

Staff Governance Committee

Tue 03 September 2024, 10:00 - 11:45

via MS Teams

Agenda

10:00 - 10:01
1 min
1. Apologies for Absence: Andy Verrecchia / Carol Potter/ Fiona McKay (Lisa Cooper Deputising)

Colin Grieve

10:01 - 10:02
1 min
2. Declaration of Members' Interests

Colin Grieve

10:02 - 10:04
2 min
3. Minutes of Previous Meeting held on Tuesday 9 July 2024

Enclosed *Colin Grieve*

 Item 03 Staff Governance Committee Minutes (Unconfirmed) 09.07.2024.pdf (11 pages)

10:04 - 10:05
1 min
4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024

Enclosed *Colin Grieve*

 Item 04 Staff Governance Committee_Chair's Assurance Report (From Meeting on 09.07.24).pdf (2 pages)

10:05 - 10:10
5 min
5. Matters Arising / Action List

Enclosed *Colin Grieve*


 Item 05 SGC Action List 09.07.24.pdf (1 pages)

10:10 - 10:30
20 min
6. GOVERNANCE MATTERS

6.1. Corporate Risks Aligned to Staff Governance Committee, including Deep Dive: Nursing & Midwifery Workforce

Enclosed / Presentation *David Miller / Lynn Barker*

 Item 06.1 PART 01 SBAR Corporate Risks Aligned to SGC 3 September 2024.pdf (6 pages)

 Item 06.1 PART 02 Appendix 1 Corporate Risks Aligned to SGC as at 20 August 2024.pdf (6 pages)

 Item 06.1 PART 03 Appendix 2 Assurance Principles.pdf (1 pages)

 Item 06.1 PART 04 Appendix 3 Risk Matrix.pdf (2 pages)

6.2. People & Change Board Update

Enclosed *David Miller*

 Item 06.2 People & Change Board Update 3.9.24.pdf (9 pages)

6.3. Attendance Management Update

Enclosed Sandra Raynor

Item 06.3 SGC 030924 SBAR - Attendance Management Update draft V0.3.pdf (10 pages)

6.4. Supplementary Staffing RTP Update

Enclosed Janette Keenan

Item 06.4 Supplementary Staffing RTP Update.pdf (6 pages)

6.5. Health and Care (Staffing) (Scotland) Act 2019 Quarter 1 Report

Enclosed Rhona Waugh

Item 06.5 PART 01 SBAR Health and Care (Staffing) (Scotland) Act 2019 Quarter 1 Report 2024-2025 3.9.24.pdf (11 pages)

6.6. Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026

Enclosed David Miller

Item 06.6 Proposed Staff Governance Committee Meeting Dates 2025-2026.pdf (1 pages)

6.7. Delivery of Annual Workplan 2024/2025

Enclosed David Miller

Item 06.7 Delivery of Annual Workplan 2024-2025 Report - 3.9.24.pdf (11 pages)

10:30 - 10:50
20 min

7. STRATEGY / PLANNING

7.1. Annual Delivery Plan 2024/2025 Quarter 1 Report

Enclosed Margo McGurk / Susan Fraser

Item 07.1 PART 01 SBAR SGC ADP 202425 SG Feedback Response + Q1 update v1.0.pdf (6 pages)

Item 07.1 PART 02 APPENDIX 1 NHS Fife ADP 202425 - SG Feedback - Fife Response.pdf (11 pages)

Item 07.1 PART 03 APPENDIX 02 NHS Fife ADP 202425 Quarterly Report Q1 Summary v1.0.pdf (21 pages)

7.2. Workforce Planning Update

Enclosed Brian Mckenna

Item 07.2 Workforce Planning Update 3.9.24 V0.1.pdf (8 pages)

7.3. EMERGE Programme - NHS Fife / Fife College Partnership

Enclosed Rhona Waugh

Item 07.3 PART 01 SBAR Emerge Programme 3.9.24.pdf (4 pages)

Item 07.3 PART 02 Appendix 1 NHS Qualification Collaboration EMERGE.pdf (7 pages)

Item 07.3 PART 03 Appendix 2 NHS Fife Fife College Partnership EMERGE (1).pdf (2 pages)

7.4. Prevention and Early Intervention Strategy

Enclosed Kay Samson

Item 07.4 PART 01 Staff Governance 030924 SBAR P&EI Strategy.pdf (7 pages)

Item 07.4 PART 02 Appendix 1 - Staff Governance 030924 DRAFT PEI Strategy - V0.21.pdf (25 pages)

Item 07.4 PART 03 Appendix 2 - Staff Governance 030924 P&EI High Delivery Plan V9.pdf (6 pages)

Item 07.4 PART 04 Appendix 3 - Staff Governance 030924 P&EI Strategy Risk Register.pdf (3 pages)

Item 07.4 PART 05 Appendix 4 - Staff Governance 030924 P&EI EQIA.pdf (24 pages)

