the September 2024 PHWC, to enable its continued progression to committees and IJB for decision. The Prevention and Early Intervention Strategy is a NHS Corporate Objective and is one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023-2026.

Public Health measures for screening and early years have been included in the IPQR, as reported to the September 2024 PHWC. The national Care and Wellbeing Dashboard is being developed to provide access to the latest data on population health outcomes, inequalities and the wider determinants of health and it will be launched alongside the national Population Health Framework in late 2024. Public Health indicators within the IPQR will be further expanded on publication of the national Population Health Framework.

During the year to date the PHWC has considered a variety of reports including:
- Anchor programme
- Update on Plan for Fife and Shared Ambitions
- Food4Fife Strategy and Action Plan 2024-2029
- Creating Hope for Fife: Fife's Suicide Prevention action plan
- Fife Child Protection annual report 2023/24
- Annual Immunisation Report and Immunisation Strategic Framework 2024-2027
- High Risk Pain Medicines – Patient Safety Programme
- Tackling poverty and preventing crisis action plan
- Alcohol and Drugs Partnership annual report
- Health Promoting Health Service annual report
- Primary Care Strategy Year 1 report
- Service updates
- Sustainability and Greenspace update
- Joint Health Protection Plan

Action Point Reference 6 – Clinical Governance Strategic Framework Delivery Plan
Finding:
A mid-year progress update on the Clinical Governance Strategic Framework Delivery Plan 2024/25 was presented to the CGC on 1 November 2024 and it was confirmed that work to refresh the Framework and Delivery Plan would commence shortly. Two of the 11 delivery plan workstreams had passed their due dates.
Audit Recommendation:
The refresh of the Clinical Governance Strategic Framework Delivery Plan should consider inclusion of: • An SBAR that concludes on how many of the actions have been completed within target timescale, how many have not been implemented by their target timescale, whether actions are on track, barriers to achievement and if anticipated delivery timescales remain realistic. Any impact on mitigation of corporate risks and the implication of non-achievement should also be highlighted. • A RAG status for actions. • Inclusion of revised dates for workstreams that have exceeded their due dates. Any workstreams not delivered in 2024/25 should be reviewed for inclusion in the 2025/26 delivery plan.
Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:
The audit recommendations will be addressed in the refresh of the Clinical Governance Strategic Framework Delivery Plan for 2025/26.

Action by:	**Date of expected completion:**
Associate Director of Quality and Clinical Governance	31 May 2025

Action Point Reference 7 – Review of Committee Workplans

Finding:

The business covered by the CGC and CGOG is extensive and broad, particularly as the CGC has within its remit both clinical governance and eHealth / information governance.

To operate effectively and efficiently committees must be clear about their priorities and have focused agendas and workplans.

Audit Recommendation:

The remits and workplans of both Committees would benefit from review in line with Committee Assurance Principles. The following aspects should be considered:

- Duplication of reporting to other Committees.
- Focus on priorities and the risks delegated to the Committee.
- Inclusion of agenda items for the following reasons:
  - ➢ It is a decision delegated to that Committee.
  - ➢ It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee.
  - ➢ It is a statutory or regulatory requirement or required by Scottish Government guidance.
  - ➢ The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:

Each Board Committee is due to review its respective Terms of Reference in the March cycle of meetings, and, as part of that exercise, work will be undertaken with colleagues in Clinical Governance to ensure that the workplan of the Clinical Governance Oversight Group, a sub-group of Clinical Governance Committee, ensures appropriate delegation of responsibilities and non-duplication of agenda items is in place.

Action by:	**Date of expected completion:**
Head of Governance & Board Secretary	31 March 2025

STAFF GOVERNANCE

> **Corporate Risks aligned to Staff Governance Committee:**
>
> **Risk 11 - Workforce Planning and Delivery – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite**
>
> 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.
>
> **Risk 12 - Staff Health and Wellbeing – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite**
>
> 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.
>
> **Risk 19 – Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA] – Moderate (9); Target (9) Moderate – Within Risk Appetite**
>
> 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. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring /measures.

Governance Arrangements

Updates on the progress of the 2024/25 Staff Governance Committee (SGC) workplan are reported to each meeting.

While the September 2024 SGC was not quorate there was only one item on the agenda for decision and members agreed that the meeting would proceed, and that the item for decision would be tabled offline.

Workforce Strategy/Planning

Internal Audit B17/23 Workforce Planning was issued on 8 May 2024 and provided Reasonable Assurance. Two actions will remain outstanding until ongoing work to develop the 2025-2026 Workforce Plan has been further progressed during December 2024 / January 2025. The Director of Workforce has provided Internal Audit with an update on this significant and important piece of work to determine the agreed staffing establishment, with a focus on data quality. This will enable NHS Fife to reshape the workforce over the period of the new Workforce Plan, and the next three years, and ensure the staffing establishment is appropriate to effectively deliver services. The RTP People and Change Board has been instrumental in managing this work which is scheduled to be completed during December 2024.

Fife IJB Internal Audit F05/23 Workforce Planning was issued in August 2024. Three of the four actions are now complete and the remaining action to complete a staff gap analysis is in progress and due for completion by the end of December 2024.

While the SGC workplan has a scheduled update on the Workforce Plan 2022-2025 at each meeting, the November 2024 update was deferred to January 2025 because the whole-time equivalent data was still to be agreed by the People and Change Board and reported to the RTP Executive meeting.

The September 2024 Workforce Planning Update provided assurance on the plans to develop the 2025-2026 Workforce Plan to Scottish Government by submission of the required SG template by 17

March 2025. Key dates and milestones to be achieved to meet this deadline have been identified and NHS Fife is aiming to complete the work ahead of schedule in January 2025. The new Workforce Plan is intended to align with the Delivery Plan and the financial plan for 2025/26.

Risk Management

The SGC has oversight of the Workforce Planning & Delivery and Staff Health & Wellbeing corporate risks, both of which have a high rating. The planned date to reduce the risk score from high to moderate for both risks is the end of March 2025. As previously report in internal audit B17/23 Workforce Planning, the achievability of these dates may need to be reconsidered as the target date approaches. The Director of Workforce has informed Internal Audit that the Workforce Planning & Delivery risk will be reviewed in line with development of the new Workforce Plan 2025/2026, with a shift in focus to the risk of the workforce not being adequate and appropriate to deliver services.

The SGC has regular oversight of the Implementation of Health & Care (Staffing) (Scotland) Act 2019 [HSCA] risk, which has a moderate rating and has reached its target score. The option to de-escalate this corporate risk has been discussed with the Director of Workforce. Internal Audit agree with the proposal that the risk will be reviewed in March 2025. While progress has been positive to date, the new calendar year will represent 'Business as Usual' and a March 2025 review will provide sufficient time and the opportunity to take stock of the arrangements put in place. The Act requires quarterly compliance reporting to the Board by individuals with lead clinical professional responsibility and the Director of Workforce has the delegated lead responsibility for Board compliance reporting.

The Quarter 1 update to the September 2024 SGC offered Moderate Assurance and confirmed that the Board has submitted the first High Cost Agency Return to the Scottish Government, as required by NHS Circular DL (2024) 06. This will give an opportunity for NHS Fife to benchmark with other Health Boards.

Staff Governance Standard

The Scottish Government has paused the requirement to complete a Staff Governance Monitoring return but Boards were required to complete an Assurance of Compliance return by 6 December 2024. The November 2024 SGC approved the draft Staff Governance Standard 2023/24 Assurance of Compliance, which provided a 'Significant' level of assurance. Feedback on the 2022/23 Staff Governance Monitoring Return was reported to the SGC on 14 May 2024 and the SGC was to be updated on progress to address the feedback at a future meeting. This did not take place and given that the 2023/24 Assurance of Compliance is now agreed, there would be little benefit in presenting this out-of-date information to the SGC. The Director of Workforce has provided Internal Audit with assurances that any future feedback will be reported to SGC in a timely manner.

A workforce policy update to the November 2024 SGC covered development and maintenance of local HR policies and Once for Scotland Workforce Policies. A soft launch of eight refreshed workforce policies is taking place between 15 October 2024 and 15 January 2025 to ensure the Board is ready for launch in early February 2025.

Our previous recommendation to consider a stand-alone report to SGC providing assurance that each strand of the Staff Governance Standard had received appropriate coverage throughout the year was considered. The SGC annual workplan does include planned reporting on each strand of the Staff Governance Standard and provides an at a glance conclusion on coverage, which is also confirmed in the 2023/24 Assurance of Compliance. In the interests of avoiding unnecessary reporting a standalone report will not be provided to the SGC.

Staff Health and Wellbeing / Health and Safety

The latest Health & Safety Sub-Committee Incident Report, covering the period June to August 2024, was reviewed by the SGC in November 2024. The report detailed the number of incidents during the period but does not have any comparative data except for a longer-term chart plotting the number of Violence & Aggression incidents, which is showing a rising trend. The SBAR states that Violence & Aggression training is being taken on across the Board following the move of a budget for a vacant post to the Health & Safety team.

The covering paper for the report would benefit from the inclusion of comparative performance information i.e. current and prior period(s).

A Staff Health and Wellbeing Update was considered by the September 2024 SGC, and the Occupational Health Service provided their Annual Report for 2023/24 to the November SGC.

Staff Experience

The Quarter 2 Annual Delivery Plan (ADP) 2024-25 update was presented to the November 2024 SGC meeting to enable monitoring of workforce aspects. There are 21 deliverables aligned to the 'Improve Staff Experience and Wellbeing' strategic priority. At the end of Quarter 2, 16 of these deliverables (72.6%) were 'on track' with five being 'at risk'.

The September 2024 SGC was informed that iMatter engagement for 2024 was 64%, a decrease of 2% on 2023 but, for the third year running, better than the national outcome of 58%.

Whistleblowing

Starting in April 2024 and in line with good practice from the Independent National Whistleblowing Officer, responsibility for governance and reporting of Whistleblowing began to transition from the Workforce Directorate to the Corporate Governance & Board Administration function. The first meeting of the quarterly Whistleblowing Oversight Group, chaired by the Chief Executive, took place in April 2024. Over time, the Whistleblowing Oversight Group will seek to illustrate trends and allow NHS Fife to evidence the necessary improvement and learning.

People and Change Board

The RTP People and Change Board aims to deliver a safe sustainable range of workforce changes and improvements whilst contributing towards the Boards obligation to deliver sustainable financial savings.

This includes projects to reduce spend in: Junior Doctor Rota compliance; Supplementary Staffing; Vacancy and Sickness Management; and Whole Time Equivalent Reduction. The group have oversight of implementation of the non-pay elements of the 2023/24 Agenda for Change pay deal; Reduction in Working Week; Protected Learning Time; and Band 5 Nursing Review.

Supplementary Staffing

Annual supplementary staffing costs have totalled circa £50 million across NHS Fife for the last two financial years. To reduce the reliance on supplementary staffing across the system a savings target of £5 million in the Board's Financial Plan for health board retained services, and a £3 million savings target was approved in the 2024/25 Financial Plan for the HSCP. Implementing the Scottish Government Supplementary Staffing Task and Finish Group's recommendations has resulted in supplementary staffing costs across retained services reducing from an average monthly cost of circa £2 million, to just over £1 million. Extremely challenging workforce issues in the HSCP have impacted on ability to reduce monthly spend at the same level as Board-retained services. However, initiatives are being taken forward which it is anticipated will lead to a reduction in the coming months.

Internal audit B19/25 on Supplementary Staffing will review controls over the employment of bank and agency staff and controls to monitor demand, acquisition and use of supplementary staffing, focusing on value for money.

Appraisal

The Remuneration Committee (RC) considered the Chief Executive's Personal Objectives for 2024/25 at their May 2024 meeting. An updated version, to include programmes of work in relation to key educational partnerships was approved at an Extraordinary Committee meeting in June 2024.

The RC considered the 2024/25 objectives for the Executive and Senior Management Cohort at its August 2024 meeting and requested a further review be conducted by the Chief Executive, supported by the Director of Workforce, to ensure that all objectives were SMART (Specific, Measurable, Achievable, Realistic and Time-bound). At their October 2024 meeting the Committee agreed the 2024/25 objectives for the Executive and Senior Manager Cohort. Work to ensure that all Executive Director objectives are SMART will continue and be reflected in mid-year appraisals.

The 2023/24 Annual Report on Medical Appraisals and Revalidation presented to the November 2024 SGC reported that 98% of eligible General Practitioners, 96% of Secondary Care consultants and 86% of Speciality and Specialist doctors had completed appraisal.

Medical Revalidation in NHS Fife was previously overseen by the Medical Appraisal and Revalidation Group which was decommissioned at the end of 2023/24. Revalidation will now be overseen by the newly convened Medical and Dental Professional Standards Oversight Group, chaired by NHS Fife's Medical Director / Responsible Officer. This group will report to both the Clinical and Staff Governance Committees. It is not clear why both Standing Committees receive assurance on this area and we would suggest that reporting through the SGC only is sufficient and would eliminate duplication.

Talent Management

The Director of Workforce is directing a Leadership Programme which is to be delivered by the end of 2024/25.

NHS Fife is progressing various strategies to optimise recruitment. The EMERGE programme commenced in August 2024, in partnership with Fife College, local secondary schools and National Education for Scotland, and aims to increase the talent pool and supply of workforce to meet NHS Fife workforce plans in the medium to long term.

NHS Fife offers modern Apprenticeships and engagement events are being planned with the Developing the Young Workforce Coordinators for September 2024, to support school pupils who are not predicted to meet the entry grades for Medicine degree courses, to explore other opportunities in healthcare. In addition, dates for bespoke heath careers for secondary school pupils have been set for 2025 onwards.

Core Skills Training

Core training compliance at September 2024 was 60% (May 2024 – 53%, October 2023 - 63%) against the corporate target of 80%. The November 2024 SGC was advised of work to increase compliance to achieve the corporate target. The SGC previously noted that 'overall training attainment was disappointing and significant measures were needed to improve these metrics', and our 2023/24 ICE Report commented on the actions to increase compliance reported to the November 2023 SGC. Over the last year compliance has deteriorated and we recommend that the SGC explore the reasons for this, actively monitor the effectiveness of and the outcomes from these refreshed actions and consider if further controls and / or actions are required.

Personal Development and Planning Review completion rate at September 2024 was 42.9% against the national target of 80%. NHS Fife entered 2024/25 with a reframed local trajectory of 60%, which would be increased year on year by 5% until the national target of 80% was introduced locally. Given

performance concerns, a recovery plan has now been developed and will be considered at the January 2025SGC. In addition, the Learning & Development Manager is now engaging with members of the Acute Services and Corporate Services Division and Corporate Directorates Local Partnership Forum outlining the support that can be provided by the Learning & Development Team to increase core skills compliance levels in these Directorates.

Attendance Management

Detailed sickness absence information is now reported to the SGC on a regular basis through the Attendance Management updates, supplementing the summary data in the IPQR presented to each SGC.

The absence rate at September 2024 was 7.07%, against the national target of 4%. NHS Fife has a corporate target of 6.5% by the end of March 2025. Areas of recent improved attendance were analysed and work continues to benchmark with key Health Boards to identify actions that NHS Fife could utilise to improve attendance. The Attendance Management Group has been re-established to oversee a multi factorial review on absence issues, take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. An action plan to support improvement activities had been developed.

Internal audit B20/25 will review management of sickness absence.

Action Point Reference 8 – Health & Safety Reporting
Finding:
The Health & Safety Sub-Committee Incident Report details the number of incidents during the period and provides useful data but the cover paper does not include: • Comparative data with previous periods to highlight improvement or deterioration (except for a longer-term chart plotting Violence & Aggression incidents). • Analysis of data and the reason for incidents and fluctuations. • Improvement actions and lessons learned. • Any link between incident reporting and Health & Safety risks.
Audit Recommendation:
The Health & Safety Sub-Committee Incident Report cover paper could be enhanced through the inclusion of analysis of data and identification of themes or trends. Any themes or trends should be considered when reviewing Health and Safety risks. The cover paper could also report on learning from incidents, emerging concerns and areas for escalation and a summary of ongoing improvement actions.
Assessment of Risk:
Merits attention   There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**
Management Response/Action:
The Health & Safety Sub-Committee Incident Report cover paper is in development and will be further enhanced through the inclusion of analysis of data and identification of themes or trends. This in turn can be considered when reviewing Health and Safety risks. Where appropriate the cover paper will also report on learning from incidents, emerging concerns and areas for escalation and a summary of ongoing improvement actions. This is frequently already covered in the minutes of the Health & Safety Sub Committee which are also submitted to SGC with any items for escalation.

Action by:	**Date of expected completion:**
Director of Property & Asset Management	31 March 2025

FINANCIAL GOVERNANCE

Corporate Risks aligned to the Finance, Performance and Resources Committee:

Risk 13 Delivery of a balanced in-year financial position: Current Score 25 (high) Target Score 16 (moderate) by 31 March 2025

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2024/25 without further planned brokerage from Scottish Government.

Risk 14 Delivery of recurring financial balance over the medium-term: Current Score 25 (high) Target Score 16 (moderate) 31 March 2027

There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.

Risk 15 Prioritisation & Management of Capital funding: Current Score 12 (mod) Target Score 8 (moderate) 1 April 2026

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Risk 20 Reduced Capital funding: Current Score 20 (high) Target Score 12 (moderate) 30 March 2026

There is a risk that reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.

Financial Planning 2024/25

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. The Scottish Government acknowledged the financial plan for 2024/25 however it remains unapproved by them and dialogue is ongoing. The first draft of the Financial Plan for 2025/26 will be presented to EDG in January 2025.

Financial Reporting

The financial position is reported to each meeting of the Board and the Finance, Performance and Resources Committee (FPRC). On 26 November 2024 the Board was presented with the latest financial report to the end of October 2024 in private session, prior to the report being considered by the FPRC. Internal Audit commend this approach which ensured Board members were informed of the latest financial position. The report provided Limited Assurance.

Financial reporting to the FPRC and Board has remained consistent, and the position and challenges were clearly presented.

The Executive summary of the Financial Report to end of October 2024 highlighted that:

- *The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.*
- *There is a reasonable level of confidence we will achieve £23.6m of the 3% efficiency target and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three.*

- *At the end of October 2024, the level of overspend on health board retained is tracking with plan, after taking account of the cost reduction achieved in the first 7 months in relation to RTP workstreams. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan specifically in relation to the health board retained budget. Whilst the run rate overspend is improving, further sustained improvement is necessary in the second half of the financial year to move as close to a break-even position as possible.*
- *The IJB health delegated position has deteriorated significantly since the overspend reported at July 2024 and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was approved at the extraordinary meeting of the IJB in October 2024. Since that approval the IJB reported forecast has deteriorated by a further £5.5m which presents a significant additional challenge to the overall NHS Fife board forecast position.*
- *This latest move in position will make it very difficult for the overall Board position to meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024.*

Savings

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 because of allocation increases notified since approval of the financial plan in March 2024.

While the level of overspend on health board retained is tracking with plan at the end of October 2024 and delivery of an improved position on the forecast outturn in relation to health board retained budget is predicted, the IJB health delegated position has deteriorated significantly since the overspend reported at July 2024. This latest move in position will make it very difficult for the overall Board position to meet or improve on the original £30m forecast deficit reported in the financial plan.

At the end of October 2024 the reported overspend against revenue budgets was £28.690m, comprised of an overspend for health board retained services of £13.770m and £14.920m for the health delegated budget (IJB).

A range of cost improvement schemes and efficiency initiatives have been developed though the Reform phase of Reform, Transform and Perform (RTP), to achieve the non-negotiable 3% (£25m) savings target required by Scottish Government, with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap sustainably over the next 1-2 years.

The Financial Performance Report presented to Board on 26 November 2024 stated that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three.

At the end of October 2024, £11.968m of savings was anticipated across the 13 RTP schemes with £9.349m confirmed as delivered, a shortfall on plan of £2.618m. The Service Level Agreement (SLAs) and Business Transformation workstreams continue to present as high-risk areas in terms of non-delivery of savings in line with target.

Recognising the current level of performance of the Business Transformation Programme, a paper to Board on 26 November 2024 provided detail on progress and quantification of bridging actions. The paper provided Moderate Assurance on progress with the workstream and Limited Assurance on financial performance.

SLAs and contracts with external healthcare providers are £3.410m overspent, tracking in line with the financial plan with most of the financial challenge within the SLAs with NHS Lothian and NHS Tayside.

Work must continue at pace to develop contingency plans to ensure the minimum 3% target is delivered. The reporting of the £9.349m savings delivered does not differentiate between recurring

and non-recurring savings. One of the assumptions within the Scottish Government expectations as part of the financial planning guidance for 2024/25 was to have a "*programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets*."

Internal Audit will review strategic and medium term financial planning and prioritisation to support corporate strategies and priorities in internal audit B22/25 Savings.

IJB Lessons Learnt (NHSF Board November 2024 Private Session)

A movement of circa £10m in the projected outturn for Fife IJB between December and March 2024 had significant implications for NHS Fife and Fife Council and resulted in the risk share agreement being implemented. A root cause analysis of the movement was undertaken by the IJB, and a Lessons Learned Financial Movement Review Report and action plan was considered at an IJB Development Session on 13 September 2024. It was agreed that the action plan would be monitored by the IJB Audit and Assurance Committee. The Lessons Learned paper was presented to Fife NHS Board in private on 26 November 2024 and provided moderate assurance.

Internal Audit are of the view that given the deteriorating IJB financial forecast and the risk of further movement, on-going assurance on progress should be provided to NHS Fife. FTF Internal Audit is the lead internal auditor for Fife IJB and progress with the action plan will be reported in the Fife IJB Internal Control Evaluation and Annual Reports for 2024/25.

IJB Recovery Plan (NHSF Board November 2024 Private Session)

The Fife Health & Social Care Partnership (HSCP) is forecasting a projected overspend of £27.1m as at 31 March 2025. This is a projected outturn position, and it is likely this will change prior to the year end. As per the requirements of the Integration Scheme, a recovery plan has been developed to mitigate this overspend. The recovery plan was approved by the IJB on 27 October 2024 and progress will be monitored through the IJB Finance, Performance and Scrutiny Committee. The recovery plan has been included as a mitigation for NHS Fife corporate risk 13 - Delivery of a balanced in-year financial position.

The IJB Recovery Plan was reported to the NHS Fife Board on 26 November 2024 in private and the report provided Limited Assurance. The proposals within the recovery plan total £13.505m and do not fully bring budget back in line. The Board paper stated that there is a high level of confidence that the savings can be delivered in full, however, it is likely that these will be delayed until the 2025/26 financial year at the earliest.

Given the recovery plan currently does not fully deliver a break-even position in financial year 2024/25, there is a requirement for further dialogue with partners aligned with section 8.2.3 of the Integration Scheme.

The NHS Fife Financial Performance Report for the period to October 2024 highlighted a further deterioration in the IJB year-end forecast overspend from £21.571m to £27.1m, which is beyond the projected overspend stated within the IJB Recovery Plan and represents an adverse movement of £5.5m on the previously projected outturn. This is a result of a projected £13.655m overspend on health delegated services and a £13.453m overspend on social care services. NHS Fife's share of the full Health & Social Care Partnership (HSCP) overspend at this level would be £16.807m.

Any overspend arising in the IJB requires to be supported by agreed risk-shares from both NHS Fife (60%) and Fife Council (40%). For the remainder of this financial year and into next year NHS Fife and Fife Council, alongside the HSCP, must ensure strong joint focus supports the delivery of the IJB Recovery Plan and that every effort possible is made to reduce the forecast overspend by the year-end.

When the IJB financial plan was approved in March 2024 it assumed a level of resource transfer of £4.1m would be available from health delegated budgets to support costs in social care. The £4.1m

transfer was included in the NHS Fife budget and the IJB financial planning assumptions originally predicted the resource would be available to make the transfer without creating an overspend.

The £4.1m transfer will require to be covered as the associated social care costs have been incurred. Not transferring the resource would result in NHS Fife incurring a higher risk share proportion of the year-end overspend, as the budget position for health delegated will include the £4.1m as part of the NHS Fife contribution level, therefore, given the IJB Direction and in the interests of not triggering this increase the transfer to Fife Council will be made.

For the remainder of the financial year, we would expect that delivery of the IJB Recovery Plan to be carefully monitored by the Board and FPRC, alongside NHS Fife savings plans.

Finance Risk Reporting Revenue

The two corporate financial risks related to revenue are in year delivery of the financial plan and delivery of recurring financial balance over the medium-term.

The risk report provided to the FPRC in November 2024 for Risk 13 - Delivery of a balanced in-year financial position was updated to reflect the ongoing work with the IJB.

The FPRC November 2024 update on Risk 14 - Delivery of recurring financial balance over the medium term noted that work is ongoing at pace to enable the (Choices) schemes, which informed the design of the Strategic Transformation Portfolio and reflects priority areas across the transformation programme. This work will be planned during the latter half of 2024/25 to ensure the schemes impact on the 2025/26 position.

As expected, the risk scores for both these risks have remained High during 2024. The target risk scores are increasingly challenging in the context of the forecast financial. While the current scoring of the in-year financial position risk of 20 and the target of 16 are more realistic than in the previous year, the scoring should be reviewed to take consideration of the Limited Assurance provided in the most recent NHS Fife Financial Performance report and the IJB Recovery Plan report. Careful ongoing review and reflection of both the target and actual risk scores is necessary to ensure they fully reflect the deterioration in the financial position and the challenging environment.

Scottish Government Quarter 1 and 2 Review

The Quarter 1 Scottish Government review was reported to both the FPRC and NHS Fife Board (private session) in September 2024. The NHS Fife Quarter 2 review was held on 15 November 2024 and the letter issued to the Board on 21 November 2024. At the time of writing, the Quarter 2 letter had not been reported to either the FPRC or the NHS Fife Board but is scheduled to be reported in January 2025.

The Quarter 2 Letter review highlighted that:

- An overspend of £23.6m and forecast a year-end deficit of £36.8 million which represents a deterioration from the financial plan, which forecast a £29.8 million deficit.
- Drivers of the movement are the IJB forecast deficit of £27.1 million, of which the risk-share agreement would result in a £13.4 million pressure on the Board, as well as the £20.9 million overspend in the Acute Services Division
- At Quarter Two £8.1 million savings have been achieved. The delivery of the forecast outturn of £36.8 million is dependent on the delivery of the full £25 million savings therefore we note the further risk to the Board's performance.

The Scottish Government reiterated that "*it is vital the Board continues to work towards the savings target set of at least 3% recurring savings against baseline budget, as well as progressing further non recurrent measures and assessment of difficult choices to bring the position back towards financial break-even which remains the statutory responsibility of the Accountable Officer to achieve*."

The Scottish Government Quarter 2 letter echoes both themes and narrative provided by Internal Audit in recent ICE and Annual Reports.

NHS Support and Intervention Framework

NHS Fife is currently assessed at level 2 of the Scottish Government escalation framework, which requires enhanced scrutiny at Scottish Government level.

The NHS Support and Intervention Framework sets out a range of assessment areas, one of which is financial performance. Reporting to the FPRC and NHS Fife Board (both Private Session) in September 2024 provided members of the Board with an initial understanding of the process with NHS Fife self-assessed using the 2023/24 outturn position. The Scottish Government then issued a further iteration of the framework with more detailed questions in relation to financial performance.

A draft submission was provided to the Scottish Government on 24 October 2024, subject to consideration by the FPRC and Board in November 2024.

We have been advised by the Director of Finance and Strategy that following the Quarter 2 Scottish Government meeting, the indication is that NHS Fife will remain at Level 2 subject to a further Scottish Government review against the NHS Scotland Support and Intervention Framework early in 2025.

National Resource Allocation Formula (NRAC) Allocation Proposals

The NHS Fife Board agreed to hold allocating the NRAC resource at least until the Quarter 1 financial results were available, by which time there would be a level of confidence over delivery over the minimum 3% savings target. A paper on NRAC Allocation Proposals scheduled for presentation to the NHSF Board in September 2024 was deferred, at the request of the NHSF Board Chair, to allow for further development and members to provide initial comments.

As reported to the 26 November 2024 Board meeting (private session), the NHS Fife NRAC Allocation of £7.2m is currently reducing the overall 2024/25 year-end forecast and is held in a reserve, rather than being allocated to specific cost areas. The proposal detailed areas where the NRAC allocation is deemed to be of greatest benefit, both in terms of mitigating areas of cost pressure and introducing several cost reduction enabling investments and the NRAC allocation proposals were agreed by the Board.

Capital

The capital plan for 2024/25 was approved in March 2024 as part of the Medium-Term Financial Plan (MTFP). The capital plan is regularly reported to the FPRC, with the latest report to the November 2024 Board (private session) showing limited capital expenditure for the seven months of the financial year due to phasing of schemes, with assurance provided to the Board there are no risks anticipated to the delivery of the capital resource limit by financial year end.

There are two corporate financial risks related to capital, one for Prioritisation & Management of Capital funding and the second related to the Reduced Capital funding.

Whole System Planning

Health Boards are no longer required to submit a Property and Asset Management Strategy and must instead develop a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years. The current timeline for submission is January 2026.

The NHS Fife interim business continuity maintenance only investment plan is required to be submitted by January 2025. Estates, Facilities and Capital Planning are developing the Business Continuity Plan and have received input from other specialities, including medical devices and digital. The route of approval is to be through the Financial Capital Investment group, EDG and the FPRC, prior to submitting to the Scottish Government in January 2025.

Procurement

The September 2024 FPRC approved the Procurement Strategy and endorsed the Annual Procurement Report, which is a requirement of the Procurement Reform (Scotland) Act 2014.

A comprehensive set of 12 KPIs was agreed as part of the Procurement Strategy. As reported to the FPRC in September 2024 at the end of Quarter 1, progress was positive.

Bed modelling Clinical and Financial Implications

The November 2024 FPRC considered a paper on whole system bed modelling across Fife, undertaken by external consultants. The analysis involved close working with the IJB and demonstrates the impact on acute hospitals (phase one), community hospitals (phase two) and care homes (phase three). Phase two is nearing completion with initial modelling suggesting a range of opportunities to reduce the required bed base from the current baseline. Once the baseline is established, this allows for assumptions and projections to be built in, and consideration of various clinical models and pathways of care over a 20-year period. The result will be a planning tool which can be utilised by NHS Fife, to run alongside finance, service, workforce, and infrastructure plans to develop scenarios, and ultimately support creation of Target Operating Models.

Other Areas covered by ICE Fieldwork

We reviewed the following areas, none of which highlighted any significant issues:

- Standing Financial Instructions
- Standards of Business Conduct
- Anti-Fraud and Corruption Policy and Response Plan
- Control over the Acquisition, Use, Disposal and Safeguarding of Assets
- Financial Operating Procedures

Action Point Reference 9 – Savings from RTP
Finding:
Scottish Government financial planning guidance for 2024/25 required a programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets.
Progress to achieve the 3% savings of £25m, to be delivered through RTP is being reported to Board and Standing Committees, but there is no split between recurring and non-recurring savings. Any savings identified on a non-recurring basis will require to be carried forward for inclusion in the 2025/26 financial plan.
Audit Recommendation:
Financial Performance reports should make clear that savings achieved on a non-recurring basis will impact on future years financial plans. Reporting of savings in both Financial Performance and RTP Performance Reports should include year-end forecasting of recurrent and non-recurrent savings, together with robust supporting information on how variances will be addressed.
We encourage the use of savings trajectories to highlight and provide early warning of barriers to achievement.
Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation.
		Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:
An assessment of the savings delivered to October 2024 and the forecast to the year-end indicate £14.8m will be delivered on a recurring basis. This assessment will be considered by EDG, FPR Committee and the NHS Fife Board as part of the regular financial performance reporting and also in the initial preparation of the financial plan for 2025/26. In relation to addressing any shortfall or variances in the assessment of savings delivery, this is considered monthly through the financial review process and contingency actions are developed where possible to mitigate any deviation from plan. This will be an ongoing assessment process throughout the remainder of the financial year.

Action by:	**Date of expected completion:**
Director of Finance & Strategy	31 March 2025

INFORMATION GOVERNANCE

> **Corporate Risks aligned to the Clinical Governance Committee (CGC):**
>
> **Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate by 30 Sep 2025 – Above Risk Appetite**
>
> There is a risk that NHS Fife will be overcome by a targeted and sustained cyber-attack that may impact the availability and/or integrity of digital and information required to operate a full health service.
>
> **Risk 18 – Digital and Information – High Risk (15); Target (12) Moderate by 30 Apr 2025 – Above Risk Appetite**
>
> There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Governance and Assurance

The Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&IB) continue to provide assurance to the CGC with the latest update presented in September 2024 and a further update scheduled for March 2025. Updates on the D&I Strategy were provided to the CGC in September and November 2024, with the intention to have a Digital and Information Framework developed for March 2025, an extension on the previous target dates of July and then October 2024.

The IGS Accountability and Assurance Framework Report has been developed following a mapping exercise between the Scottish Public Sector Cyber Resilience framework and the Information Commissioners Office (ICO) Accountability Framework and is presented to each meeting of the IG&SSG. Performance metrics for seven of the 10 categories have been established (last ICE reported three of 10 established), with cross references to associated high risks recorded where applicable.

The late issue of papers to both the IG&SSG and D&I Board remains a control weakness as there is a risk that group members have insufficient time to effectively scrutinise the papers ahead of each meeting. Within the Audit Follow Up section there is an outstanding action to this effect, due for completion by end of April 2025.

Risk Management

The management of IG&S risks is reported to each IG&SSG meeting four times a year.

The risk report presented to IG&SSG in October 2024 included graphical representation of all the Digital and Information Governance risks. Of the 49 risks recorded, 12 were scored as high, 29 scored as medium and 8 scored as low. There are 14 IG risks and 35 Digital risks. The report demonstrated that overall risk scores are improving. Three risks have deteriorated from initial risk score, with each relating to Cyber Security. We note there is duplication of reporting between the risks reported to IG&SSG and D&I Board.

Both risk reports to the D&IB and IG&SSG provide summary information showing the total number of risks in each category and the number within/out risk appetite highlighted. The report does not currently include commentary on whether the actions underway and planned will be sufficient to bring these risks within the risk appetite in an acceptable timescale.

There have been no deep dives undertaken or planned during 2024/25 for the two Information Governance corporate risks aligned to the CGC. Standard risk reporting to the CGC includes updates on Risk 17 Cyber Security and Risk 18 Digital and Information. Our Annual Report B06/24 recommendation 1 highlighted improvements to the Deep Dive process which are ongoing.

The CGC undertook a Deep Dive of Risk 18 – D&I in November 2023 and of risk 17 – Cyber Resilience in January 2024. No further deep dives for these risks are scheduled within the CGC Workplan for 2024/25 and we would expect these to be completed early in 2025/26. A review of Risk 18 – D&I and a refresh of the Deep Dive will be completed as part of the development of the Digital and Information Strategic Framework.

Although the scores on these two corporate risks have remained static so far in 2024/25, there is evidence of actions being progressed to reduce them towards their target scores and the latest reporting on these includes a timescale for reaching the target level. However, the reality of reaching the target score for cyber will be challenging. Operational risks are also demonstrating improvement with improved risk scores for 26 of the 49.

Digital and Information Strategy

A D&I Framework is being developed to replace the current D&I Strategy and will be presented to the D&I Board on 31 January 2025. Following consultation the aim is for the Framework to be formally approved by the NHS Fife Board by 31 March 2025. The Briefing paper for Digital Strategic Framework presented to the November 2024 CGC stated that alignment to RTP will be a key element of the framework, with links and plans being associated with existing schemes and the emerging CHOICES submission.

The Briefing Paper for Digital Strategic Framework Timeline Update to the CGC on 1 November 2024 provided an analysis of delivery of the extant D&I Strategy. Of the 49 deliverables, 65% have been delivered or are in progress. Some deliverables have been delayed during the strategy period due to the impact of Covid19 requirements, the emergence of additional deliveries and national delivery delays. The approach and steps to be taken to create the D&I Framework were also documented to the CGC.

The regular portfolio and project updates provided to the D&IB outline the status of projects and their strategic alignment.

Information Governance Responsibilities

An NHS Fife Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive Member of the Board.

Information Governance Policies and Procedures

As reported to the October 2024 IG&SSG seven of nine IG policies were within their review date (78%) with two under review – Records Management Policy and Freedom of Information Policy. 16 of 23 D&I policies were within the review date (70%) and seven were under review.

Information Governance Incidents and Reporting

Updates on IG&S incident management are included in the IGS Accountability and Assurance Framework Report presented to each IG&SSG meeting and in the IG&SSG update report presented to CGC twice per year. The most recent update to IG&SSG on 22 October 2024 included:

- the number of IG&S incidents reported via DATIX as 1,192 over the rolling 12-month period.

- Over the rolling 12 month period the number of IG&S incidents reported to the ICO or Competent Authority within the required 72 hour timescale was 78% and from 1 April 2024 to 31 August 2024 four incidents were reported with 50% reported within the 72 hour timescale and one (25%) which required follow-up by the ICO.

Network and Information Audit 2024 (NISD)

The IG&S were updated on progress against NISD recommendations at its October 2024 meeting. Overall NHS Fife has compliance status of 93%. During 2024, the following areas of focus were progressed from the 2023 NISD report, with: Supplier Management rating improving from 44% in 2023 to 94% in 2024; Asset Management improving from 63% in 2023 to 87% in 2024; Access Controls improving from 77% in 2023 to 89% in 2024; and Business Continuity improving from 82% in 2023 to 93% in 2024.

These areas have been reported as part of the IG&S Assurance and Accountability Framework throughout 2024.

Information Governance Training

During 2023/24 the ICO issued a reprimand to the Board, which highlight that NHS Fife wide, only 42% of staff have undertaken the mandatory IG training. Since that report compliance has slowly increased with the latest position at September 2024 being 64%, as reported to the October 2024 IG&S.

ICO Reprimand – St Andrews Update

The July 2024 IG&S was presented with an update from the ICO. NHS Fife had provided the ICO with an update on the areas requiring improvement, with the ICO responding positively to the steps taken by NHS Fife to prevent a similar event from reoccurring.

NHS Dumfries and Galloway Cyber Incident

The Clinical Governance Committee in November 2024 was provided with a Briefing on the NHS Dumfries and Galloway Cyber Incident, with the report outlining the learning and observations associated with the incident and providing moderate assurance in relation to NHS Fife. This report highlighted the continued risk of cyber-attack and is part of a suite of reporting to ensure the organisation maintains awareness of the ever-continuing threat. The report provided assurance that the D&I department is assessing NHS Fife's resilience level against these cyber-attacks on a continuous basis and have accelerated the delivery of some planned improvements, found additional quick wins to improve security and conducted exercises to model the impact of the attacks witnessed.

Crisis Communications Strategy in response to Cyber Attack

The EDG on 21 November 2024 were presented with a paper on crisis communications in response to the Dumfries and Galloway cyber-attack. The paper will go to Standing Committee for future approval. Given the rise in successful and significant targeted cyber intrusion activity within public sector organisations, during incidents organisations often prioritise their technical response and relegate communication to a secondary consideration. Effective communication to staff, patients, stakeholders, and the media is crucial for shaping how an organisation is perceived and it is therefore vital that NHS Fife has a planned and coordinated approach to ensure timely and consistent messages that instils confidence in the organisation and its response to a cyber-attack or major systems outage.

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	**None**
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**	**Two**
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**	**Six**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	**One**

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 4 March 2025**
Title:	**Final 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 the finalised 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 the proposed delivery of items on the workplan for next year.

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. Following comments received from

the Committee since it was presented on 7 January 2025, the Annual Workplan for 2025/2026 is provided at **Appendix 1**, setting out the priorities and anticipating the reporting arrangements for the Committee for the forthcoming year.

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B08/23, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee and the commitment to the NHS Scotland Staff Governance Standard.

2.3 Assessment

The final version of the proposed Annual Workplan for 2025/2026 is attached at **Appendix 1** for assurance. 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 (currently paused) 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 aims to demonstrate 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 at this time.

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 comments received since the initial draft was presented to the Committee on 7 January 2025.

2.4 Recommendation

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

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Final 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

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	**Board Secretary**						✔

Staff Governance Annual Workplan 2025-2026
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*Items on the agenda and their timing continue to be reviewed and may be subject to change

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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	**Board Secretary**	✓					
Annual Staff Governance Committee Self-Assessment Report 2025/2026	**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 4 Report 2024/2025		✓ Quarter 1 Report 2025/2026		✓ Quarter 2 Report 2025/2026	✓ Quarter 3 / Annual Report 2025/2026
Sickness Absence & Plan for Recovery 2025/2026	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Whistleblowing Quarterly Report	**Board Secretary**	✓ Quarter 4 Report 2024/2025		✓ Quarter 1 Report 2025/2026	✓ Quarter 2 Report 2025/2026		✓ Quarter 3 Report 2025/2026
Anti Racism Draft Plan	**Director of Workforce / Director of Nursing**	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**
Strategy / Planning							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Corporate Objectives 2025/2026	**Chief Executive / Director of Finance**	✓					
People & Change Board Update	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Population Health and Wellbeing Strategy 2025/2026 Mid-Year Review	**Director of Planning & Transformation**				✓		
Workforce Planning Update	**Workforce Planning Lead**	✓	✓	✓	✓	✓	✓

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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**			✓			

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**	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**

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 • Appropriately Trained							
- Medical Appraisal & Revalidation Annual Report 2024/2025	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2024/2025	**Director of Nursing**				✓		
- Core Skills / Mandatory Training - PDPR Uptake - Protected Learning Time	**Associate Director of Culture, Development & Wellbeing**	✓	✓	✓	✓	✓	✓
• Improved and Safe Working Environment (inc. Quarterly Report)	**Director of Property & Asset Management**	✓	✓	✓	✓	✓	✓
• Involved in Decisions - iMatter Report	**Associate Director of Culture, Development & Wellbeing**			✓		✓	
• Treated Fairly and Consistently - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		

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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
• Well Informed - Communication & Feedback	**Director of Communications & Engagement**	✓		✓			
Equality & Diversity Champion Update	**Non-Executive Director Equality & Diversity Champion**	✓	✓	✓	✓	✓	✓
Equality Outcomes Progress Report and Plan 2025-2029	**Director of Nursing**	TBC	TBC	TBC	TBC	TBC	TBC
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**	✓					
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**		✓				
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

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Annual Reports / Other Reports (Continued)							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Volunteering Annual Report 2024/2025	**Director of Nursing**			✓			
Whistleblowing Annual Report 2024/2025	**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**	✓		✓	✓	✓	
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**

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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 / Development Sessions	
Session 1: TBC	**Lead(s)**
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Associate Director Digital & Information
• Development of new Workforce related Corporate Risks	David Miller, Director of Workforce / Shirley-Anne Savage, Associate Director for Risk and Professional Standards
Session 2: TBC	**Lead(s)**
• Our Leadership Way	Jenni Jones, Associate Director of Culture, Development & Wellbeing
• Transforming the Workforce Directorate, Employer of Choice opportunities	Workforce Senior Leadership Team
Future Briefing / Development Session Topics	**Lead(s)**
•	
•	

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 4 March 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 2024/2025 Workplan, developed to take account of the strands of 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 January 2025 and informs future agenda setting requirements.

- A **significant** 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**, highlights the amendments since it was last presented to the Committee on 7 January 2025, 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 set out the planned business items for the year ahead and takes account of the standardisation of approach to workplans 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 Staff Governance 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 (currently paused) 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 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 agenda items planned for the meeting on 4 March 2025.

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.
- **Confirms** the updates made to the Staff Governance Workplan for 2024/2025 since it was presented to Committee members on 7 January 2025.

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

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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**	✓ **2023/2024 Update**		✓ **Quarter 1 Report 2024/2025**		✓ **Quarter 2 Report 2024/2025**	✓ **Quarter 3 / Update on Annual Report 2024/2025**
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**			✓			**(Included in the RTP update)**
Health & Safety Quarterly Report	**Director of Workforce (on behalf of Director of Property & Asset Management)**	**Deferred to 9/7/24**	✓		✓	✓	

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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 / Director of Planning & Transformation**	✓	✓ Scottish Government Response				
Annual Delivery Plan Quarterly Performance Report 2024/2025	**Director of Finance & Strategy / Director of Planning & Transformation**		✓ 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 future meeting		
Workforce Planning Update and Workforce Plan for 2025/2026	**Head of Workforce Planning and Staff Wellbeing**		✓	✓	Deferred to 7/1/25	✓	✓ Verbal
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**	✓	✓	✓	✓	✓	✓

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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 • Appropriately Trained							
- Medical Appraisal & Revalidation Annual Report 2023/2024	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2023/2024	**Director of Nursing**				✓		
- Core Skills / Mandatory Training - PDPR Uptake - Protected Learning Time	**Associate Director of Culture, Development & Wellbeing**		✓		✓		✓
• Improved and Safe Working Environment	**Director of Property & Asset Management**	**Deferred to 9/7/24**	✓	✓	✓	✓	**Deferred 13/5/25**
• Well Informed – Communication & Feedback	**Associate Director of Communications**	✓		✓			
• Treated Fairly and Consistently - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions - iMatter Report	**Associate Director of Culture, Development & Wellbeing**			✓		✓	

Annual Reports / Other Reports

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Internal Audit Annual Report 2023/2024	**Director of Finance & Strategy**		✓				

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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**	✓	✓	✓	✓	✓	**Meeting Cancelled**
Health and Social Care Partnership Local Partnership Forum	**Director of Health & Social Care Partnership**	✓	✓	**Minutes not available**	✓	✓	✓
Workforce Planning Forum	**Head of Workforce Planning & Staff Wellbeing**		✓				✓

*Items on the agenda and their timing continue to be reviewed and may be subject to change

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**		✓	✓	✓		**Minutes not available**

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**	✓	✓	✓	✓	**Deferred to 4/3/25**	✓
Equality & Diversity Champion Update	**Non Executive Director Equality & Diversity Champion**		✓	✓		**Deferred to 4/3/25**	✓
Whistleblowing Champion Update	**Non Executive Director Whistleblowing Champion**		✓	✓	✓		
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**	✓ **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 College 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	**Director of Finance**						✔
NHS Fife Leadership Framework	**Associate Director of Culture, Development & Wellbeing**						✔

Briefing / Development Sessions	
Session 1: Incorporated into Private Session on 7/1/25	**Lead(s)**
• WTE Growth Data and Plans	Brian McKenna, Workforce Planning Lead
Session 2: Tuesday 18 February 2025 at 2.00 pm to 3.30 pm	**Lead(s)**
• Staff Governance Standard: A Partnership Perspective	Lynne Parsons, Employee Director / Vicki Bennet, LPF Co-chair / Andrew Verrecchia, LPF Co-chair
• eRostering & SafeCare Demonstration	Nicola Maher, Programme Manager / Lorien Jeffery, Digital Enablement Facilitator
Future Briefing / Development Session Topics	
Session 1: TBC	**Lead(s)**
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Associate Director Digital & Information
• Development of new Workforce related Corporate Risks	David Miller, Director of Workforce / Shirley-Anne Savage, Associate Director for Risk and Professional Standards
Session 2: TBC	**Lead(s)**
• Our Leadership Way	Jenni Jones, Associate Director of Culture, Development & Wellbeing
• Transforming the Workforce Directorate, Employer of Choice opportunities	Workforce Senior Leadership Team

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 4 March 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 – savings achieved to date
- Whole Time Equivalent Reduction
- Non-pay elements of 2023/2024 pay award
- Attendance Management
- Priorities for 2025/2026

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 7th January 2025, the People & Change Board have met on 9th January and 12th February 2025.

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

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 work of the Supplementary Staffing Group has been incorporated into the People & Change Board with residual risks and activity being incorporated into their agenda.

A savings target of £5M was approved in Boards financial plan for 2024/2025 for Health Board retained services with savings delivered to 31st January 2025 of £4,137,039. Forecast planning demonstrates that the £5m target is expected to be achieved.

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 31st January 2025 are to the value of £451,656 across all of NHS Fife (Acute and HSCP). Additional work is being undertaken to increase compliance rates, currently at 79%.

Non-compliant Rota Review

During 2023/2024 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. These aims have been achieved and savings to 31st January 2025 are £1,166,500 and forecast to year end is expected to be £1,739,000. A second stage of monitoring of rotas will commence in February 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 operating model. The WTE Reduction project will have a key dependency with the Business Transformation programme. It is proposed that the size of the workforce is contracted by 500 WTE (includes 100 WTE as part of business transformation). Complex workforce planning is required to understand the impact of the Reduction in Working week on these figures and whether there should be dependencies between these projects.

Non-pay Elements of 2023/24 Pay Deal

The Reduction in Working Week (RWW) Short Life Working Group (SLWG) was established to provide oversight on the application of the guidance to reduce the working week from 37.5 to 36 hours. Guidance was made available in PCS(AFC)2025/1 on 18th February 2025 confirming the next 60-minute reduction (pro rata) should be undertaken by 1st April 2026. Work has commenced to ensure that the Board has an outline plan for implementation by 1 May 2025 and a full and final implementation plan by 1 October 2025. The Executive Directors group will be discussing to support prioritisation and investment, decision making principles, to ensure all AFC staff can reduce to 36 hours from 1st April 2026. It has been calculated that each 30-minute reduction sees a 100 WTE reduction in headcount and a 4% loss of activity which will impact on service levels and carries financial risk as departments seek backfill.

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 increase in September to 7.07% and a further increase in October to 7.36%, however there has been a fall in November to 6.91%. This improvement has not been sustained with an increase in absence in both December and January to 7.8% and 7.99%.

The work of the Attendance Management Oversight group continues with a priority action to develop a 2025/26 plan for recovery. The draft recovery plan will be discussed at the Attendance Management Oversight group in March and shared with EDG for awareness and discussion and will also come to a culture committee and APF following further evaluation of absence data and the wellbeing support offered to staff.

Benchmarking work with other key boards has highlighted differences in the application of the Once for Scotland (OfS) attendance management policy. Whilst all boards operate within the framework of OfS there are small variation in application, this process has

highlighted several suggested changes to consider. The recommendations from this work agreed in partnership are to use triggers and not targets in the management of short term absence, consistently apply the three formal stages in the management of long term absence, taking action at the 29-day trigger to ensure timely conversations and support for staff, and updating the attendance management training to reflect the consistent application of OfS policy and consider various options for delivery and cascade of training to reach target audience.

Priorities for 2025/2026

A programme plan for 2025/26 priorities is currently being developed with the Director of Workforce, Director of Planning & Transformation and the Deputy Director of Finance and will be circulated for wider agreement once outline plans are available. This will include planning for the further reduction in working week, recommendations for AHP agency usage reduction and the WTE reduction. In line with Terms of Reference these will be reviewed along with Membership of the People & Change Board for 2025/26 to ensure that representation remains appropriate to the priority objectives agreed.

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 and 2025/26 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 it's 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.

3. List of Appendices

N/A

Report Contact:

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

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 4 March 2025**
Title:	**Annual Delivery Plan 2024/2025 Q3 Update**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

Executive Summary

- This report contains Quarter 3 update on progress for Annual Delivery Plan (ADP) 2024/25.

- There are 21 deliverables aligned to 'Improve Staff Experience and Wellbeing' Strategic Priority. As of the end of Dec-24 (quarter 3 of 2024/25), there are 16 (76.2%) being **'on track'**. Additionally, there are five deliverables that are **'at risk'**.

- Summary of status of all deliverables in ADP, by Strategic Priority, displayed below. Total includes deliverables that cover multiple Strategic Priorities.

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	1	5	27	1	1	35
Improve Quality of Health and Care Services	3	13	63	5	3	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	3	14	39	4	-	60
Total	**7**	**37**	**147**	**10**	**4**	**205**

- This report provides **Moderate** Level of Assurance.

1.   Purpose

This report is presented to Staff Governance Committee for:
- Assurance

This report relates to:
- Annual Delivery Plan 2024/2025

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

This paper presents the Q3 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25, specifically relating to 'Improving Staff Experience and Wellbeing' Strategic Priority.

2.2 Background

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

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

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

2.3 Assessment

2024/25 Quarter 3 Update

There are **205** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are **42** deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=163
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	27
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=205
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	87
Improve Staff Experience and Wellbeing	21
Deliver Value and Sustainability	60

As of end of Dec-24 (Quarter 3 of 2024/25), there are **ten** deliverables that are 'complete' with most **(71.7%/147)** 'on track'. There are **seven** deliverables that are 'unlikely to complete on time/meet target'. There is also **four** deliverable that has been 'suspended/ cancelled'.
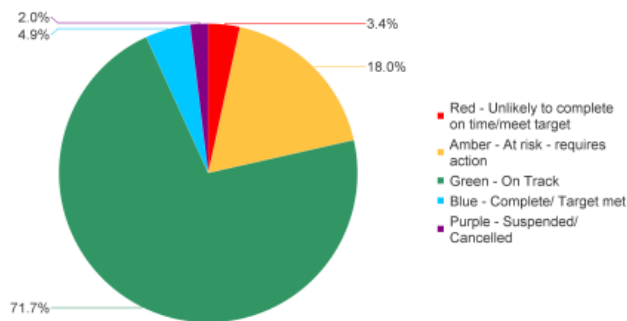
- Red - Unlikely to complete on time/meet target
- Amber - At risk - requires action
- Green - On Track
- Blue - Complete/ Target met
- Purple - Suspended/ Cancelled

There are 21 deliverables aligned to 'Improve Staff Experience and Wellbeing' Strategic Priority. Listed below are the deliverables 'at risk' at quarter 3 but were 'on track' at quarter 2.

Improve Staff Experience and Wellbeing	
At risk – requires action	
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	eRostering implementation is currently paused whilst Deep Dive roster reviews within 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. 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.
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role	Externally commissioned partners were invited to apply to deliver the range of short breaks required. These are now established: • The new 'Short Break Crisis Prevention Service' will be delivered by Crossroads who will provide 20 hours to each of 100 unpaid carers. • The 'Respitality' short breaks is being delivered by Fife Voluntary Action and is beginning to grow the number of breaks on offer.

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

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper has been 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 27 February 2025
- Public Health and Wellbeing Committee 3 March 2025

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

- **Assurance** – this report provides a **Moderate** Level of Assurance.
- **Endorse** – Endorse the ADP Q3 return for formal approval at Board and for submission to Scottish Government.

3. List of Appendices

The following appendices are included with this report:
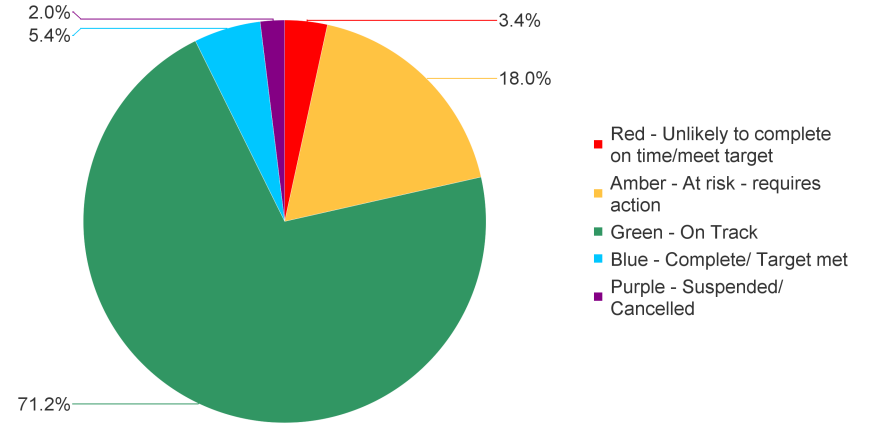
- Appendix 1: NHS Fife ADP 202425 Quarterly Report Q3

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Annual Delivery Plan 2024/25 - Q3 Progress Summary

Q3 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	1	3	16	2		22
2. Urgent and Unscheduled Care	1	5	8		1	15
3. Mental Health		3	13	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		4	21	1	2	28
7. Women & Children Health	2	2	8	1		13
8. Workforce		4	13	1		18
9. Digital & Innovation		9	10	2		21
10. Climate		1	11		1	13
Other	2	5	33	2		42

	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
To Improve Health and Wellbeing	1	5	27	1	1	35
To Improve the Quality of Health and Care Services	3	13	63	5	3	87
To Improve Staff Experience and Wellbeing		5	15	1		21
To Deliver Value & Sustainability	3	14	39	4		60
ALL			2			2
Total	7	37	146	11	4	205

Q3 RAG Status

- Red - Unlikely to complete on time/meet target — 3.4%
- Amber - At risk - requires action — 18.0%
- Green - On Track — 71.2%
- Blue - Complete/ Target met — 5.4%
- Purple - Suspended/ Cancelled — 2.0%

Q2 ∨ / Q3 >	Red	Amber	Green	Blue	Purple	Total
Red	5	3	1			9
Amber	2	29	17		2	50
Green		5	128	4	1	138
Blue				7		7
Purple					1	1
Total	7	37	146	11	4	205

Annual Delivery Plan 2024/25 - Q3 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
SLA and External Activity	Finance & Strategy	Assurance remains limited while discussions with external partners are pending There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift	Agreement to start discussion on the potential withdrawal process from current decontamination provider Confirmation that GP referrals from North East Fife practices to Acute Services in NHS Fife are influenced by patient preference, waiting times and clinical performance Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation	Digital	Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays. Overall surge numbers have increased, if including wards 6 and 9. Paper going to SLT on 02/02/25.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	Digital	Programme behind its financial recovery target.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines. Revised Acute Medicines Optimisation Plan in progress The availability of resources required to make the required changes in clinical practice is challenging.	Reporting structure reviewed and updated to show scheme finance position accurately Medicines Waste campaign launched	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track
Procurement Savings within Acute Services	Acute Services	Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation	Property & Asset Management	Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans	To Deliver Value & Sustainability	**Green - On Track**	**Green - On Track**	**Green - On Track**
Non-compliant Rotas	Medical Directorate	Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDiT & Gateway EU	To Improve the Quality of Health and Care Services	**Green - On Track**	**Green - On Track**	**Green - On Track**
Infrastructure - Workforce	Digital	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	**Green - On Track**	**Green - On Track**	**Blue - Complete/ Target met**

Annual Delivery Plan 2024/25 - Q3 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	GDS: Primary Care have received several expressions of interest for the Scottish Dental Access initiative with one formal application being progressed. Continue to provide for un/de-registered population of Fife with urgent and emergency care. Offer short courses of targeted care throughout Fife. PDS and Primary Care working together. Monthly meeting with SG on access to registration in FIfe and how we can improve situation, increase in targeted approach with Dental Body Corporates (DBCs). Weekly reporting on GDP cover in DBC practices. Progressing with local interest in Scottish Dental Access Initiative Grant (SDAI) grants provided by SG. Work with the NHS Comms team progressing to consider options to increase GDP workforce to the NHS dental services in Fife and further promote SDAI locally for the 3 areas agreed by SG. NDIP is a way we ensure to capture children who may be unregistered and require dental treatment. The PDS are responsible for all unregistered children in Fife		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		No progression	No progression, remains at risk as is out of scope work.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	Work has been ongoing in regard to the nursing cover for the Levenmouth area, though this remains problematic. The wider ADHD pathway review is still ongoing and therefore there is no change within the service capabilities whilst this is pending. Milestones are led by the H&SCP, therefore there is limited ability in the Community Paeds service to influence this.		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - Child Health Replacement	9.1	National Programme continues to report as Amber status		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Development of improved digital processes i.e. online pre-employment and management referral programmes.		Business Analyst recommended extension of current provider but system is now decommissioned and required major change project, at pace, to implement suppliers new digital platform. System not yet fully operational and business risk remains with significant impact on service delivery.	Options provided for decision on future system procurement or extension of current provider.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	OH Service review identified 3 levels of service provision options with recommended resource implications required, to be included in Workforce Directorate transformation update paper to EDG Jan 2025. Outcome and actions awaited.	Consultation on model of OH Service delivery on-going.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		Due to service pressures, there has been no active work with Health Promotion, however there has been increased momentum in the national work regarding this, so we are also planning to build on this at a local level. We have been working with our key partners i.e. education and health visiting to progress the local conversations about the plan, within the WFBW strand. SLTs are the connector between local and national work. Good engagement with key partners regarding the national plan. On-going work taking place in early years settings.	Work with colleagues from Health Promotion to identify key messages and activities for promotion within the partnership Having identified the relevant strategic strands within the Children's Services plan start to implement a speech, language and communication development plan. Promote information and learning from the national plan with colleagues.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Progress is being made in increasing treatment trajectory as effect of Fife participation in the PHS RECAST look back exercise. This is still likely to be below the Scottish Government target due to resources (financial and staff) available to test and find the number of target patients . Green RAG status as this years performance will contribute to the overall elimination goal		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	All Public Health contributions are ongoing. Opportunities Fife work may overlap with Employability team.	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Contribute to Fife Partnership Board review of Fife strategic assessment and opportunities for collaborative working and using the Marmott principles. Hosted an Inclusion Health workshop to explore development of an Inclusion Health Network.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	QI work in relation to inequalities and deprivation. Work with Localities to address areas of low uptake across all programmes	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes. Outreach model and Strategy	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The Mental Health and Wellbeing Strategy Working Group has been established and met on 3 occasions (6/9/23,24/10/24 and 7/11/24). The draft strategy is being finalised by the group and work is ongoing to develop the year one delivery plan. The group have made significant progress during quarter 3 and are on target for final approval by the IJB in March 2025.	Establish Working Group. Draft local strategy and agree priorities for supporting delivery plan.	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The changes in processes aligned with the implementation of the new Child Protection Guidance 2021 have now been fully integrated. This work aligns with GIRFEC indicators, The Promise, and the principles of the UNCRC. Work is being progressed to develop data gathering and analysis processes to strengthen this work	Ensure existing collation processes are sufficient.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis	6.3	Up to 31 October, appointments offered are at 2,986 which keeps us on track. The service is currently offering 12 sessions weekly using the mobile unit being utilised across all localities . We have weekly onsite clinics at QMH and VHK maternity units.	Following needs analysis, outreach work rolled out in Glenrothes and Dunfermline localities. Updated e-referral pathway has been circulated across the FHSCP, acute & primary services. Referrals from maternity services for pregnant smokers has shown a slight decline, there are currently 27 successful quits and 28 active caseloads for pregnant smokers, weekly clinics in the VHK and QMH maternity units. Collaborative work planned for January 2025 to support workforce development for early referral to service.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25.	Establish income maximisation referral pathways for CAMHS, AHPs, Child Clinical Psychology Service	7. Women & Children Health	Amber - At risk - requires action	Green - On Track	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	CAMHS continues to work on the development of Clinical Pathways, which is near completion. CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Focus Groups Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable. A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard. CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services. Ongoing recruitment continues to ensure workforce is at full capacity. CAMHS will continue to develop Parent/Carer focus groups ensuring their participation and engagement underpins service developments and their needs are met.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Ongoing progress - requires further support and discussions via a steering group to build clear governance structures.	VMF submission to convert fixed term contracts to substantive	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	Provided PH input to HRPM Safety Group Agreed how to progress work around drug related deaths relating to HRPM		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		Investigation and management of screening programme incidents and adverse events.		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	Workstreams have progressed, with enhanced focus on teratogenic medicines (including valproate) in light of national directives. Revisions to HRPM approach delivered and there has been a range of communication activities put in place	Continued focus on valproate additional safety measures focussed on men following national clinical safety alerts Work to embed topiramate advice received - the programme will drive this work	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Develop and Enhance Children's Services		Child Wellbeing Pathway Implementation Group continuing to lead specific training and awareness sessions related to CWP alongside releasing related 7 minute briefings. Implementation of health raised IRD process for named person and paediatricians. UNCRC - SBAR to EDG & SLT from previous CHC outlining the need for an implementation group. Awaiting a response to guide next steps The promise - Plan 24-30 being reviewed by Healthcare & the Promise group. Ongoing work identified and actions created.	Child Wellbeing Pathway Implementation Group to further lead specific training and awareness sessions related to CWP alongside releasing related 7 minute briefings. Implementation of health raised IRD process for named person and paediatricians. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. UNCRC - SBAR to EDG & SLT from previous CHC outlining the need for an implementation group to oversee the incorporation of the act moving forward. The promise - identify clear actions from the Plan 24-30 for the HC & Promise group to work through towards implementing the foundations of the Promise across the workforce.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Ensure effective coordination and governance for adult screening programmes in Fife	6.3	Screening Milestones are reoccurring.	Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit. Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance Produce the annual NHS Fife Integrated Screening Report Work to understand reasons for non-attendance and explore methods to address these Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan Investigation and management of screening programme incidents and adverse events.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.	6.3	Area Immunisation Steering Group meeting took place 03/12/24 as planned. Invites with draft TOR and draft annual workplan issued for first meeting of Immunisation Transformation Oversight Group for first meeting scheduled 16/01/24. Approval of Immunisation 2024-27 Framework at IJB delayed due to change of personnel.	Review of annual teenage data at Dec 24 meeting of Area Immunisation Steering Group. Establish new Immunisation Transformation Group to provide oversight of inclusion and quality improvement work.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Actions from Home First Delivery Plan have mainly been achieved - particularly in the development of DN ANP roles; digital solutions; enhanced referral pathways for paramedics/ANPs; call before convey; anticipatory care planning. Further delivery plan developed for 24/25 to progress further home first actions Integrated Discharge Services have been redesigned and pathways developed that are in line with the Home First Strategy and avoid any unnecessary duplication of assessment, this is done collaboratively with Health, Social Work and Social Care and our Voluntary Sector. There is a robust verification process, gives assurance that people go back to their home or community environment as soon as possible. This approach for 24-25 will be business as usual.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	The new revised NHS transport claims leaflet has been approved and will be available in electronic and hard copy format and promoted January 2025. A new NHS community transport leaflet has been completed and will be available in electronic and hard copy and disseminated and promoted in January 2025.	Communication and information will have been distributed across NHS Fife and Fife HSCP as well as key external partners.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.5	Community Chest Fund SBAR well received by SLT and Quality & Communities Committee - ongoing monitoring and evaluation of projects. The locality event proved to be a huge success with over 115 delegates attending. The positive feedback via MENTI and emails to the team after the event reinforced that the stakeholders had an increased understanding of locality planning and agreed the event was very worthwhile. The 7 Nov/Dec locality meetings are complete. A presentation was delivered to group members to raise awareness of "alcohol harm" at a locality level and delivery plans for 24/25 were reviewed. SBAR regarding the impact of Community Chest funding was presented to SLT in October.		6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	Review completed and improvements made to process guided by PHS NDIMMT advice including harm reduction. Subgroup established based on RADAR alerts and quarterly reports.	Conduct full start to finish review to identify any improvements that could be made and implemented to drug alert process Establish ADP subgroup with relevant partners to identify risks across Scotland and prepare for potential impact on Fife	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards A short life working group has been convened to review and develop the pathway to Residential Rehabilitation. A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track. Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines. Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals	Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards A short life working group has been convened to review and develop the pathway to Residential Rehabilitation. A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track. Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines. Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	working groups for healthy food for all and community food, procurement and food economy have identified priorities for the next year and working on these action plans.	good ongoing work of partnership and working groups.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Resilience Coordinator joined the team in quarter 3 this role is to assist with monitoring of Business Continuity planning and the facilitation of reports for managers. Following B13/23 internal audit feedback and action plan was enabled. Business continuity policy for NHS Fife is in its final stages of approvals and stakeholders engagement.	Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Work continues on track with the income maximisation referral pathway with Midwives, Health Visitors and FNP. The new income maximisation pathway for families with a child with a disability is progressing, working group has been established, the lead has participated in the national peer support network. A meeting with the external evaluators support team has been scheduled for January 2025. The funding agreement paperwork has been completed with Scottish Government	Funding to expand income maximisation pathway. Establish working group and workplan September/ October Update from CARF on Q2 referrals.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Following review of sustainability Ambassador interest. Progress and actions will be explored and developed, this will include the development of a training plan.	LDP required evidence review for readiness for resubmission to Scottish Government.	10. Climate	Green - On Track	Green - On Track	Green - On Track
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	2023-2024 Anchor Metrics are being collated ahead of the required submission date to SG. These metrics are aimed to demonstrate how as a Board we are building and progressing from our previously submitted baseline metrics. A further request for future objectives have been issued and are being worked through.	As employability initiatives develop and progress, capture successes and learn lessons for future intakes. Firm up plans for Employability and Community Wealth Building workshop Review all Anchor activity and measure through Progression Framework ahead of reporting to Anchor Programme Board	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1	Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neuro-developmental Specification. This will be achieved through the reallocation of and streamlining existing assessment pathways and the implementation of learning from partnership test of change to co-produce delivery of pre and post diagnostic support to children, young people and their families. This work continues through embedding this new model across Fife to ensure the National Specification is met.		3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2		Review of one stop shop in Cowdenbeath locality to have completed and one stop shop to have moved. Review of first one stop shop In Kirkcaldy to commence	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	A revised business case is required with a focus on RTP for further submission due to current financial climate.		7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Due to changes in service management during this quarter it has not been possible to take forward the review of the specialty nursing workforce.\n\nThe Epilepsy Specialty Nurse role is under review.	Diabetes: Business case written	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Project is at ESTABLISH phase\nProject on hold due to the ongoing review of Buchan Associate (commissioned by NHS Fife RTP Programme - Infrastructure workstream)\nHIS/ PE engagement is on hold until January 2025		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		Weekly report of Stage 1 data to Services including compliance with 80% timeframes.			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Request for service to provide process mapping regarding gathering of complaint factual accounts and approval/sign off. This will help highlight good practice and areas for improvement with a comparison of areas across NHS Fife.			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.		Mental Health SIG has not met hence Amber status\n\nMental Health & Wellbeing Strategy and Yr 1 Delivery Plan still in development as at January 2025\n\nEvaluation Framework work requires Strategy and Delivery Plan to be finalised/agreed	Contributed PH perspective to Draft Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		3 x PET Feedback Volunteers going through the recruitment process.\n\nImplementation across NHS Fife of new and tested Complaint Factual Account Document (previously statement memo / investigation template) which is easier to complete.\n\nMeeting still to be arranged to discuss and plan a lived experience group.\n\nStreamline education and training resources for PET.			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Scottish Government are removing funding for 'ReSPECT' - developing a new 'Future Care Plan' pathway which will not be on stream for at least another 2 years; workstream now revisiting existing options and exploring new opportunities		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	PT activity has been higher in 2024 than 2023; longest waits have decreased and the improved target trajectory seen in Q2 has continued into Q3. Referral rate for highly specialist PTs however continues to rise. The Psychology Service as a whole is not yet in balance and is still focused upon longest waits, therefore performance is anticipated to fluctuate.	Enhance digital offer and increase support to help people engage with this.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		HAI-Executive, ICM and ICD to attend CNOD "Working Together" engagement event. Business case for additional resources and funding to be developed for consideration		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		Due to recruitment challenges work has not progressed at the pace initially projected.	Development of educational solutions in Care Homes and Data collection. Review of evaluation work	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Develop and scope an SDEC model of care to support same say assessment and increase our ambulatory models of care.	2.2	Test of change commenced 15/01/25 to schedule GP patients in the out of hours period to prevent admission. Reviewing admin documentation with a view to commence new documentation 01/02/25 within assessment areas of AU1. Learning will be taken forward into SDEC. Reviewing use of ECAS for IV infusions with an aim to remove them from the Unit.	Paper to be signed by RTP & EDG with a fully costed and deliverable SDEC	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Rheumatology workforce model redesign		An options appraisal is underway for the workforce model that can deliver the service needs . Baseline work underway to understand the capacity of the resource and the demand for service - this involves review of over due review patients, review of referrals process . 90 day improvement plan now commissioned by Head of Service and oversight group convened. - Transformation oversight group has now met 3 times since the last reporting period and has an action tracker in place - progress with consultant recruitment with one preferred candidate - workforce plans underway for nursing, physio and OT supported by the professional service leads - performance data being captured and reported to the oversight group A transformation oversight group is in place to maintain oversight of progress and mitigate any risk. Some challenges remain notably with reduction of locum spend, outstanding backlog of reviews and medicines overspend.	Create Rheumatology Transformation Oversight Group to review and support delivery of progress	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action

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Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Investment that will come through to NHS Fife from participation as Spoke/partner to NHS Tayside Commercial Clinical Trials Delivery Centre (in 27/28) has changed focus of initiative. Meetings with Dean SOM, Director of Research SoM and Executive Director Research Governance and Integrity University of St Andrews to plan for alignment of potential staff resource via VP Research, Innovation and Collections at University of St Andrews with VPAG staff resources investment and possible infrastructure	Business options template to be developed (subject to availability of briefing document from SBS) and submitted to VP Research, Innovations and Collections.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		ICM to join NHS Fife InPhase Project team. Meetings paused in December by Clinical Governance Team.

Lead IPCN and ICD (Surveillance Lead) to join the national working groups being established:
System Requirements working group
IPC Business Processes working group | | | | Amber - At risk - requires action | Amber - At risk - requires action |
| To meet the recommendations of the WHP by end Dec 2024 | 7.2 | The gynaecology service has identified some nurse support to endometriosis. However, consultant lead absence, which will impact some waiting times.

Endometriosis was a service delivered in the tertiary centres and is still delivered by tertiary centres in most health boards. Some consideration to the sustainability of this service in NHS Fife, that was set up without any additional funding from the tertiary unit pre 2018, needs to be considered.

The number of referrals for menopause has continued to increase. It is well managed by the clinicians within the service, but waiting times have grown slightly.

Testosterone prescribing is now possible but can't be fully met this financial year as it is unachievable in the current climate and with the current resources. It will be reviewed and revised for 2025/26. | | 7. Women & Children Health | Green - On Track | Green - On Track | Amber - At risk - requires action |
Continue to deliver the Community Listening Service.		Work is currently ongoing with Directorate finance contact to scope whether opportunities exist to cross charge CCL volunteer expenses to GP Practices where volunteers are placed. Correspondence has been shared with Practice managers to explore possible options. The need for admin support around this service is also being looked at from within Directorate		8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	There has been progression in both Q3 milestones and plans to take forward participation and engagement in support.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		preparatory work ongoing. work packages and diary templates being created and confirmed currently. Go live date intended to be Feb / March 2025	Preparatory work partially completed and working towards transition over to TrakCare and MORSE digital systems	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

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Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Children's Services are developing a quality data dashboard to systematically review and analyse both qualitative and quantitative data. This initiative aims to inform quality improvement efforts, ensuring the sustainable and most effective use of resources in the delivery of care.	Establish SLWG with associated agencies to establish improvement plan scope for multi agency information sharing and chronology	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Forensic Mental Health Services review and benchmark across the Forensic Network in relation to appropriate pathways. There has been good progress of patients from Medium Secure being supported straight into the community and there has been patient flow with inpatients but room for improvement. Rehab resource (chestnut lodge) will be fully functioning again to create more bed capacity and maximise rehabilitation and recovery. 3rd Party ToC also active in the ward area to support progression of patients into community. FCMHT reviewed assessment tools and outcomes monitored with no impact of removal of BEST.	Develop LSU facility improvement plan. MWC action plan

Develop FCMHT improvement plan | 3. Mental Health | Green - On Track | Amber - At risk - requires action | Green - On Track |
| MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this | 6.2 | Numerical evidence indicates improved delivery but some issues remain with recording compliance and occasional performance caused by small numbers on MAT 1 and MAT 5. These can be rectified before the reporting period next quarter. MAT 6 recording has improved but clarifications are needed on eligibility of staff to be trained across the full ADP workforce including third sector. Again this is a small issue and can be recovered for next quarter.   Experiential data compliance is excellent with over 40 service users, staff and family members interviewed so far. Marked differences in experiences and satisfaction with the services and system from previous year. | Plan redeveloping in year based on numerical and experiential information and feedback from governance structure

Process information developed for MAT 6 to 10

. | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action | Green - On Track |
| Targeted actions to improve the quality of our Immunisation services | 1.2 | Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes. | Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes. | 1. Primary and Community Care | Green - On Track | Amber - At risk - requires action | Green - On Track |
| Support the creation of Person Centred Care Planning Principles | | Principles have been agreed | | | | Amber - At risk - requires action | Green - On Track |
| Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings. | | Continue to work nationally by supporting work with ARHAI Scotland on the development of changes to the NIPCM and TBPs

Deliver - Winter preparedness programme | | | Amber - At risk - requires action | Green - On Track | Green - On Track |
| Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date | 5.1 | Meetings held with stakeholders in Public Health, Research, Information and Knowledge and Property and Estates. Discussion with the Acute Cancer Services Delivery Group are ongoing. Public Health has reviewed and updated the cancer data. | Meetings with Stakeholders
Discussions with Acute Services
Cancer data reviewed and updated | 5. Cancer Care | Green - On Track | Green - On Track | Green - On Track |

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Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Looking to identify keeping mums and babies together, with babies who are experiencing Neonatal Abstinence Syndrome (NAS), pathways being developed. Antenatal Education now implemented. Guideline to be developed for babies going home on tube feeds. Service User group is being formed with Best Start midwife		7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	Work continues with system supplier to embed supplementary questionnaire in Trakcare as part of the current clinical workflow to allow recording. Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire. Work continues on both these aspects so full compliance can be achieved.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	OA Services have an established SLWG in place to develop new OA CMHT SOP - this is near completion and target date is end Feb 25. Pathways are now being rolled out across OA CMHT'S to provide consistent systems and processes across the 3 localities.	Define optimal model of CMHT design as output of Reform, Transform and Perform Framework actions	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Provide information and expert advice as required			Green - On Track	Green - On Track	Green - On Track
Continued development of digital front door for patients	9.5	Programme continues to progress against its plan. Initial service to commence February 2025	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		East Region HP service established, with agreed Standard Operating procedures, cross-Board digital solutions in place and shared training opportunities.		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		Full HPT workforce complement recruited across the East Region. Ongoing training. Significant pressures from other respiratory infections.	Good ongoing service capacity and competency.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	On trajectory. Overall list sizes below planned numbers submitted to SG for 20/25. Continue to focus on longest waits within financial envelope. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list size decreased by 5% from end Q2	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Internal CAH hours have increased. Reviews of all existing double up packages is on track and producing savings	Reduce the needs for double up packages of care whilst utilising a variety of techniques and different equipment; ICASS collaboration ToC (Single Handed Care) To reduce the unit cost of a Care at Home service: commissioning	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

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Delivery of Clinical Governance Strategic Framework		New trigger list and adverse event process in place from 6th January 25. New governance structure for deteriorating patient being implemented from January 2025. Policy and Procedure Framework returning to CGOG for endorsement in February 2025.	Date agreed for first organisational learning event- learning from Clinical Experience Collaborative in April 2025 Adverse Event Staff support pathway agreed by CGOG in August 24 (work underway to progress roll out) Deteriorating Patient work ongoing early indication of a decrease in cardiac arrests for 2023 with a new governance structure to be implemented from Jan 2025. Adverse Event Trigger list agreed and will launch January 2025 Work to assess Datix replacement ongoing NHS Fife Policy and Procedures Framework presented in first draft at CGOG in Dec 2024		Green - On Track	Green - On Track	Green - On Track
Delivery of Clinical Governance Strategic Framework - Adverse Events					Green - On Track	Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Deliverables were prioritised in the medium term to take account of delivery of digital medicines programme and winter pressures. Delivery continues and reporting is through Pharmacy SLT.	Continue progress and establish reporting cycles	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Risk appetite now agreed by the Board and the Risk Management Framework has been updated and gone through EDG and the Audit and Risk Committee. Due to the Board in January 2025.	Completion of risk appetite work.		Green - On Track	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working with NHS Lothian for reciprocal hernia/ bariatric continues. Recruitment for substantive vascular consultant completed which will support the existing network and national discussions regarding vascular services.	Vascular consultant in post	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Options paper - including no cost option - for Adult NDD Pathway and required resources presented to CCCS QMAG. Paper being revised following this, for further discussion at QMAG.	Presentation of options paper to CCCS QMAG.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Medical Education Leadership Team strategic planning event being held on 21 Jan 25 to develop the strategic framework further.			Green - On Track	Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	No bed pressure cancellations within QMH over Q3. Introduction of telephone confirmation of attendance for surgery to minimise DNA rates within the hospital	New monthly report focussed on DNA rates to monitor trends and opportunities for improvement	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Joint funding opportunities being discussed as they arise with regional NHS and HEI partners via the South East Academic Liaison Group	Scope and identify funding opportunities for joint funding applications on priority areas for NHS Fife.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track

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Enhance Theatre efficiency	4.1	Theatre efficiency on average 85%. Continue to monitor activity through Theatre Action Group monthly and minimise elective cancellation on the day. Continue to explore opportunities to increase trauma operating capacity. Actively contacting patients to ensure DNA rates remain low. Backfill of unused sessions being utilised with waiting times monies to increase cost efficiency whilst managing waiting times.	All targets for Green Theatre Project have been met. Target of reducing spend by £100K by end Q2 delivered (actual £130K).	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Waiting well workshop undertaken to ensure Fife-wide awareness of resources to support long waiting patients	National resource sharing of best practice available to key staff. Extension of pre-assessment window for patients will give early flags for patients requiring support to be fit for surgery.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Work progressing and ENP roles are being reviewed.	Review the role and scope of practice of ENPs Review new dual roles across Injury and Illness clinical skill sets	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Continue to have low waiting times compared to Scotland average. Surveillance numbers of cancer monitoring at lowest number for some time. Telephone pre-assessment has improved patient experience and reduced unnecessary cancellations	Pre-assessment embedded as BAU	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Increasing utilisation of block room continues	Training of anaesthetists for block usage and development of SOP to support new pathways	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	All areas performing and feedback on heat map to SG shows engagement across all specialties. Engagement in new Critical Care SDG		4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Work on-going re build of TrakCare within Psychology Service to support compliance with CAPTND reporting requirements. TrakCare 'super users' from Psychology Admin Team trained; training for all clinicians planned for Q4.	Introduction of new electronic appointment management and recording system Fife CAMHS will fully comply with CAPTND and will embed supplementary questionnaire within TrakCare as part of clinical workflow to allow recording and will liaise with NHS Fife Information Services to ensure reporting of items from this questionnaire.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of work was revised: Ward 1 will move to ward 3 instead of Ravenscraig. Ravenscraig will move to ward 1. Work underway to develop Ward 3 to provide safe & therapeutic environment for older adult MH population currently cared for in ward 1. Completion date estimated April 2025. Work will then commence on Ward 1 to create safe environment for Ravenscraig population. Completion date to be confirmed, estimated July 2025.	Commence programme of decant to Ravenscraig site and commence ligature works and upgrades Application of the MH Built Environment (MHBE) assessment tool across the full MH estate.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track

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Increase NHS Fife Innovation Test Bed activity		Phase 2 milestones met for all projects in Reducing Drug Death SBRI. Contract variations being drafted/submitted to alter future milestones based on feedback from stakeholders. NHS Fife continues to manage the Steering Group and update on milestone achievement and variations,	Ensure Phase 2 project milestones met, with reports submitted and reviewed, with appropriate payments made for 2 projects. Feedback from Steering Group to applicants. Support Mental Health Phase 2 projects and contribute to delivery within HISES Boards.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	Call before you convey continues to support redirection, and care home redirections have been included within call before you convey from 27/01/25. ANP model remains in place with support from an Acute Medical Consultant as the senior clinical decision maker in times of high demand.	Fully embed Scheduling of GP patients	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		Promote winter preparedness training sessions to care homes in Fife		8. Workforce	Green - On Track	Green - On Track	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation		Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims			Green - On Track	Green - On Track	Green - On Track
Local Enhanced Services Review		Work continues to identify hi/low values within activity levels across NHS Fife GP practices with a RAG status to highlight any issues within LES.	Engagement and data collection from GP Practices Develop clear plan for Fife	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.5	Programme continues to progress against its plan.	Implementation of OP Note Extended use of Digital Hub eObs Benefits Review	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Maximising Scheduled Care capacity	4.3	Overall waiting times on track and continue to be monitored weekly against trajectories. Winter planning for surgical activity has maximised use of QMH. Backfill and additional theatre lists throughout Q2 and increase on OP activity.	All trajectories for OP and TTG ahead of SG submission for overall numbers.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track

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Mental Health and Wellbeing in Primary Care and Community Settings - Development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of mental health & wellbeing services and supports in primary care and community settings.	3.3	In Quarter 3, the MHWPCCS coproduction feedback was analysed and change ideas were prioritised. A proposal for a six-month TOC in NEF was submitted to and approved by the 13/11/24 meeting of the MHWPCCS project board. The TOC will bring together a range of stakeholders to achieve the following objectives: to review and improve integration of mental health & wellbeing services & supports locally; to improve relationships, knowledge and understanding of services available and how these can be accessed; to provide clear, accessible pathways into mental health & wellbeing services and supports; and to increase people's sense of trust, safety and support with the system. TOC to commence in Jan 2025.	Complete phases 1-3 of coproduction activity (discover, define, develop) Complete analysis of coproduction feedback and prioritise change ideas Identify and submit TOC proposal to the 13/11/24 MHWPCCS project board (approved) Develop plan (incl evaluation plan) for TOC, bringing together a range of stakeholders, with a view to improving access to mental health & wellbeing services and supports locally. TOC to commence in Jan 2025 (for 6 months).	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas		Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDiT & Gateway EU		Green - On Track	Green - On Track	Green - On Track
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	This will be fully implemented by March 2025	Understanding, planning and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Stakeholders met to discuss revising local pandemic response planning			Green - On Track	Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	New hospital & ED pathway in place for children and YP with a QR code directly to community based third sector support. This is aligned with the new CP IRD process. First monitoring meeting is set for February 2025. Soft launch of public campaign at end of Q3 to coincide with high risk seasonal period.	Development of new hospital liaison pathway for children and young people affected by their own substance use to be completed and to include stronger linkage to community based support post discharge. This to be monitored by representations at ED and in hospital wards Public campaign of harms and risks to CYP from drug use to be launched	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Redesign of community frailty services progressing and new model anticipated to be implemented by 31/03/2025 Heart Failure planning has paused and we will revisit in 2025, with a robust way of implementing Diuretic IV training. District Nursing continue with the Test of Change and no issues identified.	ARC staff aware of new model. Organisational change process fully established. The process, systems and pathway group is working at pace to support the redesign. For Test of Change to progress within Heart Failure Services who begin IV Diuretic training. To ensure this Test of Change is rolled out across Fife.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	Phase 3 of the Enhanced ICT test of change is being progressed which will commence Jan 2025. This is to support the Fife Rehab Model and Bed Base Model. The Fife Rehab Model is dependent on the transformation of the Bed Base Model and can't progress fully until that is known. FELS work is now complete Ongoing collaboration with Red Cross as part of a Discharge to Assess model and to reduce the use of assessment beds, will continue to November 2025.	Fife Rehab Model/D2A Model Complete stakeholder engagement Implement appropriate D2A pathways Fife Rehab Model Develop implementation plan and undertake potential TOC.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Draft Options Paper has been tabled with Senior Manager and is now in final review stage for scrutiny and comment; meeting held with Project Chair, Programme Lead and Change & Improvement Manager on 05.12.24. Programme Manager seeking review with Head of Service on feedback for finalisation of Options Appraisal Paper.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Acute Cancer Services Delivery Group reconvened and revision of Terms of Reference. Review of Haematology Day Unit Underway. Framework for Effective Cancer Management discussed at Government fortnightly meetings. Review of PTL meeting underway.	Acute Cancer Services Delivery Group reconvened.

Review of PTL meeting underway | 5. Cancer Care | Green - On Track | Green - On Track | Green - On Track |
| Support for Doctoral Training Program (DTP) Fellows | | Cohort 4 Fellows (2) meetings with Supervisor Panel members and agreed oversight of first 6 months (Feb '25-August '25) at 0.2FTE, leading to 0.8FTE from Aug '25. NHS Fife staff as members of Supervisor Panels and one candidate to conduct project and program of work with NHS Fife Emergency Department | Cohort 3 Fellows commenced at 0.8WTE.

Cohort 1 12 month reviews and Cohort 2 9 month reviews.

Cohort 4 Fellows appointed | 8. Workforce | Green - On Track | Green - On Track | Green - On Track |
| To develop the resilience risk profiling for Emergency Planning for NHS Fife. | | PHAC Risk 518 now closed and new risks for business continuity planning and emergency response are enabled as frameworks planning is in place it now needs time to be embedded & tested locally | Business continuity management framework facilitated and dashboard insights now available for monitoring purposes. Incident management framework is now also in final stages of review. | 2. Urgent and Unscheduled Care | Green - On Track | Green - On Track | Green - On Track |
| To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/24), which comes into force from 1 April 2024. | 8.4 | Third quarterly High Cost Agency report being prepared for submission to SG in January 2025 and 2nd quarterly HCSA report proceeding via governance. HCSA data capture refined for 3rd/4th quarter reporting and to facilitate identification of RAG status path to green. | Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed. | 8. Workforce | Green - On Track | Green - On Track | Green - On Track |
| Undertake regular waiting list validation. | 4.7 | Use of patient hub to contact patients to assess ongoing need for surgery.
Weekly validation of lists through medical secretaries now in place. | Inclusion of medical secretaries in weekly Waiting Times Group.
Enhanced monitoring of adherence to waiting times guidance for patient booking. | 4. Planned Care | Green - On Track | Green - On Track | Green - On Track |
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	Draft Cancer Framework Annual Delivery plan created.	Reviewed Cancer Framework Annual Delivery Plan for 2024/25	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Invoicing sheet has positive feedback from the trail with full roll out completed in early 2025. This should allow for better future audit of this service in the future. Glaucoma shared care service is running well in all 4 locations with 3 still accepting new referrals however national scheme is still stalled due to EPR (openeyes) issues	Invoicing sheet has been updated to speed up completion time for optoms and refine information collected for future audits. This has been trialled by a select group and will be rolled out in Jan 2025 for all participating practices	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups		ongoing evidence through SG reports				Green - On Track	Green - On Track
Delivery of Research Innovation and Knowledge Strategy		Draft Strategic themes shared and circulated to internal RIK staff, internal stakeholders and external stakeholders for feedback and comment. Feedback reviewed and four strategic themes confirmed. Objectives to be developed and confirmed by first RIK Oversight Group of 2025 (1Q 25/26)	RIK/Partner Stakeholder version developed for circulation and feedback. Draft RIK Strategy available for submission to RIK Oversight Committee (Nov 14th)	9. Digital & Innovation		Green - On Track	Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Acute are embedding alongside existing care assurance processes				Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Meeting with workforce development to support collaborative approach to leadership education across the organisation	SLWG to commence in November to embed the framework within Leadership programme			Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		Support nurse in post until March 2025 will be focusing on CAIR users				Green - On Track	Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Shared Governance Model established with over-arching Professional Leadership Council and 5 sub councils. Review of band 7 and band 8 N&M staff commenced as part of workforce planning and framework development		8. Workforce	Green - On Track	Green - On Track	Blue - Complete/ Target met
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4	we have an established pathway for prison release to either sector team/FCMHT depending on legal status and GP registration		3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.					Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	SBAR paper presented to SLT in November 2024 and it was agreed in the current financial climate the spend to implement this is cost-prohibitive		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.6	To be reported via PAM Sustainability Team, Pharmacy will contribute to return.		10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Remains ongoing, areas identified through scoping exercises will be explored as they arise. Focussed pieces of work will be added to ADP when applicable.		6. Health Inequalities	Green - On Track	Green - On Track	Purple - Suspended/ Cancelled

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	We were unable to recruit to the Project Officer post established to take forward this work. The HSCP Recovery Plan has now paused recruitment of new posts for 2024-25 and will review at the beginning of 2025-26, which will limit our ability to achieve this outcome in the short-term. The carer's experience survey was completed, and valuable insights were gained from the 237 respondents. Of those numbers only 22% of carers said they have access to high quality information at a time and place of their choosing. We will review this data and set out the actions required to improve this response. The review of the model of delivery for Social Work Assistants, led by a Service Manager and a SLWG. has not yet completed and will be carried into Q4.		6. Health Inequalities	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**
National - eRostering	9.1	National Programme continues to report as Amber status. No interface development with Payroll systems completed. Local redesign and validation of roster build to be completed		9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	Work is underway with the recently recruited Social Work Assistants to work with carers through the Adult Carers Support Plan (ACSP). A review is ongoing to analyse the collaborative working with internal and external partners to improve connectivity with unpaid carers. This will involve reviewing existing Service Level Agreements (SLA) and how to further develop these in support of unpaid carers. This objective involves collaboration with Citizens Advice & Rights Fife (CARF) who were commissioned to deliver an income maximisation project in The Wells. CARF have been unable to recruit to the posts to deliver this project to date. We continue to work with CARF and internal colleagues to take this forward.		6. Health Inequalities	**Green - On Track**	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Following discussions with the Director of Finance and Director of Nursing, eRostering implementation is currently paused whilst Deep Dive roster reviews within 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. 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.	Revised eR rollout plan to be finalised for clinical areas, alongside SafeCare.	8. Workforce	**Green - On Track**	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role	6.1	Externally commissioned partners were invited to apply to deliver the range of short breaks required. These are now established: The new 'Short Break Crisis Prevention Service' will be delivered by Crossroads who will provide 20 hours to each of 100 unpaid carers. The 'Respitality' short breaks is being delivered by Fife Voluntary Action and is beginning to grow the number of breaks on offer.		6. Health Inequalities	Green - On Track	Green - On Track	Amber - At risk - requires action
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Workforce review carried out and qualitative and quantitive data analysis underway	Support sufficient HV trainees to ensure adequate staffing trained staff available. Define a clear staffing model vision and identify strategies and actions to ensure sustainability can be assured.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1	Initiatives to enhance the skills of practitioners and professionals in identifying and supporting carers at the earliest possible stage are ongoing. Continuous professional development opportunities remain a priority, with a collaborative workshop scheduled this quarter to strengthen partnerships and improve coordinated support for carers. In addition, a range of specialist support services continue to be commissioned, including hospital-based initiatives designed to proactively identify carers as early as possible. These measures aim to ensure that carers receive timely and appropriate support tailored to their needs.		6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
PPD Succession Planning		Level 2 BLS and AED training places offered during Q3 exceeded demand. On track to deliver ~7000 training places. Clinical skills refresher training delivered to support mobilisation of staff within Partnership.	4 Return to Practice Nursing candidates recruited (2 x Acute, 2 x Partnership)		Amber - At risk - requires action	Green - On Track	Green - On Track
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		Staff have continued to progress through the PTPT programme, with successful appointments to posts in Fife following qualification	Resolution of role within hospital setting		Amber - At risk - requires action	Green - On Track	Green - On Track
Continue to deliver and enlarge on Staff Support/VBRP Project.		Further admin support has been scoped which will help Strategic Lead with collation of data to report on this project		8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	Development of Employability Strategy underway.	Review of MA numbers in line with key stakeholders. EMERGE taster sessions planned for January and February 2025.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Recommendations identified from benchmarking on the handling of absence management in this quarter. Work will progress into Q4 to implement recommendations. New Staff Care brand launched.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Revised workforce planning guidance received in December 2024 (DL 2024/33) and arrangements in hand for template submission to be developed, considered via governance routes and submitted to SG by 17 March 2025.	Preparation for development of draft NHS Fife Workforce Plan 2025-2026 (national direction now received).	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		The team continue to progress towards a the required number of Designated Prescribing Practitioners (DPPs), to ensure support of new prescribers. The scope of practice and available support for newly qualified prescribers is being reviewed ahead of implementation	Revised end of placement meetings in place for all EL Pharmacy Students Progress on scope of practice and available support for DPPs	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		FTY sim training has been delivered for the current cohort, with positive feedback. EL based on inter-professional approach, involving medics and nursing, has been undertaken, also receiving positive feedback. Foundation training programme staff continue to progress, and work is ongoing to deliver the next cohort Staff have progressed through NES clinical skills development, to the benefit of local patient groups. There have been developments allowing for local delivery of this training approach The board has champions identified as per NES SLA and a small number starting the RPS Core Advanced curriculum.	Continued work on simulation planning. Preparation November trainees starting (2 staff) Governance of FTY programmes to finalised		Green - On Track	Green - On Track	Green - On Track
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role	6.1	Study Support Services are to be delivered by Education Directorate within Fife Council but has been subject to delays due to staffing issues. This will be reviewed with Education colleagues and a Plan developed for 2025-26 onwards. All other outcomes are now in progress through externally commissioned services and the quality and impact of these will continue to be reviewed.		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	MH Redesign and workforce mobilisation programme has required a review of staffing which will help inform future service models and ensure sustainable services		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Drafting of the Framework underway and information requested from each of the services.	Draft Framework		Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Progression with ScotCOM in collaboration with the University of St Andrews		Recruitment Hub 1 Lead is underway with advert now 21st Jan 25. Comms plan under development to count down to go live with first students arriving on their clinical placements on 27th Jan 26	Completion of Cameron Education Hub(large space in Cameron with teaching rooms x4, sim house, sim GP consulting room and 4 trolley sim area) and appointment of Hub Manager Successful recruitment to short term curriculum development posts Work on patient participation Ongoing involvement with NES and University of St Andrews (USTAN) re widening participation with Fife schools and their pupils. Carousel events organised at Cameron (5/12) & QMH (4/12) with high school pupils		Green - On Track	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		259 colleagues from across NHS Fife & FHSC have actively continued to the inquiry phase so far (17 December 24) with more opportunities across January and February 2025 to further build insights and develop the underpinning activities to create alignment across the employee journey.	Core leadership behaviours - have been developed further, by leaders at all levels in Fife. The significant elements of a leadership framework (i.e. set of activities) are understood and shaped further, aimed at embedding our leadership ethos in practice.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2	Action complete- to be removed	Integration of Primary Care Nursing and Admin teams	1. Primary and Community Care	Green - On Track	Green - On Track	Blue - Complete/ Target met

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries		Due to focus on operational demands and the capacity required for of implementation of the new IDL system and new stock control system, preparatory work on centralisation of medicine procurement function (an initial enabler) has been delayed. There are longer term challenges known with securing the significant funding required for the wider centralisation and automation programme	-		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity		Assurance remains limited while discussions with external partners are pending There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift	Agreement to start discussion on the potential withdrawal process from current decontamination provider Confirmation that GP referrals from North East Fife practices to Acute Services in NHS Fife are influenced by patient preference, waiting times and clinical performance Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	Unable to complete due to delays to integration with new LIMS		5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation		Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays. Overall surge numbers have increased, if including wards 6 and 9. Paper going to SLT on 02/02/25.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Plans in place to transform current AU1 nursing staffing model into A and B teams to form the basis of an SDEC staffing model. Medical model still under review.	Abbreviated IDL has to be in place Same day assessment admission documentation has to be in place	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	No specific deliverables for the national build this quarter however phase one (local delivery) is still to fully complete.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		The new IDL system has gone live, a very significant change for clinical teams across the health board. Support work is ongoing. Implementation of stock control system continues with preparatory work at a late stage and UAT starting early 2025	Go live of Pharmacy stock control system delayed due to system supplier delays Secondary file control build for stock control. Development and implementation of detailed project plans for electronic discharge document and Pharmacy Stock Control, to enable successful delivery. Completion of UAT on meds rec system Project plan for HEPMA to be progressed (agreed in Q2) Automation of dispensaries paused due to current financial constraints	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Enhanced data availability and sharing		Continue to progress the Primary Care data sharing activities.		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%	3.4	Scottish Government Budget allocations have been cut by circa £0.760m so commitments and plans will need to be reviewed in line with reduced budget envelope. Finance colleagues have been providing support to identify all MH current spend to support financial planning.	Finance colleagues have provided financial data and continue to provide support to enable the services to review.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	Increased number of patients redirected to QMH MIU. 4 hour breaches have increased due to longer waits for beds due to longer length of stay, increasing from 4 days to 6 days for emergency admissions. ED performance remains below trajectory.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - GP IT Reprovisioning - GP Sustainability	9.1	GP IT Supplier placed into Administration. Await formal programme impact assessment	Agreed Business Case for GP IT Replacement	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	National Programme will not conclude a National LIMS Build till January 2026		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	10.1	We will continue to develop the programme of works. SG have confirmed the LCITP funding route is closed. Previously stated milestones relating to this funding will not be completed.		10. Climate	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	9.5	Programme behind its financial recovery target.	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Identify opportunities within budget to increase activity and maximise capacity		5. Cancer Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines. Revised Acute Medicines Optimisation Plan in progress The availability of resources required to make the required changes in clinical practice is challenging.	Reporting structure reviewed and updated to show scheme finance position accurately Medicines Waste campaign launched	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop and Implement the Corporate Communication Strategy		To complement the Corporate Communications Strategy and following our first all staff internal communications survey in December 2024. A new Internal Communications plan is being developed and due to be published from 1st April 2025 to reflect feedback from the survey and ensure internal communications and opportunities for staff engagement are in place to support RTP and to enable change management across the organisation.	Strategy to be used to inform a range of bespoke Communications plans to support a wide range of Re-form, Transform and Perform (RTP) projects across NHS Fife including Unscheduled Care Redesign and internally our People and Change work		Amber - At risk - requires action	Green - On Track	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy		Public Participation and Community Engagement Strategy 2024-28 The Public Participation and Community Engagement Strategy 2024-28 was discussed at the Board Development Session on 30 April 2024 and presented to PHWC on 13 May 2024, where the ambitions of the Strategy were approved in principle. The Board requested that the Strategy be brought back to a future meeting once it has been updated to reflect their feedback to include an operational plan on how the principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams. An overview of the Community Engagement and Public Participation Operating Model for 2024-2026 was presented to the July 2024 Board in private session. Members commented on the improved document and which was more focussed around Fife and what work will be undertaken locally.	Our Public Engagement and Community Engagement Strategy and operational plan will help to inform and shape our engagement work in support of RTP and in partnership with Fife Health and Social Care Partnership Engagement Team.		Amber - At risk - requires action	Green - On Track	Green - On Track
Develop Strategic vision across all of Primary Care	1.2	CTAC services now progressed to 95% implementation. Plans to full implementation and business as usual by end of financial year 2024/25 CTAC and Imms workforce fully integrated	Progress CTAC to a state of business as usual. In line with National Direction, evaluate the effectiveness of the level of Pharmacotherapy in place.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track	Green - On Track
Procurement Savings within Acute Services		Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track	Green - On Track
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Monthly RTP reporting continues, plans being developed for the 3% schemes and next steps at the end of 2024/25 financial year. 2025/26 plans are being developed for the 4 RTP programmes.			Amber - At risk - requires action	Green - On Track	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Overall we are doing well, working hard to hit our targets and working with all relevant parties to help achieve this. We haven't reached the 70% of all domestic waste recycled or composted however we still have a few more months to try and achieve this target. We did meet the target to reduce the domestic waste by a minimum of 15%. We are now in the middle of a trial to help with the correct segregation of waste and hoping this will help us reach our finial figures.		10. Climate	Green - On Track	Green - On Track	Green - On Track
Action plan for the National Green Theatres Programme	10.6	We are still waiting for Stryker to commission the Neptune system in phase 3. This has been an ongoing battle but we are getting there.	Have Neptune system put in place at Victoria Hospital	10. Climate	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment activity paused for 24/25 fiscal year. Shared Service Agreement for ERRS under review to be completed by end of December 2024.	Continue to review of ERRS model to gain wider service benefits across the model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Decarbonisation of Fleet in line with Targets	10.4	Out of 12 to be converted to electric, 5 are leased and will take place by September this year. Timeframe of the rest are Dec 2025		10. Climate	Green - On Track	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	Programme continues to progress against its plan.	Cyber Assurance Action Plan Agreed	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	Education pilot mainstreamed phase continues. Capacity created has been used to provide targeted education and prevention in pupil support services and health and wellbeing programmes. School nursing and third sector alliance has developed into a training/workforce development approach	Decision to be made if pilot is to continue within project board and ADP Joint Commissioning Group Dependent on decision further training plans will be developed for pilot schools dependent on identified need from students and school community School nursing and third sector alliance to commence	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		Phase 1 completed and this will be submitted to SG by the end of January.	Complete Phase 1 submission (Business Continuity) of the Whole Systems Infrastructure Plan	10. Climate	Green - On Track	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	Approved Prevention and Early Intervention Strategy is shared across HSCP and our Partner agencies.. In addition an Easy Read version will be created. Establish an oversight group with delivery subgroups	Approved Prevention and Early Intervention Strategy is shared across HSCP and our Partner agencies.. In addition an Easy Read version will be created. Establish an oversight group with delivery subgroups	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	Review of IPRG underway to separate out elements of the Governance Pathway to allow for stage gate approval process and refined governance pathway.	Review membership and document set for IPRG to identify any alternations to membership or if the IPRG documentation could be improved	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		Work underway in various specialties on ACRT, PIRT and EQUIP pathways.	To support local teams work with centre for sustainable delivery roll out ACRT, PIRT and EQUIP pathways		Green - On Track	Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	we have completed the integration of workforce between CTAC and Immunisations with the 10/2 model , where Band 3 staff support CTAC for 10 months of the year with long term screening and low level foot screening, they then return to Immunisation to support he Winter Programme	S3 to S2 changes Communications Strategy to Stakeholders	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.3	Programme continues to progress against its plan.		9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Enhance the capacity and capability across the team		The progress of the Procurement Team's development and the department's ability to provide enhanced support across the organisation continues in Q3.			Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation		Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans		**Green - On Track**	**Green - On Track**	**Green - On Track**
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme.		Workforce planning activity has intensified in line with RTP requirements. HCSA data capture refined to meet SG and HIS reporting expectations.	On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	**Green - On Track**	**Green - On Track**	**Green - On Track**
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		The Financial Management Team (FMT) is fully integrated across services providing business partnering and management accounting support in all areas of financial management with clear focus on RTP; and HSCP savings programmes.			**Green - On Track**	**Green - On Track**	**Green - On Track**
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care.	10.6	Following local engagement with a national realistic medicines leader around respiratory prescribing earlier in 2024, the primary care pharmacy approach to review has continued to develop, incorporation of components within extant polypharmacy review approach. Within the east region formulary, steps are in place to encourage appropriate prescribing. The local approach is MDT focussed and incorporates a number of communication initiatives to reach across groups.	Development of a local plan for implementation. Delivery of patient reviews to ensure appropriate inhaler use to reduce emissions from inhaler propellant.	10. Climate	**Green - On Track**	**Green - On Track**	**Green - On Track**
Improve sustainability of Primary Care	1.1	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) - Current proposal is to test a hub model in the West of Fife between Jan - March 2025. Test Urgent Care Hub close to Acute site to determine potential increased redirection rate - potentially at risk as no current suitable facility to house a hub model close to the VHK. Current in-hours resources have been allocated within KDY Cluster and removal of this resource to support a hub would be detrimental to PCIP service delivery Develop hub to establish MDT approach, across Primary care and community services - ongoing discussions with GMS regarding PCIP MDT hub model approach, however, at risk, due to current allocated resources to ANP, MH, & MSK is not sufficient enough Fife Wide to attempt such hub model Develop workforce across in/out of hours - this has been delivered Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF) - As above the current proposal is to test this hub in the west of Fife		1. Primary and Community Care	**Green - On Track**	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capability within the team to deliver service improvement and meet growing service demand		The financial processing requirements of Direct engagement are now embedded and the Finance Directorate continue to support Workforce, ASD and the H&SCP with the optimum service implementation aspects.			Green - On Track	Green - On Track	Green - On Track
IPQR Review		Monthly reports distributed accordingly with inclusion of Stroke Bundle compliance at request of Medical Director. Review took place of all metrics with changes made where applicable. Team training on PowerBI completed. Testing taking place on data collations.	Mid-year review of trajectories/targets Include Stroke Bundle Monthly reports produced and distributed accordingly Start dashboard build		Green - On Track	Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Programme continues to progress against its plan.		9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	MH DCAQ and Inpatient Dashboards established. Functionality and content continues to be developed and reviewed to ensure data is accurate. KPI's in place and MHQI data suite is held within D&I Data & Insight hub	Dashboards established and functional for DCAQ & Inpatient. KPI's across all services identified and collation process underway MHQI suite of information accessible and sources of data identified and accessible.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Outline plans to implement an approved Environmental Management System.	10.5	NHS Fife is undertaking environmental impact assessments of departments of interest such as laundry and laboratories to assess any significant environmental risks. Following these assessments, adaptations or recommendations are provided to encourage action to reduce environmental impact where possible. NHS Fife has a full EMS policy, legal register, and is beginning to create the main procedural documents to establish how the EMS will function to work towards a full EMS system across the organisation.	Have made progress with our aspects and impact register	10. Climate	Green - On Track	Green - On Track	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel	10.4	We have carried out an analysis of our current changing and showering facilities across NHS Fife. We are currently utilising funding from Cycling Scotland to upgrade storage facilities at Victoria Hospital.	Analyse facilities across NHS Fife sites to ensure they support active travel requirements	10. Climate	Green - On Track	Green - On Track	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate	10.5	AU2 garden not yet complete, looking to be complete early 2025	Have completed AU2 staff garden project.	10. Climate	Green - On Track	Green - On Track	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Work continues on the service redesign, with NHSF actively participating in this process through engagement at the Consortium Quality Board meetings.			Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Reduction of Medical Gas Emissions through implementation of national guidance	10.1	Work on Entonox/nitrous paused in November 2024 as we are awaiting an external occupational hygiene assessment of maternity (identified as an exposure risk to staff). All other areas using nitrous/Entonox assessed as low risk and no further action required. Work is ongoing (BAU) reviewing usage of nitrous/Entonox. There is nothing further to add at this stage. It is expected that the group set up to specifically review the Technical Update for Entonox mitigation will conclude by the end of March with the Medical Gas Committee assuming responsibility for ongoing oversight	Review risk assessments surrounding exposure limits of Nitrous oxide	10. Climate	Green - On Track	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	Data is currently being collated into databases, there is continuing work ongoing to build on the initial data request as further reporting requirements are requested. An SBAR for a test of performance automation for the IJB report has been submitted to committees and the IJB Board, with a proposal for the first automated report to be produced in the new financial year, which will take place in 25/26 Q1. Further automation for other reports will be completed after the IJB report is complete and approved.	Collate data into databases and develop proof of concept of automation	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	NHS Fife is currently reviewing risks through public sector collaborations and establishing a path forward for monitoring, evaluation and making recommendations for climate adaptations to be undertaken within the organisation based on current priorities and future predictions of climate scenarios. Our main adaptations will focus on retrofit and nature-based solutions to flooding and overheating. These adaptations will not only help the board become more resilient and prevent service disruption but also enhance biodiversity and provide greenspaces for patients and staff.	Work with the resilience team on flood management plans and identify key sites that are at risk	10. Climate	Green - On Track	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		Winter Preparedness Plan 24/25 was on agenda of EDG 20/12 and approved to be shared with CGC at EDG on 09/01. Plan comprised of information from SG Winter Preparedness Checklist (submitted mid-Oct) as well as feedback collated at Planning Event. ADP 24/25 Q2 report was compiled before being endorsed by EDG, Committees and Board for submission to SG.	Feedback from Planning/Review Event to be presented at IUCPB Produce Winter Plan and complete Winter Preparedness Checklist for SG ADP24/25 Q2 to be produced Guidance for ADP25/26 received		Green - On Track	Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Transferred to Morse is complete, however, some areas required further input from digital colleagues. Trak Care slight delays - further work required by digital to accommodate opt in option. Person-centred booking.	ERP transferred from Tiara to MORSE (complete)	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self-service		Workforce Directorate transformation update paper to EDG on 20 December 2024 with PMO support to move the recommendations into actions in Q4.	Embed new service delivery model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of Digital and Information Framework		On track	Closure report to NHS Fife Board	9. Digital & Innovation		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Complete NHS Fife's Phase 2 M365 Programme		Complete	Assess future options for maximisation of M365 products in line with current licence	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	9.3	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.			Review evaluation available	7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Developed summary report outlining the NHS Fife Change Model and submitted to EDG in January 2025	Develop Change Model overview.		Green - On Track	Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Mid Year Report signed off by NHS Fife Board in November 2024. Now published on NHS Fife webpages at https://www.nhsfife.org/strategy/	Deliver the 2024-25 Mid-Year Report to the November Board.		Green - On Track	Green - On Track	Green - On Track

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 4 March 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 held on 26th November 2024.

- This paper captures the progress made in the recovery plan implemented in December 2024 to drive up performance against two of NHS Fife's corporate objectives for 2024/2025, i.e.;

  a) 80% compliance achieved by 31st March 2025 for all staff across our core skills / mandatory training suite and
  b) 60% of staff having completed a Personal Development Plan Review (PDPR) by 31st March 2025.

- Appendix 1 illustrates the outstanding actions identified in December 2024 that will be progressed by 31st March 2025.

- The paper also includes a long-term sustainability plan identifying actions required to increase performance metrics into the 2025-2026 reporting period as seen in Appendix 2. An impact assessment of these actions has been assigned to demonstrate likely impact across the range of actions.

- The recovery plan and ongoing sustainability plan both outline a complex suite of activities, that rely on multiple stakeholders and opportunities to remove barriers now, and for the longer term. The barriers are illustrated as either understood or likely at this time, with a view to continued investigation and resolution for increased performance now and longer-term sustainability, over time.

- This paper provides a **limited** level of assurance.

1. Purpose

This report is presented to 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

NHS Fife shows an overall core skills compliance rate of **64%** as at January 2025. The 2024/2025 corporate target for core skills compliance rates is **80**% by 31st March 2025. NHS Fife has a trajected shortfall of **16**%.

NHS Fife has a completion target of **60%** against PDPR completion rates. NHS Fife shows an overall compliance rate of **44.3%** against PDPRs as at 31st January 2025. NHS Fife has a trajected shortfall of **15.7%.**

2.2 Background

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.

NHS Fife defines Mandatory core training as any training our employees must complete which complies with statutory legislation, national guidance, and regulatory frameworks. The Board's workforce is expected to comply with all mandatory core training requirements associated with their role.

2.3 Assessment

Achieving core skills compliance and PDPR completion rates is a complex task, and necessitates commitment from every manager, every employee and NHS Fife in understanding their importance, and our obligations in both regards. Through implementation of the recovery plan a number of barriers were identified and although work to resolve these commenced in December 2024, further work is required to reduce these to meet the defined targets before end March. In the longer term, it will be necessary to fully understand the levers required to redress and support the adoption of good practices as the norm across the organisation.

The progress made to date in relation to the Action Plan activities that were stood up and are currently progressing in December include:

1. **Data Reconciliation**

   - Efforts are underway to reduce incomplete appraisal sign-offs. As of 17th December 2024, 27 out of 300 contacted had completed their Appraisal document, with more expected in January 2025. Tracking progress is challenging due to new Appraisals being added. Currently, there are 296 'one dotter' Appraisals.

   - Ensuring that all paper-based appraisal conversations are accurately reflected in Turas Appraisal to support compliance reporting. Services using this approach have confirmed that all previous paper-based appraisal conversations have been accurately recorded and that future conversations will be documented promptly to meet the 31st March 2025 deadline.

   - Integrating 'standalone' Turas accounts into NHS employments to enhance Core Skills compliance reporting. In December, 380 standalone accounts were linked to NHS Fife employments and are now included in Core Skills reporting. Efforts are ongoing to associate approximately 1300 additional accounts, with the goal of completing as many as possible by the 31st March 2025 deadline.

2. **Appropriate training provision**

   - Ensuring core skills training capacity is appropriate to meet demand levels. Training providers have confirmed the number of spaces available up to 31st March 2025 will meet the levels required.

   - Increased number of Turas Appraisal training session to meet anticipated level of demand in this area.

   - Communications provided directly to all managers in early December 2024 outlining Corporate Induction completion requirements. This has resulted in increased activity from managers requesting Corporate Induction packs for their new members of staff.

3. **Service Engagement**

   - From week commencing 2nd December 2024, Executive Directors in all Corporate Services and individual managers were provided with reports detailing current Core Skills and PDPR compliance rates for all employees within their own services. This is the first time ever this type of report has been available in NHS Fife.

   - Informing Corporate Services managers of the expectation that 100% compliance is reached across both Core Skills and PDPR by 31st March 2025.

   - Providing reports to the Executive Directors of Acute Services and HSCP detailing current Core Skills and PDPR compliance rates for all employees within their own services. Following a delay in issuing individual manager reports due to the high level of data reconciliation work associated to the standalone accounts, this work has now recommenced and will be completed by the close of week commencing 17th February 2025.

These initiatives have already yielded positive outcomes, with increases in both Core Skills and PDPR compliance by the end of December 2024. PDPR engagement reached 44.3%, marking the highest compliance rate since April 2022. Organisationally, Core Skills compliance rose by 4% in just one month, reaching 64% by year-end, with the most

significant improvements seen in Acute Services (3%) and HSCP (2%). These results highlight the progress made through standalone account efforts, particularly among employees in Medical and Dental roles or those who participated in Corporate Induction learning and hold AfC clinical positions.

Core Skills compliance levels remained at 64% at the end of January with the main contributing factors to the lack of increased compliance attributed to a decline in Resuscitation and Equality and Diversity engagement with both topics reflecting a 5% decrease in engagement compared to the previous month. Training providers will be asked to determine causes of decline and identify appropriate recovery actions to mitigate further declines and improve compliance rates.

Recovery Plans 2024/2025 and 2025/2026

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/2026.

Likely Results from the Short-term Recovery Plan

PDPR completion rates: In summary, if all corporate areas deliver 100% completion rates and the full (joint sign off) of appraisals are delivered, we are confident we will see a 7% increase in PDPR rates which will take our completion rates to 50% overall. To further improve this rate, will require the extended efforts of managers and employees in the HSCP & Acute services.

Core skills compliance rates: And, if all TURAS standalone accounts can be linked to NHS Fife employment, we are fairly confident we will see around 10% increase in core skills compliance. If all desk-based employees in corporate services achieve 100% compliance, this will drive up performance by 4%, taking our overall rates from 60% to circa 74%. To further improve this rate, will require the extended efforts of managers and employees in the HSCP & Acute services.

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 are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work. Manager reports detailing Core Skills compliance and PDPR engagement are being issued with OBIEE reporting capacity now available.

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

This recovery plan instigated from the NHS Fife Board meeting on 26th November 2024, will progress the governance cycle in the next quarter via:

- Executive Directors Group – 20 February 2025
- Staff Governance Committee – 4 March 2025

- Area Partnership Forum – 19 March 2025
- NHS Fife Board – 25 March 2025

2.4   Recommendation

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 the recovery plan and the actions that have been completed to date.
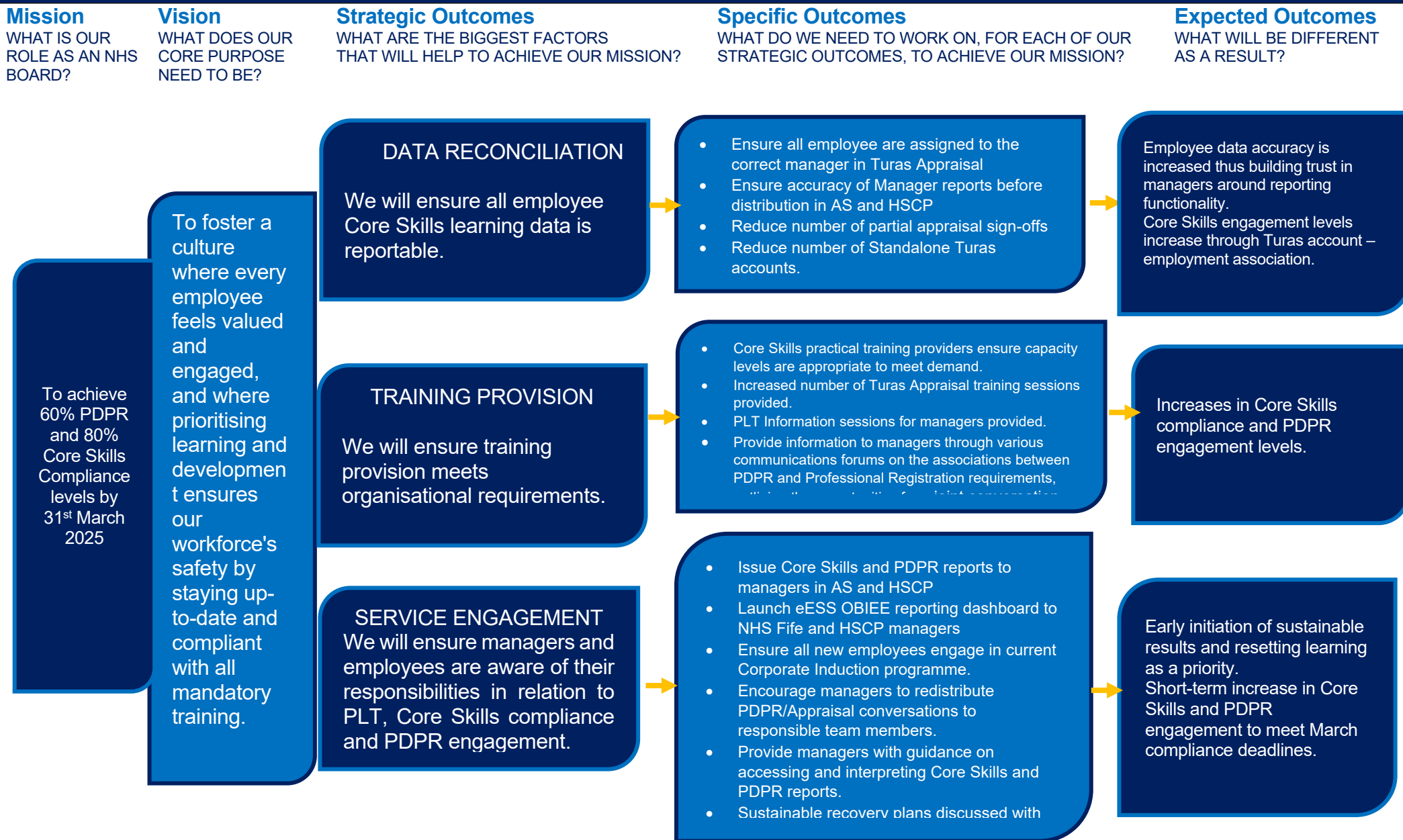
Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/2026.

Report Contact:

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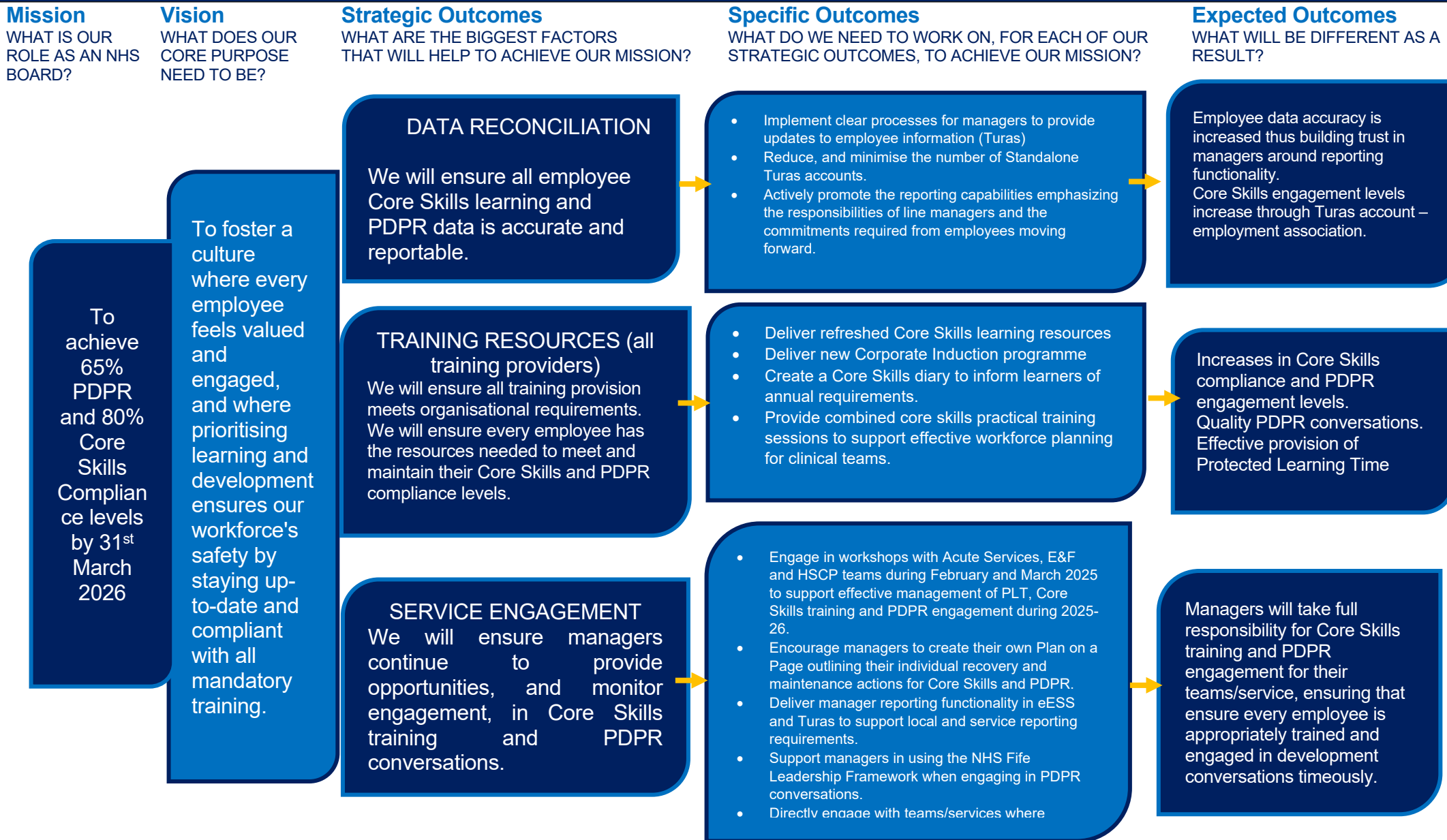Email: jacqueline.millen@nhs.scot

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2024-25

Mission	**Vision**	**Strategic Outcomes**	**Specific Outcomes**	**Expected Outcomes**
WHAT IS OUR ROLE AS AN NHS BOARD?	WHAT DOES OUR CORE PURPOSE NEED TO BE?	WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?	WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	WHAT WILL BE DIFFERENT AS A RESULT?

To achieve 60% PDPR and 80% Core Skills Compliance levels by 31st March 2025

To foster a culture where every employee feels valued and engaged, and where prioritising learning and development ensures our workforce's safety by staying up-to-date and compliant with all mandatory training.

DATA RECONCILIATION

We will ensure all employee Core Skills learning data is reportable.

- Ensure all employee are assigned to the correct manager in Turas Appraisal
- Ensure accuracy of Manager reports before distribution in AS and HSCP
- Reduce number of partial appraisal sign-offs
- Reduce number of Standalone Turas accounts.

Employee data accuracy is increased thus building trust in managers around reporting functionality.
Core Skills engagement levels increase through Turas account – employment association.

TRAINING PROVISION

We will ensure training provision meets organisational requirements.

- Core Skills practical training providers ensure capacity levels are appropriate to meet demand.
- Increased number of Turas Appraisal training sessions provided.
- PLT Information sessions for managers provided.
- Provide information to managers through various communications forums on the associations between PDPR and Professional Registration requirements,

Increases in Core Skills compliance and PDPR engagement levels.

SERVICE ENGAGEMENT
We will ensure managers and employees are aware of their responsibilities in relation to PLT, Core Skills compliance and PDPR engagement.

- Issue Core Skills and PDPR reports to managers in AS and HSCP
- Launch eESS OBIEE reporting dashboard to NHS Fife and HSCP managers
- Ensure all new employees engage in current Corporate Induction programme.
- Encourage managers to redistribute PDPR/Appraisal conversations to responsible team members.
- Provide managers with guidance on accessing and interpreting Core Skills and PDPR reports.
- Sustainable recovery plans discussed with

Early initiation of sustainable results and resetting learning as a priority.
Short-term increase in Core Skills and PDPR engagement to meet March compliance deadlines.

Appendix 2 illustrates soe of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/26.

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2025-26

Mission	Vision	Strategic Outcomes	Specific Outcomes	Expected Outcomes
WHAT IS OUR ROLE AS AN NHS BOARD?	WHAT DOES OUR CORE PURPOSE NEED TO BE?	WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?	WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	WHAT WILL BE DIFFERENT AS A RESULT?

To achieve 65% PDPR and 80% Core Skills Compliance levels by 31st March 2026

To foster a culture where every employee feels valued and engaged, and where prioritising learning and development ensures our workforce's safety by staying up-to-date and compliant with all mandatory training.

DATA RECONCILIATION

We will ensure all employee Core Skills learning and PDPR data is accurate and reportable.

- Implement clear processes for managers to provide updates to employee information (Turas)
- Reduce, and minimise the number of Standalone Turas accounts.
- Actively promote the reporting capabilities emphasizing the responsibilities of line managers and the commitments required from employees moving forward.

Employee data accuracy is increased thus building trust in managers around reporting functionality.
Core Skills engagement levels increase through Turas account – employment association.

TRAINING RESOURCES (all training providers)
We will ensure all training provision meets organisational requirements. We will ensure every employee has the resources needed to meet and maintain their Core Skills and PDPR compliance levels.

- Deliver refreshed Core Skills learning resources
- Deliver new Corporate Induction programme
- Create a Core Skills diary to inform learners of annual requirements.
- Provide combined core skills practical training sessions to support effective workforce planning for clinical teams.

Increases in Core Skills compliance and PDPR engagement levels.
Quality PDPR conversations.
Effective provision of Protected Learning Time

SERVICE ENGAGEMENT
We will ensure managers continue to provide opportunities, and monitor engagement, in Core Skills training and PDPR conversations.

- Engage in workshops with Acute Services, E&F and HSCP teams during February and March 2025 to support effective management of PLT, Core Skills training and PDPR engagement during 2025-26.
- Encourage managers to create their own Plan on a Page outlining their individual recovery and maintenance actions for Core Skills and PDPR.
- Deliver manager reporting functionality in eESS and Turas to support local and service reporting requirements.
- Support managers in using the NHS Fife Leadership Framework when engaging in PDPR conversations.
- Directly engage with teams/services where

Managers will take full responsibility for Core Skills training and PDPR engagement for their teams/service, ensuring that ensure every employee is appropriately trained and engaged in development conversations timeously.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 4 March 2025**
Title:	**NHS Fife Leadership Framework**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jenni Jones, Associate Director – Culture, Development & Wellbeing**

Executive Summary:

- NHS Fife is committed to the development and launch of a leadership framework as one of twelve corporate objectives for 2024/2025.

- Our Leadership framework has reach and relevance for leaders at all levels, 'from the ward to the board', across our whole NHS Fife health and care system, regardless of grade, role or profession. Leaders have the most significant opportunity to influence culture. Our Leadership Way is a guide, based on Fife-specific insights and the contemporary literature/evidence base.

- NHS Fife intends to continue prioritising this work as seen in the forthcoming corporate objectives suite for 2025/2026 i.e., We will progress the development of Our Leadership Way into its next phase by aligning and embedding our key people-related activities. This will help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact and opportunities of leadership at every level.

- This SBAR sets out an overview of the inquiry and engagement work led by the Collaborative Volunteers group to establish our shared leadership philosophy here in NHS Fife. It goes onto outline a one-year delivery plan, focusing on our opportunities to embed our expectations through alignment of key people-related activities to the leadership framework. The finalised version of the NHS Fife Leadership Framework – Our Leadership Way in NHS Fife is seen in **appendix 1.** The full list of groups/settings and everyone who has shared their perspectives and influenced the framework is illustrated in **appendix 2.**

- Work is beginning, to launch/promote the leadership framework from April onwards. The value of creating direction, alignment and commitment to our shared leadership philosophy is everyone's opportunity, indeed responsibility.

- This report provides moderate assurance the development of a modern, contemporary leadership framework for the future of Fife.

1. Purpose

This report is presented to Staff Governance Committee for:
- Assurance

This report relates to:
- 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:
- 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

NHS Fife committed to developing and launching a leadership framework as one of twelve corporate objectives for 2024/2025.

The NHS Fife Leadership Framework – Our Leadership Way (see appendix 1) was developed through extensive inquiry and engagement in 2024/2025 to identify impactful leadership behaviours. The full list of contributors is in appendix 2.

The publication of *Our Leadership Way* reinforces our long-standing commitment to placing our people and workplace culture at the heart of everything we do. It articulates a shared philosophy of leadership that continues to shape how we serve our patients, service users, and the population of Fife.

Quality care requires skilled, confident leadership at all levels. Evidence shows that leadership quality directly affects care quality and organisational performance.

Adopting Our Leadership Way will enhance staff experience, engagement, wellbeing, and resilience, helping us attract and retain talent while striving for excellent care, transformation, best value, and sustainability.

The importance of leadership at every level is mission critical. As Michael West (2019) argues; '*Leaders have a preeminent influence on culture………. creating alignment, cohesion in our leadership practices is critical to focusing on our efforts on delivery for today and for tomorrow*'.

At every level we have a responsibility, from the Board, as seen in the Blueprint for Good Governance, and its responsibilities around influencing culture; to the ward and

responsibilities of every individual leader to align, embed and practice these behaviours consistently.

2.2 Background

Developing a leadership framework for NHS Fife is complex and vital. Systems leadership principles, Myron's Maxims – Heart of the Art have guided the creation of a relevant framework for leaders at all levels i.e.:

- People own what they help create
- Real change happens in real work
- Those who do the work, do the change
- Connect the system to more of itself
- Start anywhere, follow everywhere
- The process you use to get to the future is the future you get

Through the efforts of the Collaborative Volunteers group, circa 350 colleagues from across NHS Fife have been engaged in sharing their insights, perspectives and expectations to formulate the framework to date. The Volunteers group are confident that:

"Employees voices are strong and seen in the framework, the inquiry and engagement has yielded diverse perspectives with a common appreciation of what matters in practice, to us all."

The creation of the leadership framework, reflecting our shared philosophy, has been celebrated throughout the inquiry phase. To paraphrase common perspectives from those who engaged in the inquiry:

"It helps guide and develop me a leader – it's a compass for self-reflection that can help me on the job, and keep learning to lead as I go"

"It's bringing us all together around a shared way of being. The power of us all adopting this, leading like this, excites me, I want to play my part!"

"If we were adopting this shared leadership ethos – it would be noticeable on reflection – we'd see it in patient outcomes, staff wellbeing, reduced absence, embracing different ideas, psychological safety in action, being led by example".

"I've had different managers over the years with different management styles and I don't want to be that bad manager. This is a great opportunity to develop a whole system approach."

The inquiry and engagement activities were initiated in June 2024, with the Systems Leadership Group. Since then, 12 face-to-face and 12 online inquiry and engagement sessions have taken place in every effort to create active engagement and insights into the leadership behaviours that matter. See appendix 2 for the full list of groups/settings and everyone who has shared their perspectives and influenced the framework, to date.

2.3 Assessment

Our Leadership Way holds our own NHS Fife insights into what kind of leadership matters the most to us. These are being adaptive, compassionate and collaborative. This framework reflects our voices, perspectives and needs, and is rooted in the contemporary

evidence base. It illustrates the kind of leadership practices we expect and hope to see. It is a guide for practice development, for all of us, regardless of grade, role or profession.

The framework requires every leader, at every level to recognise, reflect and bring to life their leadership practices aligned to Our Leadership Way. One way to think about this is "the head, heart and hands of leadership"; the things we must consciously think about, the things we and others feel and the things we should do. In short, we should lead with adaptability, compassion and collaboration.

We will progress the development of Our Leadership Way into its next phase by aligning and embedding our key people-related activities. This will help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact and opportunities of leadership at every level. The outline delivery plan below is illustrated to highlight the key activities that will be progressed across 2025/2026.

	Lead Officers
Launch/Promotion	
1. We will promote the framework and curate resources that inspire, connect and have relevance for leaders at all levels, underpinned by the contemporary evidence base within Our Leadership Way.	Associate Director of Culture, Development & Wellbeing & Communications Team
Attraction	
2. We will revise all recruitment job packs to include Our Leadership Way, signalling our expectations as an employer that these behaviours and practices matter in our culture(s).	Head of Workforce Resourcing & Relations
3. We will start to review selection arrangements for senior leadership roles to ensure that the leadership framework is included in selection tools we use to recruit to these roles.	Head of Workforce Resourcing & Relations
Onboarding/Induction	
4. We will ensure every new employee is introduced to NHS Fife's leadership framework via the refreshed NHS Fife Corporate Induction programme coming forwards from May 2025 onwards.	Learning and Development Manager
Nurture/Train	
5. We will introduce a leadership development network/community that is open to all leaders at all levels, who can come together to learn, inspire, and exchange insights together, anchored in Our Leadership Way.	Associate Director of Culture, Development & Wellbeing
6. We will ensure all new leadership development activities reflect the shared leadership philosophy of Our Leadership Way, and continually evaluate for impact against the indicators outlined in the framework.	Associate Director of Culture, Development & Wellbeing
7. We will collaborate to ensure alignment of Our Leadership Way with the aspirations outlined in the NHS Fife Change model in all new change/leadership capability building offers coming forwards.	Director of Planning & Transformation & Associate Director of Culture, Development & Wellbeing
8. We will review our suite of management development training programmes, ensuring our leadership framework is embedded throughout. Our first focus will be on promoting attendance training.	Head of Workforce Resourcing & Relations & Associate Director of Culture, Development & Wellbeing
Reward & Recognition	
9. We will ensure reward and recognition initiatives align with the leadership framework. Our first focus will be on the 2025 Staff Awards.	Director of Communications and Engagement & Head of Workforce Planning and Staff Wellbeing

In addition, the Collaborative Volunteers group have agreed to continue to meet, offering their energy and interest to helping guide the work ahead, and support the adoption of the framework into everyday practices.

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 work of the leadership framework is directly linked to the NHS Fife Change Model, paying close attention to ensure alignment and cohesion of both enabling frameworks coming forwards at this time. It is also closely aligned to NHS Fife Clinical Governance Strategic Framework: *Delivering safe, effective, person-centred care in an organisation which listens, learns and improves.*   Appropriate links are being made to the refresh and development of the 2025-2028 Clinical Governance Strategic Framework ensuring cohesion and alignment.

2.3.2 Workforce

The leadership framework aims to guide leaders at all levels in adopting behaviours that foster a healthy, thriving culture at NHS Fife. The publication of the framework, and establishment of a leadership community/network all aim to support skill and confidence development in line with our approach.

2.3.3 Financial

The expectation is that the leadership framework will support the delivery of organisational aims and objectives. This includes achieving financial sustainability. No additional financial resources are being requested to deliver the work outlined in this paper.

2.3.4 Risk Assessment / Management

The key risk with the leadership framework work is that having developed it, this is not adopted in practice by leaders at all levels and therefore does not lead to the expected benefits of its development to date. The delivery plan elements outlined in this paper will help to mitigate this risk.

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

It is not expected that that this work will directly impact on Equality and Human Rights. However, adoption of our shared leadership ethos at every level ultimately aims to create

and sustain workplace cultures that are highly attractive helping us to attract and retain a talented and committed workforce now and in the future.

2.3.6 Climate Emergency & Sustainability Impact

It is not expected that that this work will directly impact on the climate emergency and sustainability. We plan to avoid the use of printed materials and staff will be able to access the leadership framework in an online format.

2.3.7 Communication, involvement, engagement and consultation

The leadership framework has been developed extensively with input from across the organisation (see appendix 2). This will continue into future phases of work.

2.3.8 Route to the Meeting

The NHS Fife Leadership Framework development process and content has benefited from the Collaborative Volunteers Group who have continually invested their time and insights into bringing every iteration of the framework forwards. We appreciate this group's commitment and passion in building the confidence reflected in Our Leadership Way in NHS Fife.

This paper has also been discussed with the Director of Workforce, Workforce Senior and Extended Leadership Teams, Employee Director, Associate Director of Clinical Governance, Director of Planning & Transformation whose comments and feedback have informed the content. It has also been endorsed by the Executive Director Group on 27th February 2025.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance that the work to begin to embed the Leadership Framework is underway and outlines the next steps for this work.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Leadership Framework: Our Leadership Way in NHS Fife.
- Appendix 2: The full list of groups/settings and everyone who has shared their perspectives and influenced the framework.

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NHS Fife

Our Leadership Way in NHS Fife

An enabling framework to support us to be the best we can be for our patients, service users and the population of Fife.

2025-2028

Our shared understanding of the leadership behaviours that matter the most in NHS Fife

This framework illustrates the shared leadership philosophy we believe matters, and view as critical in our abilities to deliver the kind of excellent care we want for the people of Fife. It captures the essence of the three leadership behaviours that matter the most, according to the many voices from across NHS Fife who have engaged in the process of inquiry to determine with confidence the shared leadership philosophy that works for us. These three behaviours are being: adaptive, compassionate, and collaborative.

Quality care requires skilled, confident leadership at all levels. Evidence shows that leadership directly affects care quality and organisational performance. The importance of leadership at every level regardless of role, profession, or grade is mission critical. As Michael West (2019), puts it; 'creating alignment, cohesion in our leadership practices is critical to focusing our efforts on delivery for today and for tomorrow'.

The publication of this framework aims to underline our commitment to our people; it highlights the importance of relationships and culture(s). It requires every leader, at every level to recognise, reflect and bring to life their leadership practices aligned to Our Leadership Way. One way to think about this is, "the head, heart, and hands of leadership"; the things we must consciously think about, the things we and others feel and the things we should do. In short, we should lead with adaptability, compassion, and collaboration.

Our Framework

Our Leadership Behaviours – the ones that matter the most

This framework holds our own Fife insights into what kind of leadership matters the most to us. These are being adaptive, compassionate, and collaborative. This framework reflects our voices, perspectives, and needs and is rooted in the contemporary evidence base. It illustrates the kind of practices that we hope/would love to see. It is a guide for practice development, for all of us, regardless of role, profession, or grade.

Our invitation

We ask, encourage us all, to bring our interested, genuine selves to Our Leadership Way: be curious and be open to learning. Learning to lead takes practice and lots of it. The more genuinely interested you are in developing your practice, the more potential you have - to grow your confidence and capability as a leader.

Our intention

The publication of *Our Leadership Way* reinforces our long-standing commitment to placing our people and workplace culture at the heart of everything we do.

It is a shared philosophy about how we lead, that serves us, our patients, service users, and the population of Fife well. Adoption of Our Leadership Way will enhance and sustain staff experience and engagement, wellbeing, and resilience, and help us attract and retain our talented and committed workforce as we strive in our shared ambitions to deliver excellent quality care to the population of Fife.

Our values

Three leadership behaviours

The three leadership behaviours and what the underpinning elements mean in practice.

being Adaptive	being Compassionate	being Collaborative
1. Self-leadership – means developing a strong sense of self, self-awareness, and agency. Fostering a sense of autonomy, empowerment, and responsibility in self and in others.	**5. Active listening –** means attending to, being fully present.	**9. Enabling great teamwork** means sharing a vision, recognising efforts, encouraging action, valuing unique strengths, using team expertise, and being flexible and mindful of well-being.
2. Working with uncertainty and ambiguity means fostering open communication, creating a supportive environment, analysing situations from multiple angles, promoting a growth mindset, and embracing healthy debate.	**6. Demonstrating Empathy** – means being able to feel distress or frustration without being overwhelmed and unable to help.	**10.** Promoting a sense of **belonging and psychological safety** means encouraging open communication, valuing strengths, modelling inclusivity, celebrating contributions, fostering team success, and maintaining strong relationships.
3. Encouraging experimentation and the curious mindset means inviting new ideas, learning from failures, fostering curiosity, and promoting regular reflection.	**7. Seeking to Understand** – means e.g. reconciling conflicting perspectives rather than imposing own.	**11. Encouraging growth** (all learning) means fostering new ideas, continuous improvement, positivity, team development, strong connections, feedback, and solutions.
4. Embedding a change model means promoting a shared method for change and encouraging shared leadership.	**8. Helping** – means, taking thoughtful and intelligent action to help the other.	**12**. Focused on **team performance** and **team values/philosophy** balancing delivery needs with team culture, fostering strong relationships, and harmonising satisfaction with goal achievement.

Adaptive

'Adaptive' leadership involves experimenting, trying new things, and venturing outside your expertise. If one technique is not yielding desired results, an adaptive leader goes out of their way to discover new strategies that can work. Adaptive leaders are committed to growing and developing their own leadership skills and admit/reflect when they are wrong and what they don't know. They recognise that some problems need collaborative efforts and diverse perspectives, and value collective problem-solving to allow solutions to emerge. They are inclined to have a growth mindset.

Key elements of being Adaptive	Likely indicators: the practices that make the difference – what we would love to see/expect to see….
1. Self-leadership – means developing a strong sense of self, self-awareness, and agency. Fostering a sense of autonomy, empowerment, and responsibility in self and in others.	• Engages in regular self-reflection that enhances self-awareness, assesses strengths, areas for growth/improvement, and the ability to self-regulate. • Learns from mistakes and views challenges as opportunities for growth. Builds on learning and what works. • Encourages autonomy – allowing others to make choices and express opinions, provides opportunities for independent problem solving. • Recognises that some problems need collaborative efforts and diverse perspectives, valuing collective problem-solving to allow solutions to emerge.
2. Working with uncertainty and ambiguity means fostering open communication, creating a supportive environment, analysing situations from multiple angles, promoting a growth mindset, and embracing healthy debate.	• Open communication is encouraged and challenging the status quo is safe and welcomed. • Creating a supportive environment that encourages exploration and learning, helping others to thrive, in often uncertain circumstances. • Analysing situations from multiple angles to make informed decisions on action. • Embracing healthy debate, welcoming different perspectives to resolve issues and enhance clarity. • Admitting, and being ok with not knowing, is ok, as it can fosters a culture of learning and collaborating.

Key elements of being Adaptive	Likely indicators: the practices that make the difference – what we would love to see/expect to see….
3. Encouraging experimentation and the curious mindset means inviting new ideas, learning from failures, fostering curiosity, and promoting regular reflection.	• Actively invites team members to explore new ideas, ask questions and seek out knowledge. • Acknowledges that the way forward is not always immediately clear. • Demonstrates their own willingness to experiment, learn from failures and iterate on ideas. • Encourages a mindset of curiosity, exploration and change that helps others/ the team to think differently and discover new or improved ways. • Promotes regular reflection on what worked, what didn't and how the group or team can improve next time.
4. Embedding a change model means promoting a shared method for change and encouraging shared leadership.	• Promotes a common, shared change language and method that helps embed change. Being consistent to encourage adoption helps embed in practice. • Encourages shared leadership, others taking the lead on various activities and tasks, tapping into shared responsibility and maximising potential in others/team.

Compassionate

'Compassionate' leadership involves a focus on relationships through careful listening to, understanding, empathising with, and supporting other people, enabling those we lead to feel valued, respected, and cared for, so they can reach their potential and do their best work. [What Is Compassionate Leadership? | The King's Fund (kingsfund.org.uk)](). And Self-compassion is an important, arguably essential starting point, [Compassionate Leadership: more Important Than Ever In The NHS | The King's Fund]()

Key elements of being Compassionate	Likely indicators: the practices that make the difference – what we would love to see/expect to see….
5. Active listening – means attending to, being fully present.	• Being fully present and engaged: Actively participating and showing attentiveness during interactions to demonstrate respect and foster effective communication. Demonstrates awareness of others' needs, creating a safe space for open communication. • Practicing active listening and curiosity: Taking the time to understand others' perspectives before sharing opinions and showing genuine interest in their ideas and experiences.
6. Demonstrating Empathy – means being able to feel distress or frustration without being overwhelmed and unable to help.	• Modelling or expressing own vulnerabilities and self-compassion e.g. openly sharing own challenges, failures and learning from experiences, showing that everyone makes mistakes and learns from them. • Recognising and resonating with the emotions and experiences of others, demonstrating genuine care and compassion, responding to feelings with sensitivity and support, and creating an environment where individuals feel heard and valued. • Being empathetic and supportive: emotions and personal circumstances to foster inclusion and support. • Respecting boundaries while encouraging openness: Encourage sharing within comfort zones and respect personal boundaries.

Key elements of being Compassionate	Likely indicators: the practices that make the difference – what we would love to see/expect to see….
7. Seeking to Understand – means e.g. reconciling conflicting perspectives rather than imposing own.	• Seeking to understand individual circumstances and challenges faced by others, encouraging this approach in others/across team(s), fostering inclusivity. • Acting consistently with values and beliefs: Aligning actions with values to build trust. • Valuing concerns and feelings of others, fostering support.
8. Helping – means, taking thoughtful and intelligent action to help the other.	• Providing support and resources: Ensuring others/team members have the necessary resources, guidance, and assistance to overcome challenges. • Taking a proactive approach to problem-solving, ensuring others feel supported in their roles. • Understanding that intelligent action is balances the needs of others/team members, with the needs of the service and with your own needs.

8 | Our Leadership Way

Collaborative

'Collaborative' leadership is a powerful approach that hinges on teamwork, cooperation, and shared responsibility. At its core, it's about leading by involving everyone, valuing each team member's input, and working together toward common goals. Collaboration is extensive and happens across the entire organisation and beyond, including with patients and service users.

Key elements of being Collaborative	Likely indicators: the practices that make the difference – what we would love to see/expect to see….
9. Enabling great teamwork means sharing a vision, recognising efforts, encouraging action, valuing unique strengths, using team expertise, and being flexible and mindful of well-being.	- Inspiring a compelling vision that aligns team members around a common goal. - Recognises individual and team efforts, celebrates team attributes, learning and achievements. - Encourages delivery, follow through of actions. - Demonstrating appreciation and recognition for individuals' unique contributions and strengths. Harnesses subject matter expertise within the team. - Exhibiting flexibility and adaptability, while being mindful of emotional well-being. - Seeks connections and engagement across all stakeholders.
10. Promoting a sense of **belonging and psychological safety** means encouraging open communication, valuing strengths, modelling inclusivity, celebrating contributions, fostering team success, and maintaining strong relationships.	- Encouraging open communication: Creating an environment where all team members feel comfortable sharing their ideas and perspectives. Actively seeking out diverse viewpoints and ensuring that all voices are heard. - Modelling and encouraging inclusivity, mitigating, and discouraging unconscious biases and excluding language (e.g. generational biases 'wee girl', dehumanising or 'othering', e.g., the 'Diabetic'/the domestic'). - Acknowledging and celebrating team contributions: Emphasising the importance of giving credit to team members for their ideas and work. - Fostering team success: Prioritising collective achievements and recognising the contributions of the entire team. Values individual skills, strengths, and efforts. - Valuing strong working relationships: Recognising the importance of building and maintaining good relationships within and across teams.

Key elements of being Collaborative	Likely indicators: the practices that make the difference – what we would love to see/expect to see….
11. Encouraging growth (all learning) means fostering new ideas, continuous improvement, positivity, team development, strong connections, feedback, and solutions.	• Models' positivity and openness to learning. Encourages people to try new ideas, recognising that learning is key, and not getting it right first time is ok. • Building strong team connections: Recognising the importance of getting to know team members and being open to flexible approaches to enhance collaboration and innovation, investing in team development/taking opportunities to strengthen relationships and collaboration. • Embracing feedback for growth: Actively seeking and valuing input from team members to foster continuous improvement and learning. • Constantly looking to improve things and being solution-oriented: Focusing on finding solutions and engaging in discussions that drive positive outcomes and progress.
12. Focused on **team performance** and **team** values/**philosophy** balancing delivery needs with team culture, fostering strong relationships, and harmonising satisfaction with goal achievement.	• Balancing delivery needs (performance) with team values, culture, and aspirations. • Balancing task completion with team dynamics: Ensuring that while tasks are completed efficiently, equal attention is given to fostering strong team relationships, addressing conflicts, and maintaining high morale. • Harmonising team satisfaction with goal achievement: Striking a balance between prioritising team members' comfort and ensuring that goals and deliverables are met effectively.

Curated 'spotlight' resources – some of the good stuff

1. [Leadership: Direction, Alignment, Commitment (DAC) Model | CCL](#) : Leadership isn't about individuals; it's a social process. Our DAC model for leadership explains how direction, alignment, and commitment are the outcomes of leadership, and how the whole system is involved in making leadership happen.

2. [Turn the Ship Around | L. David Marquet | Talks at Google](#) : Youtube clip 44:08. Leadership is not for the selected few at the top. One story to create leaders at every level.

3. [Developing collective leadership for health care May 2014](#) : The most important determinant of the development and maintenance of cultures is current and future leadership. NHS organisations must be led consciously and carefully to reinforce values of high-quality care that permeate their organisations, from top to bottom and end to end. But this does not happen by chance or by focusing only on individual leadership development. This paper argues that collective leadership – as opposed to command-and-control structures – provides the optimum basis for caring cultures.

4. [A Paradigm Shift is Needed – John Sturrock KC - Reform Scotland](#) Cooperation, connection and communication are key. We need to work together, enabling people within the system to thrive and feel valued and affirmed, recognising the inescapable network of mutuality, inter-dependence and reciprocity upon which a properly functioning health care and social care system surely depends. All of this is easy to say …

5. [Leadership development should be a lifelong seminar | Comment | Health Service Journal](#) Peter Homa, a retired NHS CEO, writes a letter to his younger self, capturing leadership lessons he learnt in his nearly 40 years NHS leadership experience.

6. [Collaborative leadership: What it is and why it works so well for distributed teams | Mural.](#) Collaborative leadership means inviting and respecting everyone's opinions and expertise on company projects and initiatives. It's not just about 'the boss' or one person making decisions. When teams work together, they can use different perspectives, ideas, and strengths to create new solutions.

7. [Humanising healthcare | The BMJ](#)   Work in humanising healthcare became much more successful when we gave up battling the system and changed our leadership style.

8. [What Is Compassionate Leadership? | The King's Fund (kingsfund.org.uk).](#) Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with, and supporting other people, enabling those we lead to feel valued, respected, and cared for, so they can reach their potential and do their best work.

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formats including for people who are speakers of
community languages, who need Easy Read versions, who
speak BSL, read Braille or use
Audio formats.**

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The full list of groups/settings and everyone who has shared their perspectives and influenced the framework across 2024/25.

OLW Collaborative Volunteer Group

The NHS Fife Leadership Framework development process and content has benefited from the Collaborative Volunteers Group who have helped create real engagement and inquiry opportunities for colleagues from across NHS Fife to contribute. We are especially grateful to this group's commitment and passion in building the confidence reflected in Our Leadership Way for NHS Fife. Thank you.

Emma O'Keefe	Consultant in Dental Public Health
Lynne Parsons	Employee Director
Gemma Couser	Associate Director of Quality & Corporate Governance
Cara Mackenzie	Head of Pharmacy - Population Health and Wellbeing
Jimmy Ramsay	Head of Sustainability
Jillian Torrens	Head of Complex and Critical Care Services, H&SCP
Lynnette Marshall	Head of Nursing, H&SCP
Lynn Barker	Director of Nursing, H&SCP
Roy Lawrence	Principal Lead for Organisational Development & Culture
Lakshmi Anderson	Executive Assistant
Jenni Jones	Associate Director of Culture, Development & Wellbeing
Roz Barclay	Portfolio Manager
Lynne Innes	Lead for Spiritual Care Staff Health & Wellbeing
Janette Keenan	Director of Nursing
Miriam Watts	General Manager, Surgical Directorate
Paula Lee	Head of Procurement
David Miller	Director of Workforce
Fiona McLaren	Head of Corporate PMO
Tom McCarthy Wilson	Portfolio Manager
Nicola Robertson	Director of Nursing, Corporate

An overview of the inquiry – when/forums

2024
Jun: Systems Leadership Group
Aug: NHS Fife Board (development session)
Oct: Lead Nurses, HSCP
            Staff Health & Wellbeing Group
Nov: 7 x online open Inquiry Groups
            Public Health Directorate
            Theatres, QMH
Dec: 2 x open Inquiry Groups
            AMD Leadership session

Further engagement/ refining insights (up to 10/02/25)

2025

Jan: Heads of Nursing, Clinical Nurse Managers, Acute Services
            Extended Workforce Senior Leadership Team
            Nursing Directorate, Corporate
            Digital & Information SLT
Feb: AHP Professional Leadership Council
            Maternity Services
            Area Clinical Forum

Onward engagement/ promoting awareness:

Feb: Finance Directorate
            Senior Nurses - Medicine
Mar/: Pharmacy Leadership Team
Jun   Area Partnership Forum Staff Side
            AMD group
            Estates & Facilities Senior Team
            Planning and Performance Team
            Mental Health Services SMT
            Clinical Leads tbc

Inquiry engagement: at a glance

	Up to 31/12/24	01/01/25 – 10/02/25
Acute	67	22
HSCP	76	1
Corporate	101	79
Seniors	50	7
Team Leaders	84	53
Team Members	110	42

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Everyone who has engaged in Our Leadership Way – 346 colleagues

Name	Job Title	Name	Job Title	Name	Job Title
Roz Barclay	Portfolio Manager	Wendy Rowbotham	Receptionist	Angela Wigham	Lead Nurse
Lynn Barker	Director of Nursing	Nikki Thomson	CCS Admin Service Manager	Kasia Osiadacz	Learning and Development Co-Ordinator
Norma Beveridge	Head of Nursing	Louise Lowe	Assistant Service Manager	Jennifer Dryburgh	Caldicott and DPA Co-ordinator Primary Care
Kevin Booth	Head of Financial Services & Procurement	Donna Mathieson	Principal Information Analyst	Amy Slater	Interim Lead Facilitator PPD
Jill Chambers	Head of Finance Business Partnering	Olanrewaju Adesina	Domestic Supervisor	Elizabeth Adamson	Practice Education Facilitator
Hazel Close	Deputy Director of Pharmacy & Medicines	Katie Wilkin	ACNS Team Lead RCDS	Laura Deacon	Practice Education Facilitator
Claire Dobson	Director of Acute Services	Theresa McNiff	Training Officer	Elizabeth Gray	Patient Experience Team Lead
Fiona Forrest	Acting Director of Pharmacy & Medicines	Jennifer Grant	School Nurse Team Leader	Amy Mbuli	Lead Infection Prevention Nurse
Susan Fraser	Associate Director of Planning & Performance	Gordon Strang	Interim Lead Chaplain	Joy Reid	Nurse Consultant Geriatric Assessment
Lynne Garvey	Director of Health & Social Care	Jennifer Mullin	Consultant in Palliative Care	Claire Murphy	Staff Nurse
Alistair Graham	Director of Digital & Information	Andrew Steele	Senior Pharmacist- Endocrine, Covid-19 and Ambulatory Care	Catherine Anderson	Senior Project Manager
Ben Hannan	Director of Reform & Transformation	Sandie Drummond	Specialist Physiotherapist	Julie Farr	Senior Project Manager
Ben Johnston	Head of Capital Planning & Project Director	Rosemary Shannon	Infection Control Auditor	Linsay Law	Team Leader CMHTs
Jenni Jones	Associate Director of Culture, Development & Wellbeing	Jackie Ballantyne	Learning and Development Officer	Keryn Brown	Community Mental Health Nurse
Jimmy Ramsay	Head of Sustainability	Charlotte Myles	Service Manager	Stephanie Calderwood	Clinical Psychologist
Jillian Torrens	Head of Complex and Critical Care	Fiona Mitchell	Senior Charge Nurse	Kate Maitland	Practice Education Facilitator
Kirsty MacGregor	Director of Communications & Engagement	Kirsty Wilson	OH Consultant	Lorna Muir	Patient Navigator
Cara Mackenzie	Head of Pharmacy Population Health & Wellbeing	Nicola White	Deputy Support Services Manager	Bernadette Munro	Caldicott & DPA Coordinator
Gillian MacIntosh	Head of Corporate Governance & Board Secretary	Sharon Doherty	Consultant Clinical Psychologist	Hannah Colston	Librarian
Clare Steele	Head of Pharmacy Medicines Supply & Quality	Sue Blair	Consultant in Occupational Medicine	Kimberley Sinclair	Team Lead Physiotherapist
Chris McKenna	Medical Director	Joy Tomlinson	Director of Public Health	Michelle Williamson	Clinical Service Manager
Tom McCarthy-Wilson	Portfolio Manager	Cheryl Clifford	Office Manager	Kathryn Hastie	Estates Officer - Sustainability
Neil McCormick	Director of Property & Asset Management	Sharon Crabb	Service Manager	Sue Brechin	Clinical Lead Sexual Health
Margo McGurk	Director of Finance & Strategy	Jo-Anne Valentine	Public Health Manager, Health Improvement	Alistair Graham	Director of Digital and Information
Jackie Millen	Interim Learning & Development Manager	Emma O'Keefe	Consultant in Dental Public Health	Anne Piper	Community LD Nurse
John Morrice	Consultant Paediatrician	Duncan Fortescue-Webb	Consultant in Public Health Medicine	Karen Whatton	Lead Nurse
Bill Nixon	Health & Safety Manager	Lucy Denvir	Consultant in Public Health	Tanya Hardy	Team Leader
Lynne Parsons	Employee Director	Fiona Bellamy	Senior Health Protection Nurse	Andrea Bendowski	Clinical Nurse Manager - Nursing
John Brown	Head of Pharmacy Clinical Services	Clare Campbell	Health Intelligence Manager	Gill Ogden	Head of Nursing - Nursing
Carol Potter	Chief Executive	Esther Curnock	Consultant in Public Health Medicine	Esther Davidson	Interim Clinical Nurse Manager - Accident & Emergency
David Miller	Director of Workforce	John Carlin	Advanced Peri-Operative Assistant	Murdina MacDonald	Lead Cancer Nurse
Janette Keenan	Director of Nursing	Terri Seymour	Operating Department Support Worker	Karen Peacock	Clinical Nurse Manager - Nursing
Rose Robertson	Assistant Director of Finance	Linda McKenzie	Peri-Operative Assistant	Claire Massey	Clinical Nurse Manager - Obstetrics & Gynaecology
Jim Rotheram	Head of Facilities	Donna Allan	Staff Nurse	Arlene Brown	Head of Nursing - Planned Care
Shirley-Anne Savage	Associate Director for Risk and Professional Standards	Garry Russell	Staff Nurse	Pauline Hope	Clinical Nurse Manager - Nursing
Gemma Couser	Associate Director of Quality and Corporate Governance	Vicki Scobie	Theatre Practitioner	Catherine Jack	Theatre Manager
Joy Tomlinson	Director of Public Health	Shangra Archibald	Advanced Peri-Operative Assistant	Rhona Waugh	Head of Workforce Planning & Staff Wellbeing
Lorna Watson	Consultant in Public Health	Izabela Grzybek	ODP	Sandra Raynor	Head of Workforce Resourcing & Relations
Miriam Watts	General Manager - Surgery	Yvonne Mackintosh	Staff Nurse	Brian McKenna	Workforce Information & Planning Manager
Fiona McLaren	Head of PMO	Aileen McHale	Staff Nurse	Melanie Jorgensen	Interim HR Team Lead
Allan Young	Head of Digital Operations	Linzi Wilson	Staff Nurse	Sue Ponton	Head of Service, Occupational Health
Nicola Robertson	Director of Nursing	Lisa Benvie	Operating Department Support Worker	Elaine Paton	Nurse Bank Manager
Paula Lee	Head of Procurement	Jane Frieslick	Theatre Practitioner	Ian Campbell	Healthcare Chaplain
Lakshmi Anderson	Executive Assistant	Caitlyn Adams	Peri-Operative Assistant	Julia Cook	Infection Control Manager
Fiona McKay	Interim Director of Health & Social Care/Chief Officer	Debbie MacCallum	Theatre Practitioner	Mairi McKinley	Head of Practice and Professional Development
Thomas Donaldson	Public Health Specialty Registrar	Danielle Neil	Staff Nurse	Siobhan McIlroy	Head of Patient Experience
Ashwini Mohan	Speciality Trainee in Orthodontics	Angela McLelland	Advanced Peri-Operative Assistant	Deivija McLeod	PPD Administrator
Fran Simpson	Lead Nurse	Clare Cathcart	Senior Charge Nurse	Eleanor Long	Personal Assistant/Secretary
Gillian Malcolm	Lead Nurse	Danielle Neil	Staff Nurse	Hazel Scalley	PPD Administrator
Jane Douglas	Lead Nurse	Beth Murray	Theatre Practitioner	Jenna King	PPD Administrator
Jodie Gunn	Lead Nurse	Jessica Fava	Theatre Practitioner	Lynn Stein	PPD Administrator
Karen Whatton	Lead Nurse	Rebecca Townsend	Staff Nurse	Sandra Drummond	Administration Assistant
Katrina Wilson	Lead Nurse	Paula Frame	Staff Nurse	Sharon Shields	PPDU Secretary
Lindsay Douglas	Lead Nurse	Andrea Baijal	Theatre Practitioner	Amy Slater	Interim Lead Facilitator: PPD & Workforce
Lindsey Wallace	Lead Nurse	Debbie Provan	Personal Assistant	Ikra Khalid	Practice & Professional Development Facilitator
Lynne Campbell	Lead Nurse	Ashleigh Allan	Theatre Practitioner	Karen Allan	Adult Protection Nurse Advisor
Mary Kinninmonth	Lead Nurse	Kate Milne	Student Nurse	Linzi Deighton	Advanced Nurse Practitioner
Michelle Blacklock	Lead Nurse	Gillian Bowie	Staff Nurse	Sharon Davie	Practice Development Facilitator
Pam Goodall	Lead Nurse	Mark Smith	Theatre Practitioner	Shirley Cowie	Senior Nurse/Excellence in Care Lead
Rebecca Saunders	Lead Nurse	Aimee Whyte	Staff Nurse	Alice Fisher	Practice Education Facilitator/Excellence in Care Support Nurse
Wendy McConville	Lead Nurse	Laura Ross	Advanced Peri-Operative Assistant	Alison Lowrie	Practice Education Facilitator
Sally O'Brien	Head of Nursing	Suzanne Hynd	Charge Nurse	Alyson Hutchison	AHP Practice Education Lead
Lynette Marshall	Head of Nursing	Carlynne Crielly	Surgical Care Practitioner	Caroline Paterson	Practice Education and Care Home Education Facilitator

Name	Job Title	Name	Job Title	Name	Job Title
Daniel Low	Head of Nursing	Julie Morgan	Charge Nurse	Emma Espie	Lead Facilitator PPD
Lynsey Callandar	Head of Nursing	Kathryn Winsborough	Staff Nurse	Kate Maitland	Practice Education Facilitator
Kirsty Wilson	Consultant, Occupational Health Service	Elizabeth Robertson	Staff Nurse	Andrew Huggan	Resuscitation Officer
Ruth Lonie	Communications Manager	Egifa Mugairi	Theatre Practitioner	Graeme Clews	Charge Nurse
Elspeth Pitt	Consultant, Accident & Emergency	Carol Duncan	ODP	Graeme Vaughan	Resuscitation Officer
Kim MacPherson	Lead Nurse	Alison Gold	Staff Nurse	Kate Gaunt	Deteriorating Patient and Resuscitation Lead (PPD)
Wendy Simpson	Health Psychologist, CAMHS Early Intervention Service	Alison Whyte	Charge Nurse	Kirsty Jablonski	Admin Assistant
Kay Samson	Health Improvement Programme Manager	Jan Flynn	Housekeeper	Sharon Holmes	Admin Assistant
Jimmy Ramsay	Head of Sustainability	Lorraine Newbigging	Personal Assistant	Theresa Rodigan	Senior Administrator
Claire Massey	Clinical Nurse Manager, Obstetrics & Gynaecology	Jodie McGoldrick	Charge Nurse	Toni Muirhead	Administrator
Iain Murray	Assistant Health & Safety Advisor	Ian Campbell	Interim Head of Spiritual Care	Donna Band	Patient Relations Officer
Karen Laird	HR Officer	Philip Adams	Senior IG&S Assurance Manager	Elizabeth Fallas	Patient Relations Support Officer
Alison Ramsay	Health Promotion Officer - Workplace Team	Gemma MacDonald	Health Visitor/Morse Project Lead	Elizabeth Gray	Patient Experience Team Lead
Janet Melville	Personal Assistant	Amanda Leech	Professional Head of Physiotherapy	Josephine Smith	Volunteer Development Lead
Jan Stenhouse	Team Leader, District Nursing	Fiona Cameron	NTC Manager	Laura Hoggan	Interim Patient Experience Team Lead
Clare Cathcart	SCN, Theatres, QMH	Lindy MacEwan	Advanced Nurse Practitioner	Stuart Ullathorne	Patient Relations Officer
Emma Espie	Lead PPD Facilitator/Interim Lead PEF	Claire Granger	Business Manager	Amy Mbuli	Lead Infection & Prevention Control Nurse
Tracey Gilhooley- Rutherford	Community LD Nurse, Fife Wide Clinics	Joanne Hampton	Physiotherapist	Ashley Norcross	Infection Prevention & Control Nurse
Samantha-Louise Clarke	Business Manager, P&PC, HSCP	Bryan Archibald	Planning & Performance Manager	Elizabeth Dunstan	Senior Infection & Prevention Control Nurse
Kim Milledge	Health Visitor Team Leader, Glenrothes Locality	Maxine Michie	Deputy Director of Finance	Janice Barnes	Infection Control Nurse
Marie-Louise Blake	Operations Manager, Psychology Service	Ryan Kirk	Form's Analyst	Jodie Gear	Infection Control Nurse
Emma McAuley	District Nursing Team Leader, Kirkcaldy	Pam Goodall	Lead Nurse CTAC	Lynsey Delaney	Infection Control Surveillance Audit Midwife
Jane Douglas	Lead Nurse, District Nursing	Lisa Finlayson	Senior team leader/nurse manager	Mirka Barcley	Senior Infection Prevention and Control HAI-SCRIBE Nurse
Julie Gillespie	SCN, Theatres, VHK	Carol Hunter	Health Visitor Team Leader	Nykoma Hamilton	Infection Control Nurse
Karen Beveridge	Personal Assistant	Grant Noble	Application Delivery Manager D&I AST	Pauline Young	Infection Prevention Control Nurse
Marie Hunter	Senior Clinical Educator, Medical Education	Lynne Johnston	Service Manager O&G/P&N	Sharon Bernard	Infection Control Nurse
Katherine Evans	Health Visitor Team Lead	Vicky Cook	Dietician	Suzanne Watson	Senior Infection Control Nurse
Lisa Crawford	Radiographer	Lynette Mackenzie	Service Manager (Paeds)	Gordon Strang	Interim Lead Chaplain
Andrew MacDonald	Senior Project Manager	Gillian McCluskey	Community learning Disability Nurse	Lynne Innes	Lead for Spiritual Staff Care and Wellbeing
Theresa McNiff	Training Officer	Jamie Hinley	Interim Senior Charge Nurse	Mairearad Ros	Healthcare Chaplain
Ruth Sharp	Occupational Therapist	Marcia McDougall	Chaplain	Marcia McDougall	Chaplain
Carol Brown	Programme Manager	Fiona Ritchie	Team Leader Physiotherapist Band 7	Suzanne Roberts	Healthcare Chaplain
Debra Priest	Business Manager	Karen Nolan	Clinical Services Manager	Marie Richmond	Head of Digital Strategic Delivery
Amanda Urquhart	School Nurse Team Leader	Harry Harris	Music Therapist	Alistair Graham	Director Digital & Information
Yasmine Morgan	Sustainability Officer	Kirsty Durham	Sexual Health Senior Charge Nurse	Torfinn Thorbjornsen	Head of Information Services
Laura Logan	Interim Clinical Lead - Weight Management and Diabetes	Claire Fulton	Adverse Event Lead	Steven Knapman	Business Intelligence Lead
Lynn Cummings	Project Support Officer	Seona Macdonald	Community Learning Disability Nurse	Michelle Campbell	Deputy Head of IG&S / Primary Care DPO
Nicola Harkins	Service Manager	Jane Anderson	General manager WCCS	Philip Adams	Senior IG&S Assurance Manager
Miku Ahmed	Senior Clinical Digital Practitioner	Tracy Gordine	Sexual Health Nurse Specialist	Matt Valenti	Information Governance & Security Lead
Brenda Connor	Charge Nurse	Nicola Maher	Programme Manager	Sharon Younger	Divisional Head of Health Records
Alison Whyte	Charge Nurse	Debbie McGirr	Speak Up/Whistleblowing Coordinator	Nicola Maher	Programme Manager
Amina Slimani-Fersia	Lead Pharmacist Primary Care	Jamie Doyle	Head of Nursing - Acute Services Division	Sarah Callaghan	Programme Manager
Jenny Baillie	Occupational Therapist - C&YP	Dale Simpson	Clinical Nurse Manager - Nursing	Tracy Lawrence	Digital Transformation Programme Manager
Teri Leslie	Nursery Nurse	Stephanie Doolan	Interim Clinical Nurse Manager - Cardiology	Roslyn Scott	National LIMS Programme Implementation Manager
Jennifer Hodgson	Team Lead	Harly-Jane McLennan	Clinical Nurse Manager - Admissions	Malcolm Fowles	Deputy Head of Digital Operations
Jodie McGoldrick	Charge Nurse	Joy Reid	Nurse Consultant - Nursing	Mark Storrar	Application Services Manager
Andrew Holmes	Application Support Analyst	Laura Hoggan	Interim Patient Experience Team Lead	Margaret Harris	Cyber Security Manager
Lynn Diamond	Team Leader - Addiction Services.	Zoe MacLaughlan	Lead Radiographer Phase 3 x-ray	David Moyle	Programme Manager
Alison Ramsay	Health Promotion Officer				

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 4 March 2025**
Title:	**Whistleblowing Quarter Three 2024/2025 Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Debbie McGirr, Speak Up/Whistleblowing Coordinator**

Executive Summary:

- This report provides an update on the Whistleblowing concern from Quarter 1, which is still under investigation; two anonymous concerns that were raised during Quarter 2; one Whistleblowing concern received in the quarter, being dealt with at Stage 1; and a further, previously unreported Whistleblowing concern from 2023-24 that has been concluded in Quarter 3 of the current reporting year.

- There have been no articles within the local press highlighting new issues of a Whistleblowing nature published in Quarter 3. There was, however, ongoing media coverage / enquiries about an ongoing legal case regarding the availability of gender-specific changing areas for staff within NHS Fife, as originally reported in Quarter 1.

- Detail is provided within the report on the activities of the Speak Up / Whistleblowing Coordinator since their appointment at the end of September 2024, and also the events held to mark Speak Up Week in early October.

- The report also includes an update on the business of the Whistleblowing Oversight Group, which had its third meeting in October 2024 and continues to progress work in relation to management and improvement of our Whistleblowing processes and communication activities.

- A moderate level of assurance is suggested, reflecting the fact that the new part-time Speak Up / Whistleblowing Coordinator continues to undertake design and further development of the Board's Whistleblowing administrative and outreach processes.

1.   Purpose

This report is presented to Staff Governance Committee for:
- Assurance

This report relates to:
- Government policy / directive
- Legal requirement
- NHS Board Strategic Priority: To Improve Staff Experience and Wellbeing

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2.   Report Summary

2.1   Situation

The National Whistleblowing Standards (the Standards) require NHS Boards to report any whistleblowing concerns received. This report provides the Board with the details on whistleblowing concerns submitted during the third quarter of 2024/25 and seeks to provide assurance that NHS Fife is meeting the Standards by appropriately investigating any concerns raised.

2.2   Background

The Standards have been in place since 1st April 2021 and these detail how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the Board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns. The 2024/25 Annual Report will be produced in May 2025.

In order to have oversight of the totality of whistleblowing activity across the organisation, this report covers whistleblowing concerns received and investigated as per the Standards, any anonymous / unnamed concerns submitted, notification of any local press articles related to whistleblowing / staff concerns, and data covering whistleblowing training undertaken by staff during Quarter 3, namely 1 October to 31 December 2024.

Detail is also provided on the work being overseen by the Whistleblowing Oversight Group, which is helping support improved reflection on key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on whistleblowing themes. Over time, this approach will illustrate trends and, more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2.3 Assessment

Whistleblowing Concern Reporting

During the third quarter of 2024/25, NHS Fife received one Whistleblowing concern from within NHS Fife, the Health & Social Care Partnership, primary care providers and contracted services.

Anonymous / Unnamed Concerns

NHS Fife received no Anonymous / Unnamed Concerns during the third quarter.

Local Press Coverage

During the third quarter, there were no concerns highlighted in local press coverage. There was, however, ongoing media coverage / enquiries about an ongoing legal case regarding the availability of gender-specific changing areas for staff within NHS Fife, as originally reported in Quarter 1

Training Module Data

NHS Fife includes the Turas Whistleblowing Overview module as part of its mandatory training requirements for all staff, including managers. Whistleblowing training continues to be highlighted to new staff as part of Corporate Induction Programme and to newly appointed managers and leaders during training sessions. All staff are regularly reminded to complete core training relevant to their role and update sessions are being planned in Quarter 4 for staff who support the Whistleblowing process as named confidential contacts.

Mandatory training data is reviewed quarterly, including at the Staff Governance Committee and the Board, with any appropriate actions for improvement in compliance considered.

Conclusions

Appendix One provides full details on the information summarised above.

It is suggested that this report provides a Moderate 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

This rating reflects the fact that the new Speak Up / Whistleblowing Coordinator has only recently been appointed and work is ongoing to improve the organisational support around Whistleblowing activity, including outreach to staff to encourage speaking up through Whistleblowing channels and formal closure of any ongoing cases / concerns.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

The NHS Scotland Staff Governance Handbook sets out the highest levels of governance that are afforded to all staff. By providing a culture that supports the appropriate raising and investigation of concerns, NHS Fife ensures colleagues are afforded these high levels of governance.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of: Care and Compassion; Dignity and Respect; Openness; Honesty and Transparency. The Standards also support our commitment to making a positive contribution to organisational change, aligning closely with new developments such as 'Our Leadership Framework'. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration.

2.3.3 Financial

There is no direct financial impact related to the contents of this report.

2.3.4 Risk Assessment / Management

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

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

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

This paper does not relate to the planning, deliver or a change in service. There are no decisions that would significantly affect any one group. The Speak Up / Whistleblowing Coordinator is now an attendee at the Equality & Human Rights Steering Group to input into the strategic discussions in this area.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation and this information continues to be refreshed by an ongoing programme of communication and outreach activity being developed by the Speak Up / Whistleblowing Coordinator.

2.3.8 Route to the Meeting

The Whistleblowing Oversight Group has considered a draft of this report at its meeting on 28 January 2025, and it has also been shared with the Chief Executive and Workforce colleagues prior to the meeting for comment. The Executive Directors' Group has reviewed this report at its meeting on 6 February 2025.

The prepared quarterly report will also be considered in the March 2025 meeting cycle by the Staff Governance Committee, Area Partnership Forum and NHS Fife Board.

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

- **Assurance** – this report provides a **Moderate** Level of Assurance, reflecting the fact that work is ongoing to improve the organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up, and to improve the timeliness of handling concerns.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Quarter 3 2024/2025 Whistleblowing Performance Report

Report Contacts:

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

Debbie McGirr
Speak Up / Whistleblowing Coordinator
debbie.mcgirr@nhs.scot

Appendix 1 – Whistleblowing Report Quarter 3, October to December 2024

1.   Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report demonstrates our performance in the national key indicators, as required by the Independent National Whistleblowing Officer (INWO), and includes key areas of Whistleblowing handling, in addition to highlighting outcomes and providing more detail on emerging Whistleblowing themes.

2.   Whistleblowing Concerns Received during Quarter 3

There was one Whistleblowing Concern received during Quarter 3, which focused on staff conduct in relation to patient care. The concern was highlighted through line manager escalation, who logged it initially on Datix and contacted the Speak Up / Whistleblowing Coordinator for further advice. Senior management within the service accepted the concern and processed it under Stage 1 of the Whistleblowing Standards, in agreement with the member of staff raising the concern. A time extension for concluding the concern within the expected 5-day period (Stage 1) was granted, in agreement with the complainant, due to the service and staff approaching the Christmas and New Year leave periods. The concern is being actively reviewed at the time of writing of this report.

The detail of this concern is given below:

Quarter 3 1 October 2024 to 31 December 2024	Theme	Division	Service
One	Conduct	Acute Services	Medical Directorate

Current Stage	Early Resolution (Stage 1)
First received	12/12/24
Days at Stage One	29 days as at 28.01.2025
Days at Stage Two	n/a
Closed date	n/a
Service Area(s)	Medical Directorate

Additional Detail:

Does this whistleblowing concern include an element of any of the following?
Conduct
Does this whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
Has an incident been logged on Datix in relation to this concern?
Yes
Date Incident was logged
12/12/24
How was the whistleblowing concern received?
Received in person

Was this escalated from Early Resolution (Stage 1)?
n/a
Is this whistleblowing concern being raised on behalf of another person?
Yes
Date logged on Datix
16/12/2024
Date the event occurred? (if known)
29/11/2024
Date Closed
Still open
Outcome - Early Resolution (Stage 1)
n/a
Outcome - Investigation (Stage 2)
n/a
Findings
Currently under investigation
What key themes and trends were identified in relation to this whistleblowing concern?
Currently under investigation

3. Ongoing Whistleblowing Concern Received during Quarter 1 – Reasons for Extension to Investigation

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances (for example, staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the period in which a response is provided.

A Stage 2 Whistleblowing concern, submitted originally in Quarter 1 of 2024/25, has required two extensions to be approved by the commissioning officer, due to the complexities of the investigation, the multiple providers involved and number of interviews requiring to be undertaken. As the investigation was approaching completion, a further (third) extension approval was required due to unanticipated staff absence within the investigation team, which has impacted on the ability to complete the case review and close the concern. The Whistleblower has been advised of the need to extend the timescales, receiving relevant correspondence regarding the progress of the ongoing investigation into their concerns.

The detail of this ongoing concern is given below:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	**Conduct**	**H&SCP**	**Complex & Critical Care**

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	n/a
Days at Stage Two	163 days as at 28.01.2025
Closed date	Still open
Service Area(s)	Complex & Critical Care

Additional Detail:

This whistleblowing concern includes an element of the following:	
Conduct	
Does this whistleblowing concern relate to any issue of patient safety	
No	
Has the person raising the concern experienced any detriment?	
No	
How was the whistleblowing concern received?	
Received by e-mail	
Was this escalated from Early Resolution (Stage 1)?	
No	
Is this whistleblowing concern being raised on behalf of another person?	
No	
Date the event occurred (if known)	
Not known	
Date Closed	
Still open	
Outcome - Early Resolution (Stage 1)	
-	
Outcome - Investigation (Stage 2)	
Still open	
Findings	
Currently under investigation	
What key themes and trends were identified in relation to this whistleblowing concern?	
Currently under investigation	

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

As the investigation into the Whistleblowing Concern received during Quarter 1 has not yet concluded, we are unable to provide an update in relation to the themes, actions taken and lessons learned at this time. A further update will be provided following the conclusion of this investigation.

5. Anonymous / Unnamed Concerns / Learning from Quarter 2 Concerns

The Standards do not allow for concerns to be raised anonymously, nor can they be subsequently considered by the INWO. However, it is considered good practice for the Board to follow the whistleblowing principles and investigate any concerns raised, in line with the Standards, as far as they can. NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

An anonymous concern is one that has been shared with NHS Fife in a way that means nobody knows who provided the information. Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern'. As their identity is known to another person, it is not a completely anonymous concern.

There were no Anonymous / Unnamed Concerns received during Quarter 3.

Two anonymous concerns were raised in Quarter 2, respectively, relating to alleged fraud and patient safety / quality of care / culture. These have been investigated as fully as possible, given the information available for each.

Quarter 2 1 July 2024 to 30 September 2024	Theme	Division	Service
Anonymous Concern 1	**Fraud**	**HSCP / Corporate**	**Primary & Preventative Care / Procurement**
Outcome of investigation No matters of concern have been identified after investigation of the concern. A report has been formally logged with NHS National Services Scotland Counter Fraud Services, however no further enquiries are thought necessary.			
Anonymous Concern 2	**Patient safety / quality of care / culture**	**Corporate**	
Outcome of investigation An independent review has been undertaken of the anonymous concern received. The following recommendations have been identified from that exercise: 1. Organisational Culture: Address cultural issues as part of the next steps in the Board's Reform, Transform, Perform (RTP) programme, and in particular a performance management 'mindset'. 2. Consistent Messaging: Ensure consistent and clear communication of key messages are conveyed across the system. 3. Speak Up Messaging: Highlight the benefits of submitting named concerns or complaints over anonymous ones. 4. Understanding Roles: Improve understanding of the roles that all services play within the organisation A number of key actions in support of implementing the learning detailed above have been agreed with the input of the Board's Non-Executive Whistleblowing Champion. These have already been put in place or will be actioned early in 2025.			

Staff have other avenues / opportunities to raise concerns, both anonymously and named, and are supported to either resolve the concern or to progress it using formal processes. Additional routes are available for staff to raise pertinent issues or concerns, including the submission of information to a dedicated and confidential 'Speak Up' email box, where direct and timely support can be offered to staff. This method of communication provides staff with a central point of contact to raise concerns, share queries or obtain advice about specific work issues of concern to them. Initial responses are by email, with the additional offer of meeting face to face or via Teams, or speaking by telephone to provide further guidance, support and direction for staff. The aim of these varied response mechanisms is to ensure staff feel listened to and are able to take appropriate action to resolve their specific concerns. In some instances, concerns may be also directed to the Whistleblowing process via Confidential Contact support staff.

6. 2023/24 Whistleblowing Concern concluded in Quarter 3

During Quarter 3, a previous Whistleblowing concern that occurred originally in 2023/24 was highlighted. Rather than being recorded and reported in the previous year under the Whistleblowing Standards, the concern was investigated and dealt with under business as usual procedures. Due to it being managed locally, an administrative error prevented the concern being logged on Datix, which resulted in a lack of timely reporting and significant delay in bringing the case to a recordable conclusion. Formal reflection on the processes used has indicated that the concern should have been reported as a Whistleblowing case on Datix, to enable efficient and timely reporting, rather than being investigated and managed under business as usual guidelines. Learning has been undertaken from this and the new dedicated resource in place to assist with Whistleblowing administration will prevent such an occurrence in future.

Overview / Additional Detail

Current Stage	Closed
First received	30/10/2023
Days at Stage One	n/a
Days at Stage Two	245 days
Closed date	16/10/2024
Service Area(s)	**Women, Children & Clinical Services**

Additional Detail:

This whistleblowing concern include an element of the following
Workplace culture: bullying, harassment or discrimination; patient safety; quality of patient care
Does this whistleblowing concern relate to any issue of patient safety
Yes
Has the person raising the concern experienced any detriment?
The concern was raised by an individual who no longer works in NHS Fife.
How was the whistleblowing concern received?
Via email to the Chief Executive, Medical Director, Director of Workforce and copy to the Board's Non-Executive Whistleblowing Champion.
Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No
Date concern logged on Datix
Incident was not logged on Datix at the time the concern was communicated, due to an administrative oversight.
Date the event occurred (if known)
N/A
Date Closed
16/10/2024
Outcome - Early Resolution (Stage 1)
N/A
Outcome - Investigation (Stage 2)
Partially Upheld, with recommendations as detailed below.

A concern was raised by a person who had previously worked within a specific service in NHS Fife. It related to workplace culture, clinical governance processes and the willingness of staff to speak up about concerns within their department. The Medical Director and Director of Workforce commissioned an investigation to understand the issues raised. The complaint detailed a number of cases where the adverse event process had already been triggered. The complainant raised concerns about how staff contributed to this process and how learning is shared.

What key themes and trends were identified in relation to this whistleblowing concern?

Key themes related to:
- Clinical Governance processes;
- Patient safety
- Medical staffing levels
- Ineffective communication preventing staff from having the opportunity to learn from concerns and adverse events.

The outcome of the investigation of the Whistleblowing concern acknowledged a need for senior managers and Organisational Development colleagues to provide more support to staff in the unit by:
- Increasing substantive middle-grade medical staffing.
- Introducing consistent protocols to manage and improve patient safety.
- Ensuring escalation and mitigation processes are being followed to manage any compromise in patient safety due to inadequate nursing staffing levels.
- Addressing staff behavioural issues.

Feedback from staff during the investigation also raised concerns about the whistleblower's own behaviours and the impact that these had on staff. A number of the concerns raised via the Whistleblowing process were not substantiated by the subsequent investigation, especially those that related to patient safety and outcomes.

Key learning / action points:

- Re-evaluating the current support needs of the service, to build and sustain cohesion within the clinical team and consider alternative support as required.
- Considering ways of building confidence and maintaining competence of staff when dealing with high-risk patients, to reduce potential staff anxiety during treatment.
- Working with staff to foster a culture of inclusion and improve team-working across clinical and non-clinical teams.

7. Local Press Coverage During Quarter 3

There were no new Whistleblowing / unnamed staff concerns reported in local newspapers during Quarter 3. There was, however, ongoing media coverage / enquiries about an ongoing legal case regarding the availability of gender-specific changing areas for staff within NHS Fife, as originally reported in Quarter 1. Two of these enquiries were published in the national press.

Responses to each enquiry were provided by the Communications team, using their normal processes for responding to media enquiries.

8. Supporting Staff & 'Speak Up Week', 30 September to 4 October

This year our 'Speak Up' week campaign had an internal organisational focus, promoting and sharing the Speak Up message across all staff groups, rather than posting activity on external social media platforms. There was a week of planned, daily activities which were clearly conveyed by our Corporate Communications team, featuring:

- Walkabouts by senior leaders, staff-side colleagues and non-executive directors, including the Whistleblowing Champion, to speak directly to staff in public / clinical-facing roles;
- Promoting INWO national content of staff videos, sharing their experiences of speaking up from across the country;
- Seeking feedback from our own staff about their experiences of raising concerns and speaking up at work; and
- Pledges from senior managers across NHS Fife, stating their specific intention of how they will promote and embrace the culture of speaking up.

Following on from Speak Up Week 2024, the Whistleblowing Oversight Group reviewed information from the Corporate Communications team around the various Speak Up promotion initiatives and activities were held across NHS Fife during the week. This included: publication of the new 'Know Who To Talk to' information banner on Stafflink; promoting national activities and case scenarios provided by the Independent National Whistleblowing Officer (INWO); creation of pledges by Senior Executive team; and videos from:

- Chief Executive around the need for staff to feel empowered and supported;
- Director or Workforce around creating a healthy speak up culture and accessing the speak up process; and
- Employee Director on the importance of building trust.

When comparing our Speak Up Week activity to that of other NHS Boards, there is a potential to expand our external outreach by using NHS Fife's social media platforms to highlight the work we undertake as an organisation in relation to Speaking Up. This ensures that groups covered by the Standards, such as Volunteers and external contractors, have access to the information shared. It would also enable our activities to be more visible and shared across INWO's own communications in support of Speak Up Week.

The Whistleblowing Oversight Group is keen to develop a more consistent approach to Speaking Up, by encouraging 'listening' of staff concerns and feedback throughout the year, rather than focusing on a specific week of activities. A similar view was echoed at a national INWO focus group meeting in November 2024, which was attended by the Board Secretary and the Speak Up / Whistleblowing Coordinator.

In relation to more general staff support, there are additional services and opportunities available via our revised 'Know Who To Talk to' information pages on Stafflink. Meetings of the Board's Area Partnership Forum and System Leadership Group consistently encourage staff to utilise the various support systems that can enable them to speak up safely. In Quarter 3, there have been ongoing opportunities offered by senior management that encourage staff to speak up through:

- a continuous programme of workshops to discuss the re-imagining of Acute Services at the Victoria Hospital, as part of the RTP programme; and
- monthly meetings of extended Senior Leadership Teams.

The Director of Acute Services and Director of Health & Social Care also have a range of opportunities for staff to raise concerns, via regular face-to-face contact with all levels of staff. The Speak Up / Whistleblowing Coordinator has recently met with senior staff in the Health & Social Care Partnership to discuss further opportunities for promotion of a 'Speak Up' culture across all primary care settings.

9.   Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards. In Quarter 3 we launched a single point of contact email address (fife.speak-up@nhs.scot) and a dedicated voicemail service (01383 674016) for staff concerns to be logged and responded to. This presents an opportunity to seek feedback from those who have contacted the service seeking advice and support. Since its launch, there have been a number of separate enquiries relating to requests for guidance in relation to:

- Whistleblowing Standards advice;
- support in relation to overall staff health and wellbeing matters;
- guidance in relation to matters that fall under HR processes; and
- advice and support for decision-making in relation to communication and culture.

Feedback from the early operation of the generic inbox has indicated that staff are complimentary about the rapid response turnaround to enquiries and feel reassured about the level of advice, guidance and signposting to avenues of support which they have received following their initial contact. To monitor the effectiveness of this single point of contact, there will be a more formal collation of feedback comments from staff through the use of a direct questionnaire at the end of each query or concern.

Further feedback is also available from Confidential Contacts in their meetings with staff who are raising concerns with them directly. To capture the type of support which is being offered, Confidential Contacts have been supplied with a new meeting summary form, which will be completed for every enquiry. This will enable identification of specific trends and feedback from staff about how they feel their concerns have been handled.

In accordance with the National Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff also have the opportunity to provide feedback by speaking to the Board's Whistleblowing Champion in confidence.

10.   Whistleblowing Training Data

Staff are encouraged to complete training in Whistleblowing, with the 'Overview' module part of the Board's mandatory training offering. The data for training undertaken during Quarter 3 is summarised below:

Total number of completions in Qtr 3 (01.10.24 - 31.12.24)

Module	Completions
eLearning - Whistleblowing : an Overview	179
eLearning - Whistleblowing for line managers	20
eLearning - Whistleblowing for senior managers	0
Classroom-based Whistleblowing and Prevent Training - Hotel Services *	12
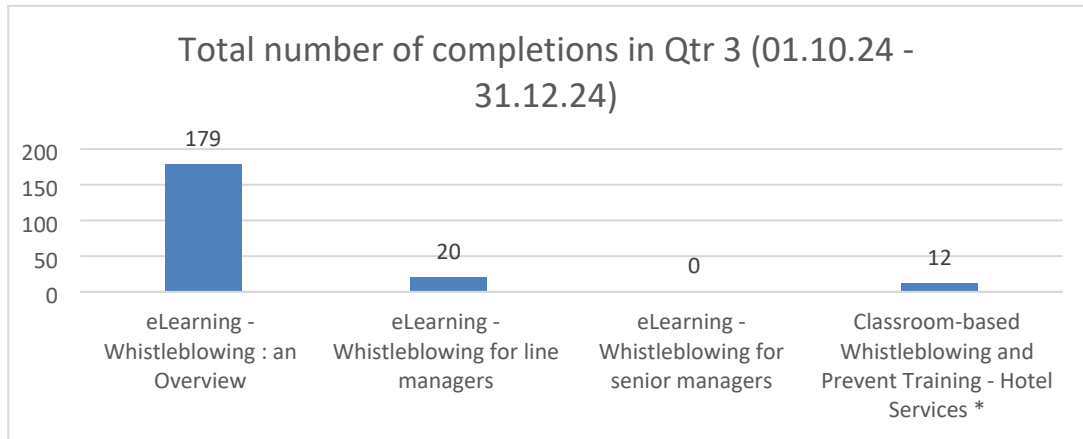
*Hotel services job family includes domestics, laundry, etc.

Total Board Completion Rates since Launch of the Standards

- For the Whistleblowing Overview module, 6,855 staff have now completed the module, representing an increase of 179 staff since the last quarter.
- For the Whistleblowing for line managers module, 468 staff have completed the module, representing an increase of 20 staff since the last quarter.
- For Senior Manager training module, 639 staff have completed the module. There has been no increase in engagement since the last quarter.
- 139 staff members have also completed classroom-based training in Whistleblowing / Prevent, representing an increase of 12 staff since the last quarter.

11. Whistleblowing Oversight / Governance

Responsibility for the governance and reporting of Whistleblowing within NHS Fife is now part of the Corporate Governance & Board Administration function.

The recently established role of a Speak Up / Whistleblowing Coordinator, who took up post in September 2024, continues to enhance operational support for whistleblowing activity, including outreach to staff to encourage them to report concerns, in addition to ensuring Board compliance with reporting requirements of the National Whistleblowing Standards.

The Speak Up / Whistleblowing Coordinator has led on the following key activities during this quarter:

- coordination and follow-up on currently active whistleblowing investigations;
- creation of bespoke NHS Fife whistleblowing step-by-step process documents, with clear alignment to the requirements of the National Standards;
- establishment of a communications workplan, including initial review and streamlining of whistleblowing information available on our internal employee app, Stafflink;
- refresh of the regular Confidential Contacts peer support meeting, creating an active MS Teams channel as a vehicle for regular dialogue and sharing of good practice;
- exploring options for wider promotion and appreciation of the Confidential Contact role within the organisation;
- liaising with Organisational Development staff to organise refresher training to Confidential Contacts and to discuss potential for triangulation and dissemination of learning from concerns being raised;
- establishing monthly updates of a concern tracker with the Board's Non-Executive Whistleblowing Champion;

- participating in visits and walkabouts to speak directly to staff, both clinical and professional, about the importance of speaking up;
- attending the Board's Equality & Human Rights Steering Group and Area Partnership Forum, to discuss whistleblowing activity and performance;
- establishing links with the Fife Health & Social Care Partnership, to promote closer working and procedural information-sharing across integration partners; and
- establishing links with the INWO team and staff in similar posts across NHS Scotland.

A core part of the role moving forward will be an ongoing programme of regular outreach work to visit staff across acute, community and primary care settings, promoting speak up and awareness of the Board's Whistleblowing processes, to ensure staff feel listened to and are able to raise concerns in a timely manner.

The Whistleblowing Oversight Group, chaired by the Chief Executive, held its third meeting in October 2024. The Group focuses on enhancement of current Whistleblowing processes, developing new documents and procedures as appropriate to ensure a robust level of reporting and associated learning takes place. To enhance opportunities for collaborative learning as a result of concerns being raised, the group have approved a formal 'concern tracker', which follows guidance in the National Whistleblowing Standards around identifying themes for future learning. Although the roll-out and use of the document is still in its infancy, current evidence demonstrates three categories of concern being highlighted: quality of patient care / patient safety; unsafe / unsuitable working conditions; and workplace culture. These themes are now being shared and discussed during meetings, with the future aim of exploring methods for data triangulation across other learning and development departments.

12. Outstanding Whistleblowing Actions from Concerns raised or related Internal Audit Reports

There are no actions outstanding from Whistleblowing concerns raised in previous quarters or related Internal Audit reviews of NHS Fife's Whistleblowing processes.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 4 March 2025**
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 Dec-24 did not achieve reduced trajectory and is trending upwards.
  - PDPR compliance is not achieving trajectory.

- This report provides a **Limited** 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 NHS Scotland 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 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 Dec-24 for Sickness Absence; and end of Jan-25 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.

Highlights of January 2025 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.

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

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	7.80%	Dec-24	7.0%	6.5%
PDPR	44.3%	Jan-25	55.0%	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 Human Rights, including children's rights, 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 2024 IPQR has been made available for discussion at the meeting on 4 March 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 February 2025
- Public Health & Wellbeing Committee, 3 March 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Limited** 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 January 2025 SG v1.0

Report Contact:

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

Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at January 2025
Produced in February 2025

Introduction

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

The IPQR comprises the following sections:

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

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

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

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

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

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

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

MARGO MCGURK
Director of Finance & Strategy
17 February 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

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

Risk Key

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

Movement Key

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

This update reflects the new risk appetite which aligns to the strategic priorities within the four-point model.

There are currently 20 risks on the Corporate Risk Register. Two new risks have been agreed and added: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. 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 for all risks to support management of risk over time.

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

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

B. Indicator Summary
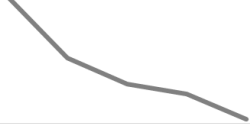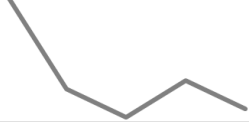
Quality & Care

		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	SAER - Median Working Days to Report Approved	254	238	▼		HSMR	0.96	0.96	—		Stroke Care Bundle	70.1%	67.7%	◆
	Inpatient Falls	9.08	9.03	◆		Pressure Ulcers	1.02	1.39	▲		Ligature Incidents (Mental Health)	0.90	0.37	▼
	Incidents of Restraint (Mental Health)	9.89	11.64	▲		Incidents of Physical Violence (Mental Health)	10.43	7.57	▼		Incidents of Self Harm (Mental Health)	1.98	1.29	▼
	SAB HAI	20.2	28.1	▲		C Diff HAI	3.4	17.5	▲		ECB HAI	13.4	45.6	▲
	S1 Complaints Closed in Month on Time	70.8%	50.0%	▲		S2 Complaints Closed in Month on Time	36.4%	14.7%	▲					

Operational Performance

			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Emergency Access	A&E	72.0%	67.6%	▲		Delayed Discharges (Standard)	Acute/Comm	44.4	47.9	▲		Cancer	31-day DTT	96.4%	97.4%	◆
		ED	63.4%	58.7%	▲			MH/LD	12.9	10.5	▼			62-Day RTT	76.9%	74.0%	◆
	Patient TTG	% <=12weeks	45.1%	45.7%	◆		New Outpatients	% <=12weeks	37.8%	39.3%	▼		Diagnostics	% <=6weeks	87.1%	88.9%	◆
		>52 weeks	648	681	▲			>52 weeks	5181	5181	◆			>26 weeks	44	55	◆

Finance

		Current	Change			Current	Change
	Revenue Resource Limit Performance	(£32.021m)			Capital Resource Limit Performance	£5.115m	

Workforce

		Current	Previous	Change			Current	Previous	Change				Current	Previous	Change
	Sickness Absence	7.80%	6.91%	▼		Personal Development Plan & Review	44.3%	44.3%	◆		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	156	144	—		Alcohol Brief Interventions	103%	96%	—		Drugs & Alcohol		92.3%	94.5%	▼
	CAMHS		100.0%	95.1%	▲		Psychological Therapies	84.9%	75.4%	▲		Mental Health Readmissions within 28 days		5.9%	6.1%	◆
	Breast Screening		73.4%		—		Bowel Screening	66.2%		—		AAA Screening		87.3%	86.8%	▲
	Infant Feeding		35.6%	29.1%	▲		Childhood Immunisation	6-in-1 @ 12 months	94.0%	94.5%	▼		Winter Vaccination	Influenza	40.6%		—
	Child Development		17.2%	19.6%	▲			MMR2 @ 5 years	85.7%	85.7%	◆			Covid	39.2%		—

Key

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

| | | To improve staff experience and wellbeing | 2 | 2 | - | - | - | ◀▶ | Open |

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Sickness Absence	7.80%	Month	Dec-24	7.0%	6.5%	⭕	▼	◆		🔴	YE Nov-24
Personal Development Plan & Review (PDPR)	44.3%	Month	Jan-25	55.0%	60%	⚫	◆	▲		⚫	
Vacancies (Medical & Dental)	3.3%	Quarter	Sep-24			⚫	◆	▲		⚫	
Vacancies (Nursing & Midwifery)	2.7%	Quarter	Sep-24			⚫	◆	▲		⚫	
Vacancies (AHPs)	4.0%	Quarter	Sep-24			⚫	▲	▲		⚫	

Performance Key

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

SPC Key

⭕ Within control limits

⭕ Special cause variation, out with control limits

⚫ No SPC applied

Change Key

▲ "Better" than comparator period

◆ No Change

▼ "Worse" than comparator period

— Not Applicable

Benchmarking Key

🟢 Upper Quartile

🟡 Mid Range

🔴 Lower Quartile

⚫ Not Available

Sickness Absence

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

7.80%

10816 ⬇ Hours to achieve trajectory

Data Analysis

Sickness absence increased from 6.91% in Nov-24 to 7.80% in Dec-24. Short-term absence increased from 3.23% in Nov-24 to 3.94% in Dec-24, with an increase in long term absence from 3.68% to 3.85%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 27.3% of all absences).

Within HSCP, Community Care has an absence rate above 10% Complex & Critical Care above 8%, and the Medical Directorate, HSCP is above 7.5%,

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

Achievements

Benchmarking with other Boards on their approaches to managing attendance has been completed. Findings have included some inconsistencies with the application of the Once for Scotland (OfS) Attendance Policy.

A Staff Link Campaign is underway to highlight the importance of recording absence accurately and encouraging staff not to use the 'unknown cause' category when recording sickness absence.

Future/Ongoing

Working in partnership review the implementation of OfS policy in relation to early interventions in long term sickness absence cases to ensure a more robust application of the OfS Attendance policy.

Revised Attendance management training to take account of above and develop and deliver bite sized training in partnership.

Analysis of the H&SCP multifactorial review recommendations implementation plan and to explore the benefits to share approach across the system for all services to use as appropriate.

Challenges

Ageing workforce with complex health needs. Pressures associated with the Reduction in the Working Week.

Sickness Absence

Target — 24/25 Trajectory

Working Hours Lost

92,030 | 81,997 | 88,641 | 78,399 | 89,617 | 84,247 | 87,394 | 91,314 | 89,424 | 99,644 | 100,231 | 105,933 | 114,464 | 99,282 | 92,012 | 97,129 | 96,863 | 94,228 | 101,074 | 87,899 | 92,705 | 100,028 | 91,134 | 105,940
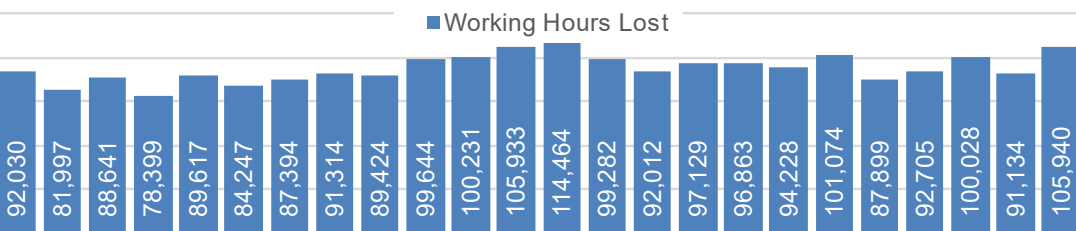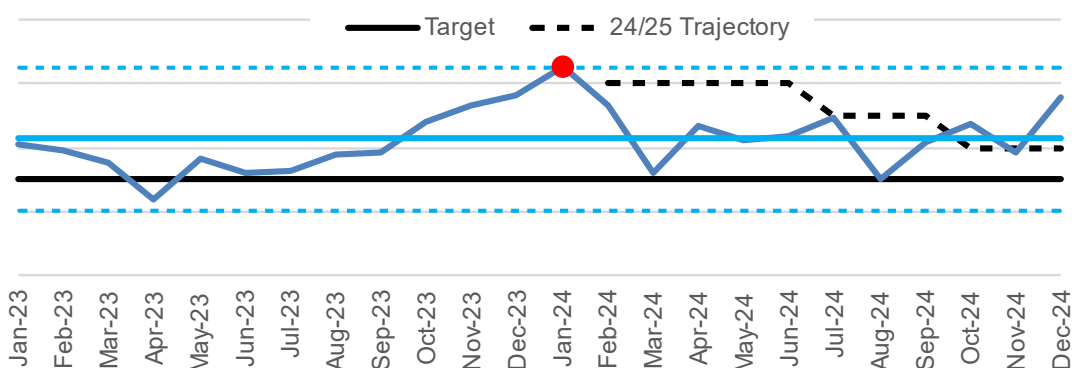
Hours Lost by Reason; Dec-24

- Other
- Unknown causes/not specified
- Back problems
- Other known causes- not otherwise classified
- Chest & respiratory problems
- Injury, fracture
- Gastro-intestinal problems
- Other musculoskeletal problems
- Cold, cough, flu - influenza
- Anxiety/stress/depression/other psychiatric illnesses
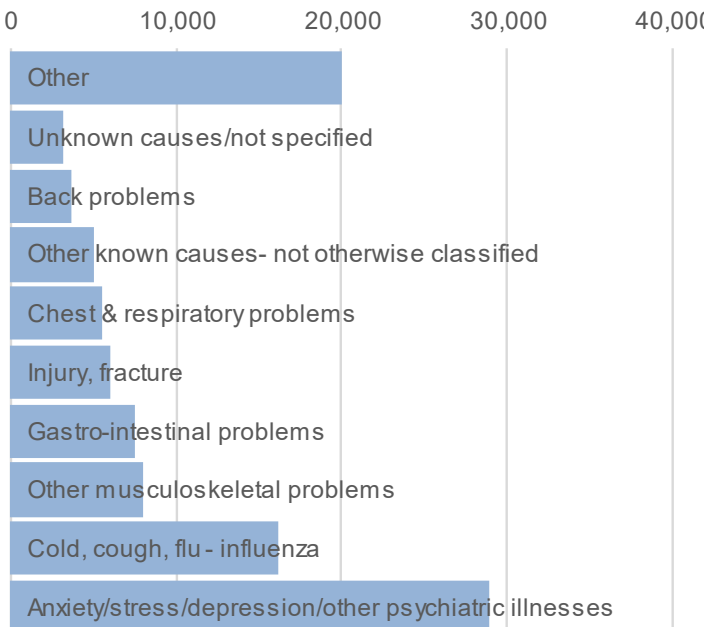
Benchmarking; Nov-24

Scotland

Territorial NHS Board
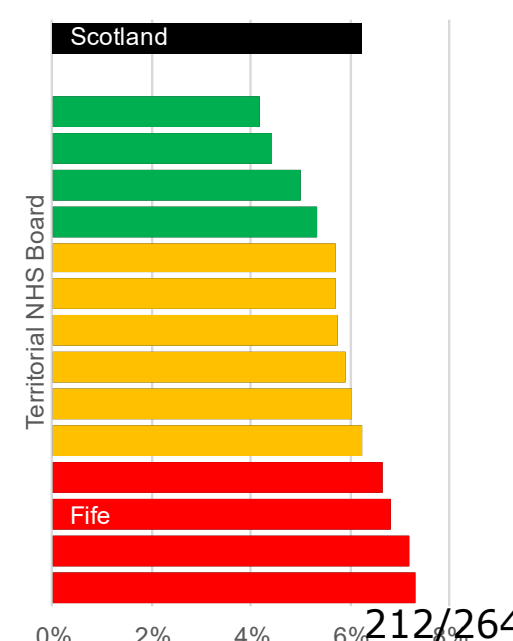
Fife

PDPR
Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

44.3%

10.7% ⬆ To achieve trajectory as of Nov-24

Data Analysis

Compliance was 44.3% in Jan-25, unchanged from the previous month but an increase of 2.5% on the same month in 2024. This is below the locally agreed trajectory of 55.0%.

The number of reviews held in Jan-25 increased by 2.2% to 289 from 283, so far in 2024/25 there have been 3039 reviews held (Apr – Jan) compared to 2967 in same period in 2023/24.

Compliance was highest in HSCP at 45.6%, Primary & Preventative Care has highest compliance within the Partnership with 50.6% with Complex & Critical Care lowest at 39.4%, the latter decreased by 2.9% on previous month. Corporate Services compliance is 44.1%, an increase of 1.1% from month prior and 10.4% higher than year previous, Acute Services 43.0%., both WCCS Directorate and Surgical Directorate have increased compliance to 56.5% and 57.0% respectively, Medical Directorate is at 20.2% compliance its 2nd lowest level in financial year 2024/25.

Achievements & Challenges

Actions identified as part of the PDPR recovery plan initiated in December 2024 are progressing. All managers in the Corporate Directorate have been provided with PDPR status reports with HSCP and Acute Services managers to receive these before the end of February.

All NHS Fife and HSCP managers have received a reminder of their responsibilities in this process and have been provided with relevant guidance to support this. Additional Turas Appraisal training sessions are being provided to accommodate anticipated increases in demand.

Engagement in both Acute Services and the HSCP continues to be impacted by ongoing service and winter pressures.

PDPR Compliance — Target, 24/25 Trajectory (Feb-24 to Jan-25)

Corporate, Acute Services, HSCP (Feb-24 to Jan-25)

Reviews Held (Feb-24 to Jan-25)

Jan-24, Jan-25 — HSCP, Acute Services, Corporate
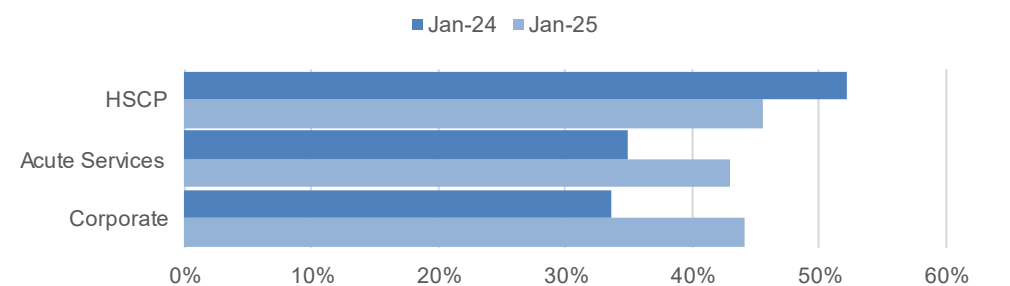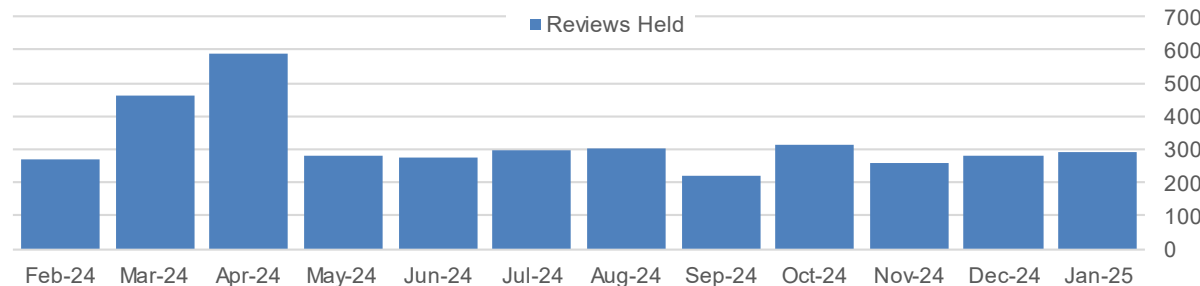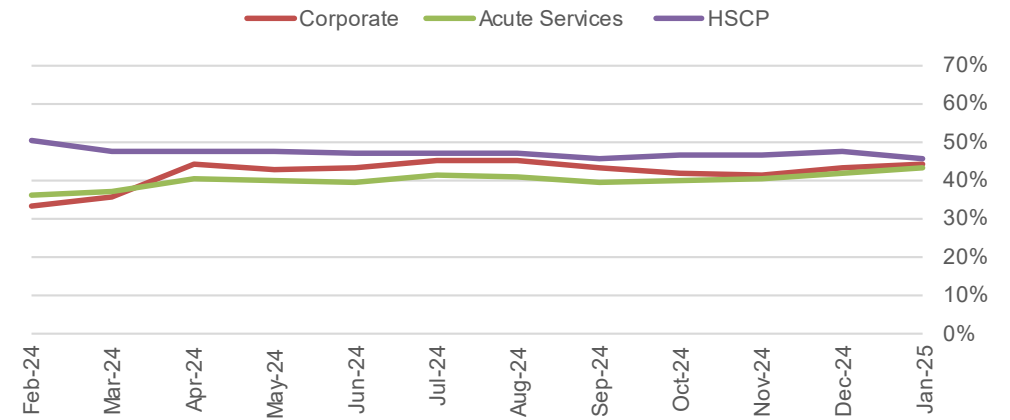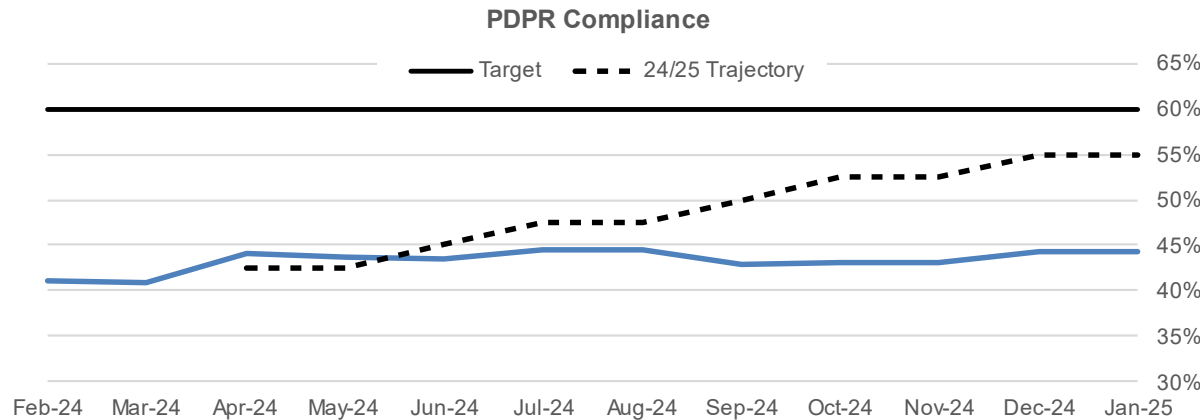
C3. Workforce

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.

Of the vacancies listed above, there are interviews planned for Anaesthetics for the end of February 2025 and should appoint.
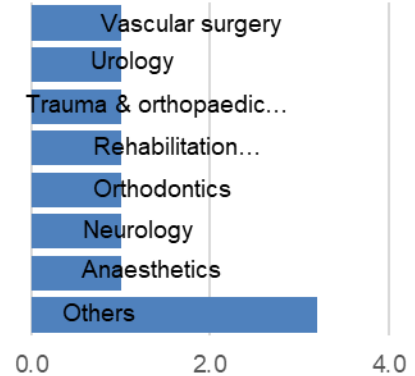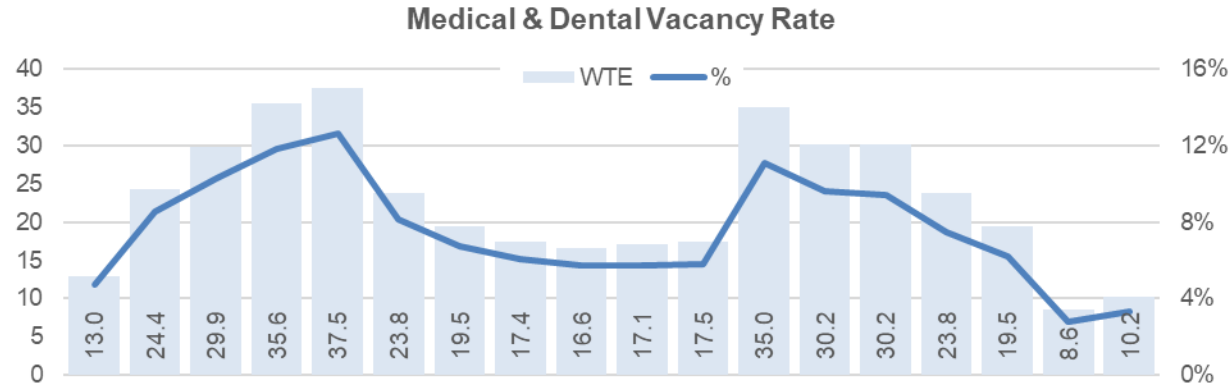
Nursing & Midwifery

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+.

Thie reduction is predominately due to the Autumn 2024 intake of new Nurse Registrants within the Board.
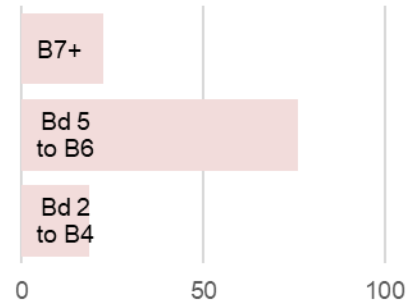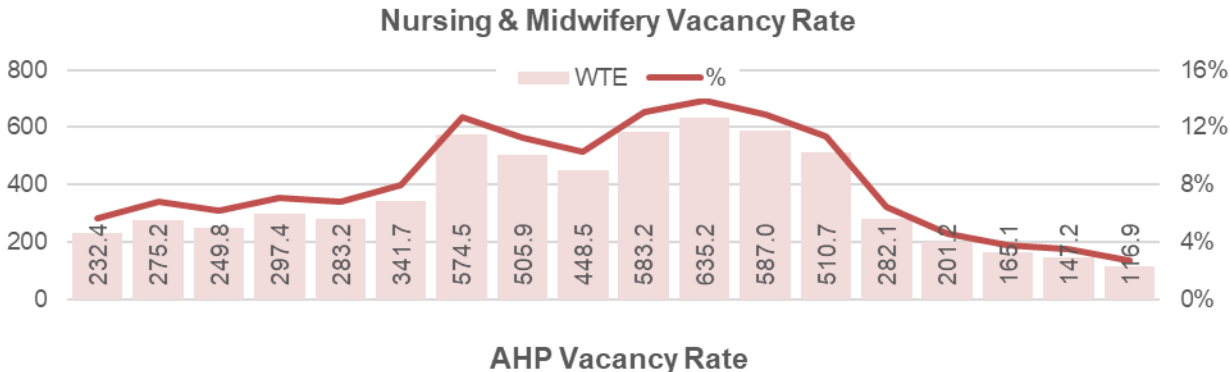
AHP

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.

Similarly, the eduction is due to the Autumn 2024 intake of new AHP Registrants within the Board.

Medical & Dental Vacancy Rate

WTE values: 13.0, 24.4, 29.9, 35.6, 37.5, 23.8, 19.5, 17.4, 16.6, 17.1, 17.5, 35.0, 30.2, 30.2, 23.8, 19.5, 8.6, 10.2

Breakdown (Sep-24): Vascular surgery, Urology, Trauma & orthopaedic..., Rehabilitation..., Orthodontics, Neurology, Anaesthetics, Others

Nursing & Midwifery Vacancy Rate

WTE values: 232.4, 275.2, 249.8, 297.4, 283.2, 341.7, 574.5, 505.9, 448.5, 583.2, 635.2, 587.0, 510.7, 282.1, 201.2, 165.1, 147.2, 116.9

Breakdown (Sep-24): B7+, Bd 5 to B6, Bd 2 to B4

AHP Vacancy Rate

WTE values: 37.0, 23.0, 45.2, 47.9, 54.0, 44.1, 41.3, 79.7, 72.4, 80.5, 72.3, 75.6, 62.9, 61.1, 35.1, 27.4, 36.8, 29.2

Months: Jun-20, Sep-20, Dec-20, Mar-21, Jun-21, Sep-21, Dec-21, Mar-22, Jun-22, Sep-22, Dec-22, Mar-23, Jun-23, Sep-23, Dec-23, Mar-24, Jun-24, Sep-24

Breakdown (Sep-24): Physiotherapy, Occupational therapy, Dietetics, Occupational therapy, Radiography - diagnostic

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 4 March 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 the Staff Governance Committee since the last report to the meeting on 7 January 2025.
- 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 Committee is asked to consider and be assured of the mitigating actions to improve the risk levels and note the risk appetite status of the corporate risks against the new risk appetite agreed by the Board in November.
- Members are asked to take a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.
- Members are asked to note the intention to hold a risk focused development session to re-set the Workforce related Corporate risks.

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 on 7 January 2025.

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the Risks and their management.

2.3 Assessment

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

Table 1: Risks Aligned to the Staff Governance Committee

Since the last report to the Committee on 7 January 2025:

- 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 16 high and Risk 19 remaining at 9 moderate.

Risk Title	Target Score	Current Score	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
11. Workforce Planning and Delivery	8	16	16	16	16	16	16	Above
12. Staff Health and Wellbeing	8	16	16	16	16	16	16	Above
19. Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]	9	9	9	9	12	12	12	Below

Risk Appetite

- 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 are 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.

The updated Risk Appetite is attached in Appendix 2.

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

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.

KEY UPDATES

Risk 11 – Workforce Planning and Delivery

The Board Workforce Plans for 2025/2026, is on the agenda for the March meeting and will continue to triangulate the position between the ADP, the financial envelope, non pay elements of the previous non pay agreement for Agenda for Change staff, the projected gap between workforce supply and demand and identifying workforce and non-workforce solutions which services are progressing to mitigate workforce risks and balance service delivery. The HSCP Workforce Plan for 2025/2026 is also under development for March 2025 submission.

Gateway placements were scheduled and delivered week commencing 20 January 2025, accommodating 9 students over 4 days, with both simulation and clinical shadowing experience. A Widening Participation Lead is in the costing plan for ScotCOM to bring the various initiatives together and develop a coherent programme for future academic years.

A 60% PDPR completion rate and 80% mandatory / core skills compliance rate are corporate priorities for 2024/2025 and will continue to be priorities for 2025/2026, with PDPR rates moving to 65%. NHS Fife's performance against both of these metrics was escalated to NHS Fife Board in November 2024. A short-term recovery plan (up to 31 March 2025) is in play to drive up performance, and primarily focused on all corporate services, the quality of the data and accessible/timely line manager reporting, through a new report generated by OBILEE. Further efforts to generate momentum and continually sustain performance metrics are being pursued with the HSCP, Acute and Estates & Facilities.

Risk 12 – Staff Health and Wellbeing

Work is progressing on Promoting Attendance recovery actions to support reductions in staff absence and promote staff wellbeing. This includes proposals on the handling of absence management cases, with the introduction of the use of triggers and three stages for long term absence cases in line with the OfS Attendance Policy. Three teams which fall into high priority areas are to consider implementing recommendations from a multifactorial review within HSCP. Work is also ongoing to triangulate absence data with post codes and other relevant data to assist any future work in this area.

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

The third Quarterly High Cost Agency return was submitted to SG in January 2025. The last HIS engagement meeting supported our assessment of reasonable assurance in respect of

the implementation to the Act. Enhanced local engagement and reporting was achieved via the introduction of a bespoke excel template, aligned to national annual return, to capture latest activity in respect of Act requirements. Feedback continues to inform the local Board wide action plan. The second quarterly internal report was considered at January 2025 SGC and NHS Fife Board meetings. The Annual report deadline is 30 April 2025.

The 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. Representatives from Social Care services attend the Care Inspectorate national group bimonthly. The Annual return for Part 3 Care Services is due to be submitted to SG by 30 June 2025.

This report provides the following Level of Assurance:

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

2.3.1 Quality / Patient 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.

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 Forum; NHS Fife HCSA Implementation Group; the newly reformed Attendance Management Oversight Group; the People and Change Board and the NHS Fife Staff Health & Wellbeing Group.

2.3.8 Route to the Meeting

Via the various meetings set out above.

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

- **Noting** – members are asked to note details of the corporate risks aligned to this Committee as at 20 February 2025.
- **Noting** the risk appetite status of the risks against the new risk appetite.
- **Consider** and be **Assured** of the mitigating actions to improve the risk levels and take a **Moderate** Level of Assurance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 20 February 2025
- Appendix 2: Risk Appetite Statement

Report Contact:

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

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
11	HIGH	**Workforce Planning and Delivery** There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated whole system capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery	Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; the development of the imminent Workforce Plan for 2025 to 2026 alongside service-based workforce plans to the RTP Programme and agreed workstreams, aligned to ADP and financial planning cycles. 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. Updates now provided to each Staff Governance Committee meeting and at regular intervals to NHS Fife. 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. HSCP Workforce Plan for 2025 to 2026 also underdevelopment for March 2025 submission. 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	Above	High 16	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)

			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 opportunities and support subject choices for the senior school phase. Repeat sessions to be run in September 2025 and on an annual basis thereafter. 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 held in January and February 2025, followed by work placements planned for 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. Planning for this to be an annual event. Gateway placements were scheduled and delivered week commencing 20th January 2025, accommodating 9 students over 4 days, with both simulation and clinical shadowing experience. A Widening Participation Lead is in the costing plan for ScotCOM to bring the various initiatives together and develop a coherent programme for future academic years. 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. 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. 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. 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.	

			60% PDPR completion rates and 80% mandatory/core skills compliance rates are corporate priorities for 2024/25 and will continue to be priorities for 2025/26, with PDPR rates moving to 65%. NHS Fife's performance against both of these metrics was escalated to NHS Fife Board in November 2024. A short-term recovery plan (up to 31/03/2025) is in play to drive up performance, and primarily focused on all Corporate services, the quality of the data and accessible/timely line manager reporting, through a new report generated by OBILEE. Further efforts to generate momentum and continually sustain performance metrics are being pursued with the HSCP, Acute and Estates & Facilities.						
12	HIGH	**Staff Health and Wellbeing** There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	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. The Staff Health & Wellbeing Framework and Action Plan 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. 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. 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.	Above	High 16	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)

			Current focus on stress, with the HSCP Stress Survey underway and action planning during January 2025. 1453 responses received to date. 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 planned for 2025. 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, with the introduction of the use of triggers and 3 stages for long term absence cases in line with the OfS Attendance Policy. Three teams that fall into high priority areas to consider implementing recommendations from a multifactorial review within HSCP Work also ongoing to triangulate absence data with post codes and other relevant data to assist any future work in this area.						
19	**HIGH**	**Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]** 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. While the consequences of not meeting full compliance have not	NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established with monthly meetings. HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings. Quarterly progress returns submitted to SG February 2025. HIS engagement meeting supported assessment of reasonable assurance. Enhanced local engagement and reporting achieved via	Below	Moderate 9	Mod 9 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)

		been specified, this could result in additional Board monitoring / measures.	introduction of bespoke excel template, aligned to national reporting framework to capture latest activity in respect of Act requirements. Feedback continues to inform local Board wide action plan. Third quarterly high-cost agency return to 31/12/2024 submitted to SG and second quarterly internal report will be considered at January 2025 SGC and the next NHS Fife Board meetings. Annual report deadline is 30/04/2025. Regular updates provided to APF, EDG and SGC and Fife NHS Board. 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. Representatives from Social Care services attend the Care Inspectorate national group bimonthly. Annual return for Part 3 Care Services is due to be submitted to SG by 30 June 2025. This risk on the preparations for HCSA implementation is monitored and updated via the NHS Fife HCSA Local Reference Group.							

Risk Movement Key

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

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 higher business rewards, 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** 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	**Improving staff experience and wellbeing** 11) Workforce Planning and Delivery 12) Staff Health and Wellbeing	**Delivering value and sustainability** 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

Staff Governance Committee

AREA PARTNERSHIP FORUM

(Meeting on 4th March 2025)

The main area of focus of the Area Partnership Forum meeting held on 22nd January 2025 was the Re-form, Transform and Perform Framework, with updates from the Workstreams, and discussion thereof. Also spotlighted was the ongoing challenging financial situation, and the Scottish Government Budget Announcement in December 2024.

In addition to standing items, there was a presentation providing an overview of Mental Health Services in Fife; an update on Attendance Management highlighting improvement work; a progress report on the implementation of The Health and Care (Staffing) (Scotland) Act 2019; a report on activity around PDPR and Mandatory Training Recovery Plan; and the iMatter paper which illustrates NHS Fife's strong culture and commitment to team working.

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

NHS Fife
AREA PARTNERSHIP FORUM

NHS Fife

<u>UNCONFIRMED</u> MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 22ND JANUARY 2025 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: Lynne Parsons, Employee Director

Present:

Sharon Adamson, Royal College of Nursing	Wendy McConville, UNISON
Yvonne Batehup, Welfare Officer, UNISON	Neil McCormick, Director of Property & Asset Management
Vicki Bennett, British Dietetic Association	
Helen Caithness, Royal College of Nursing	Debbie McGirr, Speak Up/ Whistleblowing Co-ordinator
Claire Dobson, Director of Acute Services	
Susan Fraser, Associate Director of Planning & Performance	Christopher McKenna, Medical Director
	Maxine Michie, Deputy Director of Finance
Lynne Garvey, Director of Health & Social Care	David Miller, Director of Workforce
	Louise Noble, UNISON
Mary Ann Gillan, Royal College of Midwives	Joanna Pickles, Consultant, LNC Rep
Alistair Graham, Director of Digital & Information	Sandra Raynor, Head of Workforce Resourcing & Relations
Paul Hayter, UNISON	
Jenni Jones, Associate Director of Culture, Development & Wellbeing	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
Kirsty MacGregor, Director of Communications & Engagement	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance:
Jane Anderson, General Manager, Women, Children and Clinical Services (Item 05.2)
Jackie Millen, Learning & Development Manager (Item 09.1)
Nicola Morris, UNISON
Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

L Parsons welcomed everyone to the meeting, in particular N Morris attending her first Area Partnership Forum (APF), and W McConville, attending her final APF meeting: L Parsons took the opportunity to thank W McConville for her valuable contribution to APF Staff Side and to the full APF, and to NHS Fife over the years, and wished her a long and happy retirement.

Apologies for absence were noted from Fiona Forrest, Stuart Fraser, Ben Hannan (Susan Fraser attending), Margo McGurk (Maxine Michie attending), Ben Morrison and Carol Potter.

02. PRESENTATION: OVERVIEW OF MENTAL HEALTH SERVICES

Following a request at the last APF meeting, L Garvey presented an update on Mental Health Services in Fife. L Garvey highlighted some of the challenges we face: quality of estate; increased scrutiny of resources; our care model, which is heavily dependent on inpatient beds; workforce retention; and

reduction of bank/ agency/ locum use. There are real opportunities to redesign Mental Health Services in terms of workforce, quality of care and performance with the need to balance the financial envelope. Consideration is being given to consolidation of sites, how we ensure patients receive care closer to home and make Fife the best Mental Health Service to help retain the workforce across all job families. Governance is being strengthened through the establishment of an Oversight Group providing a means to raise concerns and to drive forward improvement work. In addition, the Mental Health Estates Board has been re-instated. There is a real commitment to work together with staff side colleagues to take forward this agenda.

There is a focus on the oversight and management of ligature risk, with the development of a new policy following analysis of related incidents and near misses, to help mitigate risks to patients. Health & Safety walkrounds have identified possible ligature risks/ anchors with immediate action taken as required. Where there might be the possibility of 'fixture failure' in mental health wards, extra nurses have been on shift to reduce ligature risk. In terms of planned refurbishment, staff will be made aware and informed of upgrading work/ moves going forward.

Service redesign includes the closure of Cairnie Ward, Stratheden Hospital; staff have been redeployed into vacant posts. An options appraisal is being undertaken regarding the repurposing of Cairnie Ward. Every effort will be made to move patients to a single site; and to support individuals to return to a homely community setting, reducing their length of stay in hospital. In terms of workforce, 35 newly qualified practitioners (NQPs) have been recruited; there is a focus on staff and leadership development to aid retention, and on absence management; and a move to Direct Engagement to reduce medical locum costs.

In response to Y Batehup's query on agency staff use, L Garvey confirmed this is only when substantive or bank staff are unavailable to cover. In answer to S Adamson's question in relation to the date of the Ravenscraig Ward move, L Garvey advised this is in the very early stages of planning and no final decision has been made due to financial constraints.

APF **noted** the presentation.

| 03. | **MINUTES OF PREVIOUS MEETING AND ACTION LIST** | |

The Minutes of the APF meeting held on 20th November 2024 were approved as a true and accurate record.

The Action List was reviewed, and the status of open actions agreed. I Bumba to be invited to the next APF to update on progress with the Anti-Racism Policy.		**SR**

| 04. | **MATTERS ARISING** |

There were no matters arising that were not on the agenda.

| 05. | **PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT** |

05.1   Improved and Safe Working Environment

N McCormick highlighted from the report that HIS (Healthcare Improvement Scotland), after their follow up inspection of Ward 5 ENT, and Wards 6 and 9, Phase 1 in particular, were impressed with the progress of the improvement

recommendations made at their previous visit.

N McCormick explained that in order to comply with the new NHS Scotland Fire Safety Policy an Action Plan must be developed and a Lead Fire Advisor identified; this is currently being actioned.

Included in the report are the quarterly incident statistics – N McCormick advised there is nothing untoward arising from the figures – which has also been presented at Health & Safety Sub Committee and Staff Governance Committee (SGC). N McCormick encouraged APF members to raise any health and safety concerns so that the necessary improvements can be made. Future reports will be enhanced with the addition of trends data and identification of any issues for escalation.

P Hayter drew attention to the high number of cancelled Manual Handling (MH) training courses. It was acknowledged there is a legal obligation to provide MH training; however, the ongoing challenges with releasing staff to attend training was recognised, and alternative delivery methods are being explored.

APF **noted** the report.

05.2   Attendance Management Update

J Anderson gave a brief overview of the current position, indicating that in October 2024, the absence rate was 7.36%, and fell to 6.90% in November 2024; however, the decrease was not sustained, and absence levels rose to 7.8% in December 2024, demonstrating the challenge we have around attendance management.

The Attendance Management Oversight Group (AMOG) was unable to meet in December, the rearranged meeting on 27 January 2025 will focus on the proposed changes to the application of the Once for Scotland Attendance Policy: a benchmarking process had identified some variation in application across the Board, resulting in variation in outcomes. An update will be brought to the People & Change Board and to a future APF. In addition, a review of membership of the Group has been undertaken to ensure representation from as many services/ areas as possible. The work of the Group continues with the three high priority areas within Complex & Critical Care; consideration of the recommendations from their multifactorial review, as a positive outcome has been achieved; and improving the knowledge and understanding of those managing attendance by sharing learning.

Following the discussion at SGC, AMOG will explore the importance of establishing the correlation between absence data and reasons for absence and align that with appropriate support for staff; and will be on the agenda going forward.

G Tait suggested it would be interesting to compare the rates of anxiety/ stress/ depression now to when we came out of the COVID-19 pandemic. J Anderson agreed this would be worthwhile, to ascertain whether it was mainly work-related stress or personal stress that were contributing factors, and to support to staff accordingly. L Parsons acknowledged absence management is a wicked issue with a lot to do to improve figures; and hoped the meeting on 27 January would help to ensure a consistent approach throughout Fife.

APF **noted** the report.

05.3   Implementation of The Health and Care (Staffing) (Scotland) Act 2019 Update

R Waugh gave a brief summary of the Quarter 2 report which provides an update on our Health and Care (Staffing) (Scotland) Act (HCSA) activity, in line with the requirements of the Act and based on the details previously shared with the APF (but not the extensive spreadsheet at this stage). This is as we build up evidence for the formal annual reporting to Scottish Government (SG).

R Waugh highlighted key activity to date: in line with HCSA Technical Guidance, the relevant HCSA requirements have been built into 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.

R Waugh explained that a revised data capture process will be introduced for Quarters 3 and 4, ensuring clinical leaders and managers are focused on the specific elements of each duty when confirming their RAG status. A template has been developed for this purpose and will be implemented to enable "Board level clinicians" to summarise overall compliance with HCSA requirements, and to provide a RAG compliance status for their profession. The feedback from these templates will be incorporated into future reports.

A range of Standard Operating Procedures relevant to the Act covering Staffing Level Risk Assessment and Escalation Process has been developed; and Duty to Seek Clinical Advice.

A revised communication campaign is to be launched before the end of Quarter 4 to promote HCSA, specifically on what HCSA means to staff, managers and clinical leads.

R Waugh confirmed we are reporting a 'reasonable' level of assurance and will have a follow up HIS Board Engagement meeting at the beginning of February 2025. These meetings allow us to share ongoing work within the Board, areas of success and challenge and receive HIS feedback. We have submitted our second High-Cost Agency quarterly report and colleagues are working on the third, which is also a requirement of Act reporting.

This report is linked to aligned work on the Nursing & Midwifery Tool Runs, review of tools and aspects of the implementation of eRostering and in particular SafeCare, which now that the BAU (Business as Usual) team has been recruited, will help risk assessment and reporting in future once rollout within the Board is completed.

In response to G Tait's question, R Waugh indicated the OPEL tool provides robust evidence on staffing; however, small pockets of different functions are not quite up to speed with aspects of the Act, and we are trying to support them as best we can - MS Forms enables us to identify these areas. And the other main issue is around the application of the principles of the Common Staffing Method.

APF **noted** the report.

06. **TREATED FAIRLY AND CONSISTENTLY**

06.1 **Workforce Policies Update**

S Raynor explained that HR29 – NHS Fife Reserve Forces Training & Mobilisation Policy had been reviewed by the Workforce Policy Group and the only amendments were to update the contact details.

APF **noted** the update and **approved** the policy.

07.   RE-FORM, TRANSFORM, PERFORM FRAMEWORK

S Fraser reported that the Re-form, Transform, Perform (RTP) work is progressing, with plans and programmes prepared for next year. We are in the process of closing off the thirteen schemes started last year and subsuming into future programmes of work. See item 08.2 for the savings update.

Infrastructure & Change Update

N McCormick indicated that work is being undertaken on a number of medium to long-term projects at Stratheden and Cameron Hospitals; and consideration is being given to whether any buildings can be disposed of to make savings. Energy generation/ energy reduction is being aided by ongoing replacement of lights with LED bulbs, looking to make savings wherever possible.   It is anticipated the forecast £2m savings will be met together with a further £600,000 PFI cost reduction project by the end of March 2025.

Business Transformation Update

A Graham advised that RTP has afforded the opportunity to redevelop and modernise support services with, for example, making better use of existing technology, expansion of the patient hub functionality, use of digital letters from February 2025. We are building the case for what a modern administrative service should look like. The Director of Planning & Transformation role is coordinating a whole system planning approach to unify priorities. We are now seeing some of the benefit from bridging actions and support projects sustainable into the future.

In response to A Verrecchia's request for clarification on the 13-week hiring pause, A Graham explained this is a period for services to reconsider/ review whether the post is still required.

People and Change Board Update

D Miller reported that the last People and Change Board meeting had focussed on, firstly, Direct Engagement (a negotiated reduced rate for locums): we are already seeing savings, with a current 65% compliance rate, anticipating 90% target achieved by the end of January 2025.

Secondly, workforce and the Workforce Plan was also a priority discussion given the current workforce is unsustainable. Improved workforce data has enabled greater understanding and analysis, and comparison with other Boards in Scotland of all job families. Challenging discussions on reducing workforce numbers/ skill mix are ongoing in partnership, with all levels of staff affected.

S Adamson queried, given the tough financial climate, the appointment to the post of Director of Planning & Transformation. D Miller explained the rationale behind the role, that it is was the natural evolution of Reform Transform and Perform Interim Director role, as we move into the 'transformation' phase and with a wider portfolio. The post, resourcing of, had been considered and approved by the Board Remuneration Committee. The post cost had been offset by another Director role and back fill arrangements from Pharmacy.

Responding to M-A Gillan's question regarding workforce reduction and the reduction in the working week, D Miller advised that the Scottish Government's expectation is that we maintain levels of service; however, with the further reduction in the working week to come, we will need to review the services we deliver.

A Verrecchia raised a concern in terms of the Vacancy Control Panel moving to meeting monthly rather than weekly and queried whether this was detrimental to staff on the redeployment list. D Miller advised that if there is a clinical risk, appropriate action will be taken.

In answer to W McConville's question on making the lengthy and involved VMF (Vacancy Management Form) process slicker, S Raynor explained that we are looking to use the functionality on Jobtrain that will enable the Hiring Manager to Add a Vacancy, negating the need for a paper VMF, and keep track of progress through the approval process.

V Bennett requested that the workforce data be shared with APF members. D Miller suggested B McKenna present this information to APF Staff Side in the first instance and questions could be raised at the full APF meeting in the afternoon.

LP

Y Batehup voiced her concern in terms of issues relating to this year's, and the remaining, reduction in the working week to come. Whilst awaiting SG direction and clarity, Y Batehup suggested it would be helpful to issue a communication to guide and enable managers to plan. M Michie agreed to discuss with Y Batehup out with the meeting to ensure there is no detriment to staff.

APF **noted** the update.

08.   **WELL INFORMED**

08.1   **Scottish Government Budget Announcement – December 2024**

M Michie summarised the key points from the Scottish Government's (SG) letter of 4 December 2024: NHS Fife's baseline funding for 2025/26 has increased to £938m, an increase of £109m, which includes the costs associated with the 2024/25 3% pay uplift. The increase takes into account forecast recurring and non-recurring savings; commitments to new national initiatives and current projects additional costs; and with an indicative IJB share challenging position, the anticipated financial position as at the end of 2025/26 is a gap of £53m.

The first draft of the Financial Plan must be submitted to the SG by 27 January 2025, outlining the expected gap and plans to manage the gap. Work is ongoing to quantify all of the workstreams and identify sustainable measures of savings. The final, more detailed Financial Plan to be submitted to the SG by 25 March 2025. The SG expectation is very clear: Boards must break even or report a deficit position - the move to no brokerage for any Board is a change from 2024/25 and highlights the increasing pressure on the overall NHS Scotland budget. We must therefore work together to optimise every opportunity to make savings.

APF **noted** the report.

08.2   **Financial Performance & Sustainability Report**

M Michie advised the report details the financial position as at the end of November 2024, an overspend of £28m (combined Health and IJB), The key contributors to the overspend are Acute Services and Service Level Agreements (SLAs) expenditure with other Health Boards and healthcare providers. Health delegated is showing an overspend of £15.9m. The current financial position is largely as expected.

There has been real success in and around the savings programme which has

delivered £14m of the non-negotiable £25m (3%) target. The trajectory suggests most of our target will be realised in the final quarter. The current forecast outturn for the Board is £37m: a combined projected deficit of £20m for Health and £17m for H&SCP. The IJB overspend is materially impacting the forecast overspend as it was not in the original financial plan (it was a 'risk') but is being monitored closely, with a lot of scrutiny as we move towards the SG's required break-even position.

In response to G Tait's query, M Michie explained that the timeline we are working to is a 3-year financial plan. We are pretty much where we anticipated we would be for 2024/25. However, not all savings will be on a recurring basis; with other Boards are facing the same challenges.

APF **noted** the update.

08.3 Workforce Planning Update

R Waugh informed APF colleagues that revised Workforce Planning guidance was issued by SG in December 2024, with a requirement for Boards and HSCPs to complete and return a pre-determined template by 17 March 2025. The Workforce Planning Forum met last week, and the template is about to go out to services so that we can collect the information requested and develop the plan.

One of the aspects to highlight is that in order to meet the deadline we may need to facilitate APF engagement in a more agile manner and potentially out with meeting cycles. Also, there is no requirement for the Board to publish the Workforce Plan in 2025 and the one-year cycle supersedes the previous obligation to develop and publish a three-year Workforce Plan.

It was suggested B McKenna attends an APF Staff Side meeting to both explain workforce modelling data and to discuss requirements of the workforce plan. **LP**

APF **noted** the update.

08.4 Communications Update

K MacGregor advised the first Internal Communications Survey for Staff was run in September 2024 to give staff the opportunity to share their thoughts on how they like to receive information, how involved and engaged they feel; and how their views and feedback is captured; and also looking for ideas and suggestions on how we can improve. It is planned to run the survey annually, now we have the benchmark, we can identify trends and common themes.

K MacGregor reported that 410 staff participated in the survey, sufficient to provide statistically viable data. 73% of respondents indicated internal communications were largely effective and easy to access. It was suggested that managers could perhaps do more to support and ensure their teams feel well-informed. Respondents preferred concise and timely reporting, easy to access and with a choice on how to access i.e. a multi-channel approach is popular. In addition, we are exploring how to enhance feedback mechanisms.

The information gleaned from the survey will be used to inform the Internal Communications Plan which is currently under development and will be shared with APF members in due course.

Given the challenging financial position, consideration is being given to moving from the StaffLink platform (which requires a license fee) to SharePoint (which is free). Results of the scoping exercise will be shared with APF colleagues for **KMacG**

comment. It was noted that continuity of a quick, efficient and up-to-date communication is essential in these rapidly changing times.

L Noble drew attention to the statistic indicating that only 9% of respondents received news from their line manager; and with links to additional resources included staff with access only to the printed version were missing out on a lot of information. K MacGregor encouraged line managers to ensure staff are kept informed. W McConville confirmed staff do use StaffLink to search for information and keep up to date.

APF **noted** the update.

08.5   Proposed Area Partnership Forum Workplan 2025/26

S Raynor advised that the report includes the APF Workplan for 2024/25, confirming work undertaken this financial year; and shares the plan indicating forthcoming activity for next year, 2025/26. S Raynor thanked colleagues for suggested amendments and welcomed any further comments on the proposed workplan, the final version of which will be shared at the next APF in March 2025.

APF **noted** the workplans.

09.   APPROPRIATELY TRAINED

09.1   PDPR and Mandatory Training Recovery Plan

J Jones advised that the PDPR and Mandatory Training Recovery Plan has been to the Executive Directors Group (EDG), SGC and now APF, following an ask at the Board meeting in November 2024. The report outlines a serious of actions to improve PDPR and Mandatory Training compliance; J Jones welcomed thoughts/ comments on the proposals. J Jones thanked J Millen and her team for the significant work being undertaken to provide accurate and reliable reporting for managers to equip them with real time data on compliance within their area of responsibility. 'Quick wins' to improve performance includes ensuring PDPRs are completely signed off; removal of duplicate Turas accounts and Corporate Directorates to be fully compliant with Core Skills training and PDPRs. Supportive conversations are being arranged with L Garvey and C Dobson and their management teams to work together to achieve sustainable improvements.

J Millen confirmed that Core Skills training and PDPR compliance, following the initial piece of work, has increased slightly as at 31 December 2024; however, there remains a considerable amount of work to do to reach the target figures of 80% and 60% respectively by 31 March 2025, requiring commitment from managers and their teams to ensure staff undertake the necessary training and have a current PDPR in place. Activity to drive forward improvements with Core Skills Training includes issuing of compliance reports to managers; revamping the Corporate Induction Programme; piloting, on the Victoria Hospital site, a combined practical skills session which will enable staff to complete several core skills topics at one time; delivering PLT (Protected Learning Time) guidance sessions for managers. Other key actions include developing a Core Skills Diary so that managers and staff know what to do/ how long training will take in years 1, 2 and 3; and undertaking a trial PLT Pop up session with Pharmacy, and if successful, this will be rolled out across the organisation. Support to increase PDPR performance includes sending reminders to appraisal managers, ensuring partial completions are fully signed off on Turas; with the aspiration that Corporate Directorates are fully compliant

by 31 March 2025.

W McConville drew attention to the concept of a management training passport (first explored some time ago), covering, for example, absence policies, the recruitment process, SSTS, eESS to ensure individuals are competent and confident in their management role. J Jones advised she would be pleased to support this; however, resources are currently a limiting factor. D Miller highlighted the NHS Fife Leadership Framework currently under development - Our Leadership Way - which will provide guidance and support for leaders at all levels.

APF **noted** the update.

10. **INVOLVED IN DECISIONS**

10.1 **Acute Services Division and Corporate Directorates Local Partnership Forum Update**

C Dobson advised that due to the number of apologies and extreme winter pressures, the decision was taken to cancel the ASD&CD LPF scheduled for 20 December 2024. However, on a positive note, the annual newsletter, celebrating staff and signposting to appropriate support during the festive season, was prepared and shared.

To update on activity within Acute Services: ward moves are now complete, with some wards bedding in well, while others are still 'finding their way' and requiring more support. STEC work has been paused during the past 4-6 weeks due to other priorities; however, there has been lots of learning, it is the new 'normal'. Getting back into routine with Senior Leadership and Acute Services Board meetings and there is an LPF Walkabout on 27 January 2025.

APF **noted** the update.

10.2 **Health & Social Care Partnership Local Partnership Forum Update**

L Garvey advised that there has been a more recent H&SCP LPF meeting, but the one in the report was held on 12 November 2024, with standing agenda items, and a focus on health and safety, workforce and on mobilisation and the hub; with few staff mobilising, impacting on the financial position.

There was a spotlight on winter pressures - how difficult it has been - what that would mean for the whole system, support for our Acute colleagues, this formed the majority of the conversation. The remainder of the meeting was all about the financial position, with a huge number of questions asked.

L Garvey was delighted to inform colleagues that V Bennett is the new Co-Chair of the H&SCP LPF.

APF **noted** the update.

10.3 **Staff Experience (iMatter)**

J Jones talked to the report which illustrates our engagement levels with the iMatter survey and action planning statistics; and requested that iMatter is kept high on everyone's agenda. J Jones gave assurance that this is now a well-oiled process. J Jones confirmed that despite an extremely difficult working environment in the past year, the iMatter results are relatively similar to the year before, testament to NHS Fife's strong culture and commitment to team working. D Miller was pleased to highlight that NHS Fife has the highest engagement score of NHS Scotland mainland Boards.

APF **noted** the update.

11. ITEMS FOR NOTING

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

11.1   H&SCP Local Partnership Forum – Minutes of 10th September 2024

11.2   ASD&CSD Local Partnership Forum – Minutes of 15th November 2024

11.3   NHS Fife Staff Health & Wellbeing Group – Minutes of 22nd October 2024

11.4   Health & Safety Sub-Committee – (Unconfirmed) Minutes of 6th December 2024

11.5   Implementation of Health and Care Staffing Act – NHS Fife Safe Staffing Group – Minutes of (i) 25th October 2024 and of (ii) 22nd November 2024

12. AOB

There was no other business to discuss.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 19th March 2025 at 13:30 hrs.

FIFE HSCP LOCAL PARTNERSHIP FORUM **(Meeting on 12 November 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 12 NOVEMBER 2024 AT 9.00 AM VIA TEAMS**

PRESENT: Kenny McCallum, UNISON **(Chair)**
Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer, H&SC
Chris Conroy, Head of Community Care Services
Dafydd McIntosh, OD & Culture Specialist, H&SC
Debbie Fyfe, Joint Trade Union Secretary
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Gemma Reid, H&SC Coordinator **(Minutes)**
Hazel Williamson, Communications Officer, H&SC
Jennifer Rezendes, Principal Social Work Officer, H&SC
Karen Cassie, HR Lead Officer, Fife Council
Lisa Cooper, Head of Primary & Preventative Care Services
Louise Swan, Health & Safety Assistant, Fife Council
Lyndsey Dunn, Community Flow Manager, NHS Fife
Lynne Parsons, Employee Director, H&SC
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
Steven Michie, H&S Lead Officer, Fife Council
Vanessa Salmond, Head of Corporate Governance & IJB Secretary
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch

APOLOGIES: Ben Morrison, Specialist Podiatrist, NHS Fife
Carol Potter, Chief Executive, NHS Fife
Elizabeth Crighton, Organisational Development & Culture Specialist
Helen Hellewell, Deputy Medical Director, H&SC
Jillian Torrens, Head of Complex & Critical Care Services
Kirsty Cairns, UNISON, NHS Fife
Lee-Anne French, HR Business Partner, Fife Council
Liam Mackie, UNISON Fife Health Branch
Lynn Barker, Director of Nursing, H&SC
Sharon Adamson, RCN
William Nixon, H&S, NHS Fife
Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	**APOLOGIES**	
	As above.	

2	**PREVIOUS MINUTES / ACTION LOG FROM 10 SEPTEMBER 2024**	
	The minute and action log of the meeting held on 10th September 2024 were both approved as an accurate record.	
3	**JOINT CHAIRS UPDATE**	
	Lynne Parsons advised NHS Staffside have debated the position and are awaiting confirmation around a national process.	
4	**CAROL POTTER & LYNNE PARSONS**	
	Carol Potter sent apologies and was unable to attend the meeting due to service pressures. Lynne Parsons expressed the importance of visibility and stressed that both herself and Carol were keen to be present and Carol will endeavour to join a future meeting.	
5	**HEAD OF COMMUNITY CARE SERVICES INTRODUCTION – CHRIS CONROY**	
	Chris introduced himself in his new role as Head of Community Care Services from 2nd December 2024 and was welcomed by the Local Partnership Forum.	
6	**HEALTH AND WELLBEING**	
	6.1 Attendance Melanie Jorgensen reported a 7.53% increase in NHS sickness absence in September 2024 compared to September 2023, with short-term sickness absence increasing and long-term absence decreasing in September 2024. Community Care Services reported the highest absence rate at 9.15%, followed by Complex and Critical Care Services at 8.3%, Primary and Preventative Care at 5.58%, and Professional/Business Enabling at 4.16%. The highest number of hours lost was due to anxiety/stress/depression/other psychiatric illness, followed by injury/fracture. The highest number of absence episodes was due to anxiety/stress/depression/other psychiatric illnesses followed by cold, cough, flu - influenza. The highest overall absence rate was in the 16 - 19 age category however there are only a small number of staff in this age bracket. The next highest overall absence rate was within the 55- 59 age group. Karen Cassie reported the Fife Council Sickness Absence Overview with 27.61 working days lost for the rolling year from October 2023 to September 2024. This is made up of 22.11 days for long term absence and 5.50 days for short term absence. Karen reported that absence levels remain high and steady.	

The highest number of hours lost was due to mental health (other) followed by stress - non work related, whilst the highest number of absence episodes was due to cold, cough, flu - influenza, followed by D&V/gastrointestinal.

As at 25 October 2024, the team were supporting a total of 115 absence cases.

Chair then opened to questions from members.

Debbie Fyfe highlighted the increase in absences due to anxiety and stress and the need for pro-active support measures, questioning whether we are recognising this and implementing supportive interventions early enough.

Melanie Jorgensen agreed with Debbie and recognised the challenges. Melanie advised that the NHS has re-launched the Attendance Oversight Group and is undertaking benchmarking against other Boards, reviewing processes, and conducting discussions with Staffside colleagues. There was a meeting last week to discuss the practicalities, to ensure we have the correct supports in place and that we are contacting staff at appropriate times.

Lynne Parsons recognised the need to review and share learning between NHS and Fife Council and suggested a working group. Lynne Garvey confirmed there was a similar meeting shared by Sharon McKenzie focussing on absence rates and best practice and questioned whether a separate meeting may be required for Health & Social Care.

Debbie suggested forming a group inclusive of staff who have been absent long term and who can share their experiences around the challenges of returning to work.
Vicki Bennett confirmed case studies are discussed at the Attendance Oversight Group. Wendy McConville agreed that we need to understand the themes and difficulties in getting people back to work.

Lynne Garvey proposed an action and asked Roy Lawrence to lead on this with his team, with focus groups to be set up, engaging with staff who have been absent long term. Roy suggested that Elizabeth Crighton could link with Debbie Fyfe through the work of the Wellbeing Oversight Group.

RL/EC

Steven Michie highlighted the Fife Council Attendance Support Unit which is newly established and can support this work.

Roy highlighted the launch of the stress indicator tool and asked staff to publicise with their workforce. We are also looking to gather information through exit interviews.

Wendy McConville highlighted that we need to be mindful of imminent changes due to financial pressures and the impact this has on staff stress/anxiety.

Karen Cassie noted that engagement sessions have been held with Care at Home to look at challenges and supports around absences and sessions are to be rolled out with other Fife Council services.

6.2   Recruitment Update

There was no active discussion during the meeting. Following the meeting Karen Cassie forwarded Fife Council Health & Social Care Recruitment Report, which was to be a verbal update. This is noted below.

Over the period of 1 August to 30 September 2024, 48 job requisitions have been raised to advertise vacancies and the top 5 posts advertised were:

· Care Assistant with 9 adverts;
· Social Worker with 4 adverts;
· Home Carer, Social Work Assistant both with 3 adverts;
· Participation and Engagement Officer, with 2 adverts.

818 applications have been received over August and September, with 76% of applicants being external and 24% of applicants being existing employees. 15 applicants were hired, with an almost even split of 8 internal applicants and 7 external applicants.
The demographic of applicants continues to be largely female, with 574 applications, by comparison to 207 applications from males. 37 Candidates did not disclose their gender. Of the candidates hired, 12 are female and 3 are male.
It is typical for high numbers of applicants not to disclose their age. This was also observed in relation to candidate interest of August and September, with 75% of applicants not disclosing their age.
Of those where age was disclosed, the highest application numbers were received from candidates aged 45 – 49, closely followed by candidates in the 35 – 39 age group. Of the candidates hired, where age was disclosed, the 45 – 49 age group had the highest number of appointments with 3, followed by 55 – 59 years and 18 – 24 years where two candidates were appointed within each age group.

NHS Fife Recruitment Update is noted within the papers (pages 27-30).

6.3   Employee Relations Update

There was no active discussion during the meeting. Report noted within final papers (pages 31-34).

	6.4 Staff Health & Wellbeing		
	Elizabeth was unable to attend the meeting and therefore any questions on this report (pages 35-41) should be directed to Elizabeth via email (elizabeth.crighton@fife.gov.uk).		
7	**HEALTH AND SAFETY**		
	7.1 Mandatory Training Dashboard & Trajectory Update (incl HS&W Assurance Group Update) – Item deferred to next meeting.		
	7.2 Single Handed Care Training Update		
	Lynne Garvey gave her thanks to Karen Marwick who is leading on Single Handed Care, summarising that currently in Fife there is a high number of service users requiring 2 or more carers to attend due to moving & handling considerations, which has significant cost implications. Staff need to be trained in using specialist equipment to allow a sole carer to attend and this training is currently being rolled out. To date 20 service users have been assessed as suitable for single handed care, and we are reporting positive engagement with families and unpaid carers.		
	Chair opened to questions from members.		
	Debbie Fyfe highlighted issues around staff confidence and questioned if we could conduct a survey after the training to assess confidence levels. Lynne Garvey advised that Karen Marwick has a plan to mitigate this, noting that only a small percentage of staff had reported being unsure following the training, with the more confident staff to support less confident and the coordinator also supporting. Lynne confirmed that no staff members would be put at risk.		
	7.3 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)		
	Morag Stenhouse reported an ongoing issue of being unable to drill down to services and only portfolios. Work is ongoing to bring the information up to date on Oracle.		
	For the rolling year to end September 2024 Fife Council reported 1 RIDDOR which was a Moving and Handling incident resulting in an over 7-day absence. The largest cause of incidents was reported as slips, trips, falls and this is consistent throughout every report. 65% of incidents involved service users and staff.		
	Violence and Aggression figures over the year have increased, mainly being reported within Care at Home and care homes. The Violent Marker System is being promoted at meetings and forums.		

	Anne-Marie Marshall presented the NHS Fife Incident Report for September-October 2024. 259 incidents were reported, with the highest incident rate being Violence and Aggression where 188 incidents were reported. One RIDDOR reported where a staff member fell down a stairwell resulting in an over 7-day absence. The investigation found that the lighting had failed to activate. 7 DATIX incidents reported where no SBAR was attached. This will be promoted within forums as an SBAR should be attached to Datix within 4 weeks. Anne-Marie noted that we are seeing a lot of incidents involving particular areas and Health & Safety teams are working with these areas to support, reporting that a Violence and Aggression adviser is actively out in wards and providing training. Musculoskeletal injuries are dropping in line with an increase in Moving and Handling training. Anne-Marie confirmed that NHS have doubled up their induction to support staff who came on board through Covid with no training. Chair opened to questions from members. Debbie Fyfe whilst happy to see increase in reporting of Violence and Aggression this is still under-reported. UNISON "It's not part of the job" report shows an increase year on year. Debbie is happy to share this report which is also available on the UNISON Scotland website. Debbie questioned whether we share information on specific cases/threats across services and encouraged management to continue to promote the reporting of incidents. Morag Stenhouse advised that there is not a facility to share incidents of Violence and Aggression across services, however the Violent Marker System is shared across Fife Council. Steven Michie advised that he is refreshing guidance documentation for staff and managers and highlighted that the increased figures correlate with an increase in reporting. Anne-Marie asked Debbie to share the report and reported that whilst we do encourage communication around specific incidents/threats between departments, we are coming up against objections with staff feeling that this is an invasion of patients' privacy.	**DF**
8	**FINANCE**	
	8.1 Finance Update Audrey Valente provided an update on the financial position based on information to September 2024. We currently have a £27.1m overspend which is a £5.5m worsening position – this is a result of packages of care	

increasing, a reduction in savings delivery, additional staffing spend through bank and agency, prescribing increases and funding being reduced from Scottish Government.

In addition, there are known further financial pressures including the National Care Home Contract Rate which has a potential budget shortfall of £600,000 - £700,000.

We have just under £5m reserves as at April 2024, however this is already committed for national and local priorities, with approximately £1m reserved for the analogue to digital transformation.

The current reported position suggests that we are likely to deliver £27m of the £39m (69%) of savings during 2024-25.

A Recovery Plan was brought forward to deliver a maximum of £13m in recovery actions and it was agreed at the Integration Joint Board to write to partners to request additional funding.

Audrey highlighted that assurance has been received from partners that the pay award will be funded.

Chair opened to questions from members – no questions raised. Report supported for onward submission to IJB.

8.2 Bank and Agency Finance Update

Audrey Valente summarised the main points of the report.

The projected expenditure for NHS Bank spend is £17.128m, while for Fife Council, it is £3.481m. The NHS figures now include all bank staff, not just Bank Nursing.

The projected expenditure for NHS agency spend is £12.874, while for Fife Council, it is £4.232m.

The projected expenditure for the 2024-25 fiscal year is £37.715m across the Health and Social Care Partnership (HSCP) for Bank Nursing, Social Care Relief Staff, Agency Staff, and Locums.

Chair opened to questions from members. No questions highlighted.

9	**SERVICE PRESSURES & WORKFORCE UPDATE**	
	9.1 Workforce Report incorporating:- • **Workforce Year 2 Annual Report 2023-24** • **Year 3 Action Plan 2024-25** • **Whistleblowing Report 2023-24** Roy Lawrence thanked LPF, TU & Staffside colleagues for their support with the above reports, confirming that all recommendations from the internal audit	

had been met. Roy acknowledged the increased pressure of the current financial restraints on staff wellbeing and recruitment.

Chair opened to questions from members.

No questions raised and reports supported for onward submission to IJB.

9.2   Winter Planning 2024-25

Lyndsey Dunn presented this collaborative paper reporting a significant increase on demand on services, and an unprecedented rise in referrals to the discharge hub to allow patients to return home or to a homely setting.

Lyndsey highlighted the Red Cross service which was commissioned as a Test of Change (TOC) since start of May, assessing patients in their own home following a hospital stay. This has received fantastic feedback from families and individuals.

The Enhanced Care Team model was also highlighted with the second phase of the TOC commencing on 9th September, which sees assessment practitioners in all Fife hospitals.

Lyndsey reported that Fife maintained a profile of approximately 100 weekly discharges, highlighting that Fife are in the top 25% of the best performing Local Authority areas. Lyndsey recognised that financial challenges may make this difficult to sustain.

Chair opened to questions from members.

Lynne Garvey commended Lyndsey and her team and acknowledged staff contribution.

Debbie acknowledged the vast amount of work that has gone into this paper but questioned what was meant by increased risk due to financial pressures. Lynne Garvey advised we are seeing increased throughput within the whole Health and Social Care System resulting in increased commissioning for packages of care, however this is financially unsustainable.

It was acknowledged there may be unintended consequences due to in-year recovery actions however assurance was provided that we are at maximising support provided by the voluntary and third sector. This position is being monitored and an escalation plan is in place.

Sharon Adamson asked for an update on progress made with the Red Cross model. Lyndsey highlighted the robust assessment criteria which resulted in a slow start, but we have now seen 20 patients through the model in 6 months, with one individual being supported with palliative care at their request. 18 out of 20 service users have avoided long term care.

Report supported for onward submission to IJB.

9.3   Workforce Hub Update

	This was a verbal update provided by Lynne Garvey in the absence of Lynn Barker.	
	The hub was set up to respond to the voluntary mobilisation of staff to reduce bank and agency spend. This is in the early stages, with the team initially approaching areas with a high bank and agency spend to support with rostering. Lynne confirmed mobilisation is voluntary as per agreement at the IJB. Lynn Barker has set up weekly meetings to aid communication.	
	Chair opened to questions from members.	
	Sharon Adamson highlighted that on the weekly Directors' bulletin there is no mention of how to opt out if staff change their mind and want to return to substantive post, advising that feedback has been received from staff who are unaware that mobilisation is voluntary. Sharon highlighted mental health areas, noting it is not appropriate for regular staffing changes in this area due to the need for positive relationships between staff and patients which takes time to build.	
	Lynne Garvey confirmed that she will ensure communications from the Hub clearly state mobilisation is voluntary and noted the newsletter & Staff Q&A's will reiterate this. With regards to staffing within mental health areas, decisions will be made according to acuity.	**LG**
	Debbie Fyfe requested a report for LPF on the financial impact of workforce mobilisation. Lynne Garvey advised Lynn and Ronald are developing a tracker, with Audrey Valente confirming this will be part of reporting as part of the Recovery Plan.	
	Debbie highlighted that staff need to know they are making a difference and requested communications are circulated advising staff of the financial impact. Lynne Garvey confirmed she has sent an update, and a regular newsletter will be sent from Lynn's team.	**LB**
	Vicki Bennett highlighted that she has been involved in workforce mobilisation meetings where there is lots of communication and discussion around the ability to un-volunteer. In regard to skillset, there is a matrix so nobody will be put in an area they are not suitably qualified for.	
10	**ITEMS FOR BRIEFING STAFF**	
	No items highlighted.	
11	**AOCB**	
	Debbie Fyfe congratulated Jennifer Rezendes on her new post and gave her thanks for all the support she has provided to the Partnership and the Local Partnership Forum.	
	Steven Michie highlighted the increase in employee accidents at this time of year and asked managers to ensure they are reviewing risk assessments to ensure staff are fully equipped for the winter weather.	

	Lisa Cooper requested that managers promote flu and covid vaccinations across their workforce. Debbie asked Lisa for comms around how to access the vaccination service and advised she will circulate via email.		**LC**
	Kenny McCallum concluded the meeting by acknowledging that this was Lynne Garvey's first Local Partnership Forum as Director and gave his thanks to Fiona McKay for her contribution to the LPF as interim Director.		
15	**DATE OF NEXT MEETING**		
	Tuesday 14 January 2025 – 09:00-11:00 hours		

STAFF GOVERNANCE COMMITTEE

WORKFORCE PLANNING FORUM (Meeting on 15 January 2025)
No issues were raised for escalation to the Staff Governance Committee.

CONFIRMED MINUTES OF THE NHS FIFE WORKFORCE PLANNING FORUM HELD ON WEDNESDAY 15 JANUARY 2025 AT 2.00 PM VIA MS TEAMS

Present:	David Miller, Director of Workforce (Chair)
	Bryan Archibald, Planning & Performance Manager
	Susan Ballantyne, Business Manager, Emergency Care
	Norm Beveridge, Director of Nursing, Acute Services Division
	Carol Brown, Programme Manager, Finance
	Jason Cormack, Pharmacy Corporate Business Manager
	Sharon Crabb, Public Health Service Manager
	Alistair Graham, Director of Digital & Information
	Robyn Gunn, Head of Laboratory Services
	Lynne Johnston, Service Manager, Obstetrics & Gynaecology
	Roy Lawrence, Principal Lead for Organisational Development & Culture, HSCP
	Dafydd McIntosh, Organisational Development & Cultural Specialist, HSCP
	Margo McGurk, Director of Finance and Strategy
	Brian McKenna, Workforce Planning Manager
	Charlotte Myles, Service Manager, Emergency Care
	Louise Noble, Service Manager, Planned Care
	Nicola Robertson, Director of Nursing, Corporate
	Rose Robertson, Assistant Director of Finance
	Sally Tyson, Head of Pharmacy – Development & Innovation
	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing
	Amanda Wong, Director of Allied Health Professions

In Attendance: Catherine Penman, PA to Head of Workforce Planning and Staff Wellbeing (Minutes)

	ACTION

1. APOLOGIES FOR ABSENCE

Apologies were received from Lynn Barker, Director of Nursing, H&SCP; Lee Cowie, Interim Senior Manager, Mental Health, Learning Disability & Addiction Services; Claire Dobson, Director of Acute Services Division; Susan Fraser, Associate Director of Planning and Performance; Michelle Gilmour, Service Manager, Emergency Care; Ben Hannan, Director of Planning and Transformation; Nicola Harkins, Acting Senior Manager, Medical Learning Disabilities; Helen Hellewell, Deputy Medical Director; Wendy Hutchison, Clinical Nurse Manager, Admissions; Frances King, Business Manager, Finance; Elaine Murray, Occupational Therapy Manager; Lynne Parsons, Employee Director; David Pirie, MRI Lead Radiographer; Jim Rotheram, Head of Facilities; Richard Scharff, Radiology Clinical Activity Manager; Angela Shepherd, Service Manager, Emergency Care; and Andy Verrecchia, LPF Co-Chair

2. WELCOME AND INTRODUCTIONS

David welcomed everyone to the first meeting of the Workforce Planning Forum and confirmed that the main focus of discussion would be around the Workforce Planning template, which requires to be submitted to the Scottish Government by Monday 17 March 2025.

3. **NATIONAL HEALTH & SOCIAL CARE WORKFORCE STRATEGY: WORKFORCE PLANNING DL(2024)33 – ANNEX A**

Brian referred to the Scottish Government (SG) circular DL(2024)33 which provides updated guidance to NHS Boards and HSCPs on the completion of their Workforce Plan. SG are asking Boards to complete Annex A of the circular, rather than the normal Three Year Workforce Plan. Annex A is a concise document focussing on nine key questions. It is anticipated that the return will be heavily influenced by the on-going Reform, Transform and Perform (RTP) discussions and contraction of the workforce currently being discussed. The return will also be aligned to the Annual Delivery Plan (ADP) and Financial Plan in terms of the required financial savings for the Board and overall whole time equivalent (WTE) reduction. To ensure a draft document is prepared by the end of February 2025, services will be asked to provide feedback on the key points they wish to highlight in terms of hard to fill posts; role diversification; use of technology to improve performance etc. David added that the focus over the next few years will continue to be the contraction of the workforce, together with the requirement to triangulate this information within the ADP Financial Plan.

The workforce slides presented to the Peope & Change Board on 10 January 2025 were shared with the group. The target being set for the Board is to reduce staffing levels by 500 WTE over a three year period, which equates to around a 6% reduction. A review of the ISD workforce publication indicates that NHS Fife is already a lean organisation when comparing Health Board sizes to population demographics. The predicable pressures on the current workforce include full implementation of the Reduced Working Week, Protected Learning Time and Band 5 Nursing Reviews. On-going activity continues to focus on the Business Transformation Programme reduction of around 100 WTE within in-scope services over the next three years and a National Review of Corporate Service functions and related efficiencies, which have still to be confirmed.

Consideration is also being given to a Management Review which could potentially reduce managerial positions by 20%; stopping certain functions or services to achieve projected workforce levels; and support and enablers to implement change, e.g. re-skilling, use of technology and out-sourcing to other NHS Boards. The forecast reduction in WTE staffing levels would be around 200 WTE within both the Acute Services Division and Health and Social Care Partnership and around 100 WTE within Corporate Services.

David thanked Brian for the comprehensive overview and recognised that it may not be possible for some areas to meet the forecasted reduction in staffing levels, due to the clinical nature of certain posts and the requirements of the Health Care Staffing Act in terms of safe staffing levels, which will need further discussion.

Services were previously asked to complete a workforce return and engage in discussions to understand the growth of the workforce over the last five years within their respective areas. This information has been used to compare NHS Fife against other Boards across Scotland to benchmark and identify any discrepancies to help inform discussions. As previously noted, NHS Fife is a lean Board, which adds an additional challenge. Consideration also needs to be given to what services Fife will no longer be in a position to offer, as services are already stretched.

Departments will also be asked to look at their current skill mix to reduce higher banded posts to reshape the workforce and identify potential savings. The Management Review will reduce managerial roles by 20%, which will affect all Board areas. Work continues to reduce the High Cost Agency spend and quarterly returns are being submitted to SG. There was a notable increase in agency use over the festive period.

Alistair referred to the workforce slides presented to the People & Change Board and asked if the current turnover rates could be mapped against the WTE reduction. Brian agreed to update the slides accordingly.

Brian

David advised that the People and Change Board was established to oversee the workforce schemes identified by the RTP Board over the past year and anticipated that this would evolve into an Oversight of Change Board moving into 2025/2026. A number of the schemes identified will require adopting an organisational change model to move forward. However, consideration needs to be given to utilising structural change to shape the organisation. This would provide full oversight of all the changes required and ensure that these are implemented appropriately and communicated effectively to staff. It was recognised that the current financial situation is extremely difficult for everyone, and although the Board does not have all the answers, staff will be required to help plan to shape the workforce over the next three years to ensure that NHS Fife provides the right services to the population of Fife, but this also needs to be is financially sustainable.

Roy recognised the scale of the challenges being outlined and highlighted the importance of transforming the workforce over the coming years to ensure longer term sustainability, whilst retaining organisational values.

Margo acknowledged the scale of the financial challenges being faced, along with the collective aim to ensure that sustainable services are in place within a financially secure workforce over the next few years. It was suggested that prior to targeting staff reductions, would it not be more beneficial to identify the service changes required to ensure that staff are appropriately aligned to the services being offered by the Board in future.

Whilst David agreed that this would be a more sensible approach, there is a need to move at pace due to the time constraints involved. Staff will be asked to help establish the staffing levels required within their respective areas and suggestions will be considered and approved through the appropriate governance routes.

Amanda recognised the need to move at pace, however, the first question Professional Leads will be asking is what services will no longer be provided if the clinical workforce is reduced. Staff will need direction as to what the expectations will be if vacancies are not to be filled. David advised that it is anticipated that the AHP workforce will be re-shaped rather than reduced. Consideration will also be given to service provision and patient experience going forward. Amanda advised that the services currently being provided are driven by advanced practice, and any changes will have an impact on future service delivery.

Nicola asked whether well-being support would be offered to those managers responsible for undertaking the challenging decisions being made. David confirmed that service changes would be supported through organisational change and undertaken in partnership via the Area Partnership Forum.

Norma expressed her anxiety around the requirement to reduce the staffing levels by 500 WTE and the speed in which this reduction is being implemented and highlighted the importance of undertaking a significant redesign of services being offered and service prioritisation, prior to any staffing reductions being made. Given the increased activity over the festive period and level of off framework agency usage, there is a recognised need for expansion and additional staffing to meet the increased demands being placed on services. There also needs to be caution around what is being implemented within the Board and how this is communicated to staff.

David acknowledged the anxieties highlighted and agreed that services need to be redesigned and transformed to meet the increased demands being placed on them. However, there is a requirement for the Board to achieve the financial savings identified through an overall reduction in staffing levels. It is important to ensure that the Board makes the right decisions, along with the need to have a phasing plan in place, to ensure that safe staffing levels are maintained and costs are not increased as a consequence of an increased use of agency staff.

Robyn highlighted that as the services being provided by Laboratories are demand led, this will need to be taken into account as part of any service redesign, as any change will potentially have an impact on Laboratories. In addition, advanced practice is also provided throughout the Board by Health Care Sciences and the demand for these services have increased. Whilst there are a number of Laboratory services that can be outsourced to help reduce staffing levels, this would in turn increase costs, as outsourcing is expensive. The service is looking to repatriate services to NHS Fife, such as testing from NHS Lothian, to help reduce costs, however, this will result in an increase in staffing levels to meet demand, but will save money in the long term.

David thanked Robyn for the update and emphasised the importance of capturing this type of information when completing the Workforce Planning template to ensure that services consider Fife as a whole and how these decisions will impact on services currently being provided. Whilst redesigning services, consideration needs to be given to future service provision, better use of technology and how we work differently to avoid duplication of effort across the system, noting that some service changes can be implemented quicker than others. As Margo previously highlighted, there is a requirement for the return to take account of clinical decisions, safe staffing levels and financial assumptions, which need to be aligned to the ADP and Financial Plan in terms of the required financial savings for the Board and overall WTE reduction.

Rhona was mindful that where there may be unintended consequences as a result of service changes, and stressed the importance of NHS Fife continuing to be seen as a good employer.

Lynne referred to the need to consider transformation of services currently being delivered within Fife and asked in instances where NHS Fife were no longer providing particular procedures or elements of care, will this not in fact increase NHS Fife's costs if patients were referred to NHS Lothian for treatment. Also, will the general population in Fife have a say in the decisions being made on their behalf, as they will be unaware of the reasons why these decisions are being made.

David confirmed that any decisions made on behalf of the Fife population will be incorporated within the Engagement Plan in liaison with MPs and Government for their consideration and approval. Whilst good suggestions may be put forward, we need to be mindful that there may still be opposition to changes. However, we cannot just make assumptions that staff and the general public will not be on board with transforming the workforce and services being provided, if there is a logical reason for making these changes. All Territorial Boards across NHS Scotland will be required to make financial savings and reduce their workforce by approx. 6%. Whilst NHS Lothian has asked service managers to deliver the reductions in one year across the Board, NHS Fife would prefer to engage with service managers and seek their expertise to ensure that any decisions being made are the right decisions for Fife, to help mitigate the risk of unintended consequences.

Lynne acknowledged that there is currently duplication of services being delivered across the Board and HSCP, for example within Admin & Clerical services, and asked if this data was available to ensure that we are providing the best possible delivery of support and clinical services, whilst reducing duplication of effort.

Alistair confirmed that the Business Transformation Team have been looking at the common functions within the Board, mainly within Admin & Clerical job families, recognising the value that these roles play within the wider team, particularly within clinical settings. There has been quite extensive data mapping undertaken and the current ratios have been fed into the Business Transformation Leadership Group. It has been identified that there is a need for change around all those functions, which is being developed to reorganise the workforce to bring staff together and compress them into a structure that provides a service across the whole organisation. New Directorates will also be formed within Planning and Transformation, which will look at the system plan rather than the potential for diverting our activities across too many plans, with too many deliverables, at the risk of not delivering anything. The Business Transformation Team are currently data mapping and obtaining ideas from managers to develop a level of transformation that is sustainable within clinical and corporate services and supporting managers through this process.

David added that there is also a requirement for all the functions within Corporate Services to reduce their staffing by approx. 100 WTE and discussions are on-going with the Business Transformation Team to achieve this going forward. The Workforce Directorate are currently looking at restructuring to move towards a tiered model in terms of how advice is provided, utilising technology to help managers and staff via self-service. In the longer term, consideration is also being given to a new payroll system, in place of SSTS, which will incorporate a workforce system to replace eESS.

Nicola asked for assurance that any decisions being made to restructure services within Fife are undertaken in conjunction with other Boards to ensure service provision is maintained across NHS Scotland. It is also important to ensure that any potential changes in service provision are effectively communicated to the population of Fife to reduce potential complaints being submitted to the Patient Experience Team. In terms of workforce planning, consideration needs to be given to the impact any service changes will have on other Boards, as there may be a risk that Boards will no longer be able to provide these services due to hard to fill posts.

David confirmed that service changes need to be captured within the Annual Delivery Plan and submitted to Fife NHS Board for final sign-off. In terms of Regional service change, these would need to be considered through Regional Governance and the Programme Board before being signed off by Board Chief Executive's prior to changes being implemented. It is recognised that Boards have the same staffing challenges within specific specialisms and there will be a need to engage with professional bodies to change the shape of the workforce in future, which other Boards have started to do within some specialties.

Sharon advised that the Health Protection Service moved to a Regional model and stressed the importance of agreeing service delivery and funding prior to moving into the Regional model. A pooled approach to redesign services where a shortfall is identified to bridge the gap should also be considered, ensuring service delivery is maintained.

David welcomed the learning obtained from the Health Protection Service and agreed that consideration should be given to who will host that model on behalf of the Region. Sharing support, such as Personal Assistants, and better use of technology is also being discussed.

Sally recognised the timescales involved and scale of the challenges ahead and advised that the main support available within in the Pharmacy Workforce Plan is around automation. The service is currently working over two sites which relies on capital investment in a time where the financial climate is not conducive to any investment being available. Whilst there are enablers to some of the issues being highlighted, these would take time to implement. Whilst HR Policies are in place to support staff working longer and retain skills, for example the Voluntary Severance policy and Retire and Return, consideration needs to be given as to whether we have the tools in place to facilitate the scale of the service change required.

David confirmed that although the National policies are great in many ways, these do not always support this scale of organisational change and are not designed to help in instances where Boards need to reduce the workforce. Whilst the Retire and Return policy helped get staff into the workforce during the COVID pandemic, it is important that Retire and Return requests are considered via the Vacancy Control Panel process in future to ensure that vacancies are filled appropriately. As previously advised, evolving the People and Change Board to the Oversight of Change Board will help provide clarity and support a pooled resource as we move forward.

David thanked everyone for their input and confirmed that Brian would contact services to obtain feedback to help inform the Workforce Planning return. There will also be the opportunity for managers to meet individually or collectively with the Workforce Team to provide assistance. | Brian

4. **RTP UPDATE**

It was agreed to carry this item forward to a future meeting.

5. **ANNUAL DELIVERY PLAN / HEALTH AND WELLBEING POPULATION STRATEGY UPDATE**

Bryan advised that the Annual Delivery Plan (ADP) Guidance was issued at the end of 2024. Whilst this is not dissimilar to previous years, it has been agreed to gather the information differently, to reduce duplication of effort. A series of meetings will be arranged with Directorates to gather information to help inform the overall ADP in advance of the submission date of 17 March 2025. The Scottish Government will be expecting the first submission on 27 January 2025 and a meeting will be scheduled mid-February 2025 to discuss progress.

David thanked Bryan for the update and acknowledged that the Workforce Plan will impact on the overall ADP.

6. **FINANCIAL PLANNING UPDATE**

It was agreed to carry this item forward to a future meeting.

7. **HSCP WORKFORCE PLAN / STRATEGY UPDATE**

Dafydd advised that the HSCP Workforce Plan template had been circulated which covers the workforce within Fife Council, along with some parts of the third and independent sector, and recognised the importance of aligning this to the NHS Fife Workforce Plan to ensure a standardised approach. Meetings have been arranged with Rhona and Brian to ensure synergy, not only in terms of the style and format, but also the content and detail within both returns. These will also take into account the actions detailed within the previous 3 year workforce plan documentation.

As previously noted, there is no longer a requirement to submit the Three Year Workforce Plan. The pausing of the Workforce Strategy and Action Plan brings the Fife Strategic Plan back into alignment and allows this to be re-written and published in 2026, prior to the submission of the Workforce Plan, which has also been realigned with the financial cycle and feels more connected.

Dafydd referred to earlier discussions and recognised the impact service changes would have on staff and would take the opportunity to reflect on the concerns being highlighted.

The HSCP Workforce Plan Audit has been fully singed off, with all recommendations being met.   Whilst Workforce Plans are not going to be published, we should bear in mind that these are still subject to Audit and Freedom of Information requests.

David thanked everyone for their valuable contributions and recognised that transparency is key to successfully delivering service redesign. It is important that a consistent message is detailed within both Workforce Plans and delivered across the Board to ensure that staff understand the reasons for the changes being made.

8. **AGENDA FOR CHANGE UPDATE**

David confirmed that guidance was still awaited in relation to the second phase of the Agenda for Change Reduced Working Week.

9. **ANY OTHER BUSINESS**

There was no other business discussed.

10. **DATE OF NEXT MEETING**

It was agreed that the next meeting would focus on the Workforce Planning template. This was subsequently arranged for Thursday 13 February 2025 at 2.00 pm via MS Teams.

STAFF GOVERNANCE COMMITTEE

Equality and Human Rights Steering Group

(Tuesday 4 February 2025)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Steering Group that met on 4/2/25. Discussion points within this meeting are: both the NHS Fife Equality Outcomes Final Report 2021-2025 and the new NHS Fife Equality Outcomes Plan 2025-2029, and an update on the Anti-racism strategy progress.

UNCONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP HELD ON 4TH FEBRUARY AT 10 AM 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:

Alison McArthur	Employability and International Recruitment Coordinator	AM
Amy Smith	Practice Educator Nurses and Midwives NHS Education	AS
Andrea Fearon	Assistant Support Services Manager	AF
Charmaine Bremner	Lead Nurse - Community Immunisation Services	CB
Debbie McGirr	Speak Up/Whistleblowing Coordinator	DM
Fiona Smit	Pharmacy Technician	FS
Ian Campbell	Head of Spiritual Care and Bereavement Lead	IC
Isla Bumba	Equality and Human Rights Lead	IB
Jackie Millen	Interim Learning and Development Manager	JM
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing (Executive Lead for Equality and Human Rights)	JK
John Smith	Porter Manager	JS
Karen Whatton	Lead Nurse - Care Home Assurance and Support	KW
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Mhairi Gilmour	Research and Development Officer	MG
Rhona Waugh	Head of Workforce, Planning and Staff Wellbeing	RW
Ruth Lonie	Communications Manager	RL
Sade Abiola	Senior Clinical Pharmacist	SA
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead	SO
Sinead Braiden	Non-Executive Board Member	SB
Siobhan Mcilory	Head of Patient Experience	SM
Torfinn Thorbjornsen	Head of Information Services	TT

Heather Kirkbride	Senior Administrator Equality and Human Rights Team (Minutes)

APOLOGIES:

Aileen Lawrie	Associate Director of Midwifery
Alan White	Clinical Services Manager, Medical Learning Disabilities
Gordon Strang	Senior Healthcare Chaplain
Paul Bishop	Head of Estates, Estates Central
Yvonne Batehup	Support Service Manager - Catering

1. EQUALITY OUTCOMES REPORTS
1a. Equality Outcomes Final Report 2021-2025

The Equality Outcomes (EO) Plan 2021-2025 is renewed every 4 years. The final report was circulated to the group for comments and feedback:

- KW suggested adding more graphics and separating the actions for clarity. IB confirmed that the final copy will include more graphics and shared with the group before being publication.
- KW asked if there are next steps for the Newcastle Formulation Model? IB explained that each service writes their own responses, and she believes this action is completed but will contact the relevant service for an update.
- SA asked if outcomes were developed with service leads. IB explained that during development of these reports, an email was sent to members of this group, and communications were made through Stafflink and service directors to ensure every service could contribute. She had limited responses from the widespread requests for feedback but got a better response when she targeted specific services and those services related to the outcomes.
- SA asked how the new EOs were set? IB explained that she couldn't comment on the 2021-2025 plan as she wasn't in post when they were developed. For the new 2025-2029 EO plan, she reached out to all services through service directors, this group, governance committees and Stafflink.
- IC noted good examples of work in the report and suggested highlighting bitesize pieces to the public to show NHS FIFE's value. RL agreed the Communications team could highlight specific pieces of information.
- JK informed the group that the report will go to the PH+WC, then to the NHS Fife Board for final approval before being published on the website at the end of March 2025.
- RW requested that the workforce section of the report should also go through the Staff Governance Committee too.

1b. EQUALITY OUTCOMES PLAN 2025-2029

IB explained that to minimise duplication, the mainstreaming update had been added only to the new Equality Outcomes plan and included general updates on:
- NHS Fife & its leadership
- Equality and Human Rights Team, inclusive of the notable progress with EQIAs.
- The Anti-Racism strategy
- a workforce update including staff networks and training

There are 4 main overarching outcomes:

1. Racially-Conscious Maternity and Neonatal Care - *Ensure that all individuals, regardless of racial or ethnic background, receive equitable maternity and neonatal care services that meet their cultural and health needs.*

This outcome was developed with maternity services to address the need for improvements for black and ethnically diverse mothers and babies. It was identified towards the end of 2023, with work already commencing on this in 2024. The service will be reviewing clinical incidents, patient feedback, clinical data, and training programs.

There were no comments from the group

2. United Nations Convention of the Rights of the Child – Article 12 - *To promote initiatives that facilitate the meaningful participation of all children and young people, including marginalised groups, in matters that affect their lives, fostering an inclusive environment.*

In July 2024, the UNCRC came into force, prompting NHS Fife to prioritise this piece of work as a new EO for NHS Fife and related HSCP services.

Key priorities for this include:
- Child-friendly complaints and exploring Care Opinion Bear
- Child-friendly consent procedures for media use

- Adding a CRIWA (Children's Rights Impact and Wellbeing Assessment) section to the EQIA process which was introduced in July 2024
- Updating the HSCP Children and Young People Participation and Engagement Framework
- Exploring new methods and platforms for NHS Fife to engage with children and young people, i.e. TikTok

There were no comments from the group.

3.   Workforce –

Outcome 1: *To strengthen and enhance NHS FIFE's workforce diversity by establishing inclusive staff equality networks by 2029, ensuring that all staff members feel represented, supported, and empowered to contribute to a culture of equality and inclusion.*

Pieces of work relating to this EO are:
- Continuing the development of the LGBT Staff Network which has been active for one year
- plans to revive the Diverse Ethnicity Staff Network (DEN) this year, in line with the Anti-Racism plan development.

Outcome 2: *To assess and enhance the diversity of NHS Fife's managerial and leadership positions, ensuring that these roles reflect the diversity of our workforce and the communities we serve, by 2029.*

This EO will involve analysing data to identify workforce diversity, existing barriers and the progress of ethnically diverse staff members.

RW mentioned that they have consulted with SB and the Staff Governance Committee around the workforce outcomes. RW also reminded the group that NHS Fife has been collaborating with the HSCP regarding a Neurodiversity Network. IB has received correspondence from NHS Fife staff who are eager to establish a Neurodiversity network for employees.

SA enquired about the references to Speak Up and raising concerns, specifically referencing what support and protection NHS Fife provides. She suggested highlighting the bullying policy to emphasise the importance of speaking up and raising concerns. SA also suggested including a clear definition of what equality profiling is in relation to the EO.

DM provided the group with an overview of her role:
It's new position within Corporate Governance, previously under HR. The aim is to centralize all concerns. Staff can send email to fife.speak-up@nhs.scot (the confidential "speak up" inbox), monitored by DM for any minor or major patient or staff safety concerns.
- If staff have concerns, DM's role is to document them, contact the individuals, discuss the concerns, or connect them with one of our 20 confidential contacts.
- The process involves:
    1. Recording the concern and sending it to DM.
    2. The Decision Making group will review it to determine if it qualifies as a whistleblowing case:
        - **Stage 1**: Minor issues resolved within 5-10 days.
        - **Stage 2**: Serious issues requiring a thorough investigation.
- DM is available to talk to staff groups about building confidence in speaking up. She stated it is crucial to act on concerns, ensuring staff feel valued and heard.
- DM meets with RL monthly to improve related communications and is mindful of the cultural implications, recognising that speaking up can be easier for some than others.

3

SA questioned the effectiveness of existing Turas training modules, noting that while everyone completes these modules, there should be opportunities for meaningful training. IB confirmed work is ongoing with JM to develop a bank of equality modules to replace the requirement to repeat the same singular mandatory module every three years to meet compliance. The goal is to create a variety of modules that staff can choose from, making the training more relevant to their needs and knowledge gaps. Training is also a key part of our Anti-Racism plan.

SA raised the issue of leadership opportunities for part-time mothers, noting that while the mentoring scheme is good, it lacks specifics on available opportunities.

JK expressed disappointment over the halted funding for international nurse recruitment and concerns about future recruitment. She stated that there has been a significant drop in applicants for nursing and AHP roles. The Scottish Executive Nurse Director Group (SEND) has lobbied the First Minister to restart the international recruitment process, focusing on Mental Health and Acute nursing.

4.   Trans Inclusion & Sex

This EO impacts both workforce and patient groups and NHS Fife will implement policies for each area. We expect progress on the national policy and clearer guidance regarding relevant legislation by summer 2025, with policies advancing this year.
This EO also links to our LGBT+ Staff Network and the relevant workforce EO.
Sexual Health is also working on Trans inclusion and equitable access to services.

KG raised a question about the integrated approach between NHS Fife and HSCP for the EOs. IB explained that the partnership sets its own EOs and is working to a different timeline, making alignment challenging. NHS Fife has consulted with HSCP on all the proposed EOs and is working jointly on those concerning Women and children specifically.

2. ANTI-RACSIM PLAN UPDATE

JK shared this video - [Doll Test - The effects of racism on children (ENG)](#) .

Last year, NHS Fife received a DL from the Scottish Government which directed every board to develop an Anti-Racism plan.

JK, RW, IB and David Miller (Director of Workforce) have reviewed the request and began the development of the plan. An SBAR outlining the proposed plan was approved by EDG in February 2025. Benjamin Hannan (Director of Planning and Transformation) is arranging Project Management Office (PMO) support to drive the work forward.
Key Focus Areas of the plan:
- Diversity in Leadership
- Equity in service delivery
- Service Delivery (maternity care, mental health, cardiovascular disease, diabetes and endocrinology)
- Governance & Accountability

David Miller and JK will be co-chairing the oversight group for the Anti-Racism plan. A development session with the board is planned March 2025, after which the ToR will be approved and an oversight group developed.

SA asked about group involvement. JK explained that the oversight group will remain at the leadership level, with subgroups including additional members.

MG asked if the Anti-Racism plan had been linked to the HSCP's Mental Health and Wellbeing Strategy which is due to be published. MG also enquired about the intended evaluation of the anti-racism plan and its implementation.

JK confirmed we are linking with Grampian for shared learning and confirmed no links to MH yet, however she will raise this at the next MH oversight Group.

RW commented that the Scottish Government requested NHS Fife's initial feedback on the Anti-Racism plan, which was provided last week.

SA enquired if racial trauma has been considered in the development of the plan. JK stated that they will collaborate with SA and other members of this group to ensure that this is covered. The plan will be shared with this group for comment and will likely feed into this group with some members overlapping.

FS expressed her concern regarding the same voices being present in each group. She asked how NHS Fife will ensure diverse voices take part in the development of the plan. JK agreed and will work with IB and David Miller to address this.

4. UPDATED TOR (TERMS OF REFERENCE)

IB informed the group that there were minimal changes to the group's TOR. She explained that there is an addition to recruit 5 Equality Champions from any part of the workforce who would represent specific Protected Characteristics or aspects of equality. The group agreed with this idea. IB will contact the Communications Team to advertise these roles and progress this.

JK stated 6.3 and 6.4 need tweaking around reporting – to be discussed latterly with IB.

3. MINUTES AND ACTION TRACKER

The minutes were approved. As the Action Tracker is updated and circulated to the group it was agreed not to discussed and go through the AT during future meetings.

4. ANY OTHER BUSINESS/ITEMS FOR NEXT MEETING

There were no further items discussed at this meeting.

5. DATE OF NEXT MEETING Wednesday 7th May 2025 at 2pm via MS Teams