Item 07.4 PART 06 Appendix 5 - Staff Governanace 030924 P&EI Engagement Report.pdf (23 pages)

Item 07.4 PART 07 Appendix 6 -Staff Governance 030924 P&EI Participation and Engagement Ph2 Report final.pdf (20 pages)

10:50 - 10:55

8. NHS FIFE PROJECTS / PROGRAMMES

5 min

8.1. Primary Care Implementation Plan 2024/2025 Progress Update

Enclosed Lisa Cooper

- Item 08.1 PART 01 SBAR PCIP Update V3 Staff Governance.pdf (9 pages)
- Item 08.1 PART 02 Appendix 1 PCIP Actions Update V0.2.pdf (2 pages)
- Item 08.1 PART 03 Appendix 2 PCIP timeline V0.1.pdf (1 pages)

10:55 - 11:00

9. QUALITY / PERFORMANCE

5 min

9.1. Integrated Performance & Quality Report

Enclosed David Miller

- Item 09.1 PART 01 SBAR IPQR SG Committee September 2024 v1.0.pdf (5 pages)
- Item 09.1 PART 02 APPENDIX IPQR Position at July 2024 SG v1.0.pdf (8 pages)

11:00 - 11:25

10. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

25 min

10.1. Involved in Decisions: iMatter Report

Enclosed Jenni Jones

- Item 10.1 SGC 030924 - iMatter 2024 Template REVISED 1.8.24 JM updates.pdf (15 pages)

10.2. Well Informed: Communication & Feedback

Enclosed Kirsty MacGregor

- Item 10.2 PART 01 SBAR Well Informed_Communication and Feedback.pdf (5 pages)
- Item 10.2 PART 02 APPENDIX 1 Internal Communications Survey.pdf (8 pages)

10.3. Wellbeing Champion Update

Verbal John Kemp

10.4. Staff Health & Wellbeing Update

Enclosed Rhona Waugh

- Item 10.4 PART 01 SBAR SGC Staff Health and Wellbeing Update 3.9.24.pdf (9 pages)
- Item 10.4 PART 02 Appendix 1 - IWWC Action Plan PDF.pdf (7 pages)

10.5. Equality & Diversity Champion Update

Verbal Sinead Braiden

10.6. Whistleblowing Champion Update

Verbal Kirstie Macdonald

10.7. Whistleblowing Quarter 1 2024/2025 Report

Enclosed Gillian MacIntosh

Item 10.7 Whistleblowing Quarter 1 Report 24-25 SGC.pdf (11 pages)

10.8. Whistleblowing Oversight Group Assurance Report

Enclosed Gillian MacIntosh

Item 10.8 Whistleblowing Oversight Group Assurance Report.pdf (11 pages)

10.9. Improved and Safe Working Environment

Enclosed Neil McCormick

Item 10.9 RAAC SBAR (JUL 24 TEMPLATE) FSGC (Sept 24) NM.pdf (6 pages)

11:25 - 11:33 11. ANNUAL REPORTS / OTHER REPORTS

8 min

11.1. Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024

Enclosed Claire Dobson

Item 11.1 Acute LPF Annual Report 2023_2024.pdf (45 pages)

11.2. Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024

Enclosed Lisa Cooper

Item 11.2 HSCP Local Partnership Forum 2024 - V4.pdf (36 pages)

11:33 - 11:35 12. LINKED COMMITTEE MINUTES

2 min

12.1. Area Partnership Forum held on 24 July 2024 (unconfirmed)

Enclosed

Item 12.1 PART 01 APF Minutes (Unconfirmed) Cover Sheet 24.7.24.pdf (1 pages)

Item 12.1 PART 02 Area Partnership Forum Minutes (Unconfirmed) 24.7.24 V.3.pdf (11 pages)

12.2. Acute Services Division and Corporate Directorate Local Partnership Forum held on 20 June 2024 (unconfirmed)

Enclosed

Item 12.2 PART 01 Cover Sheet ASD & CD LPF 20.06.24.pdf (1 pages)

Item 12.2 PART 02 ASD & CD Local Partnership Forum Minute 200624.pdf (14 pages)

12.3. Health and Social Care Partnership Local Partnership Forum held on 2 July 2024 (unconfirmed)

Papers not received by deadline

12.4. Equality & Human Rights Strategy Group held on 6 August 2024 (unconfirmed)

Enclosed

Item 12.4 PART 01 SGC Cover Paper - Aug24.pdf (1 pages)

Item 12.4 PART 02 E&HR St Gp Min Aug24 unconfirmed.pdf (4 pages)

12.5. Medical & Dental Professional Standards Oversight Group held on 9 July 2024 (unconfirmed)

Enclosed

 Item 12.5 PART 01 Cover Sheet.pdf (1 pages)

 Item 12.5 PART 02 MDPSOG minute 29042024 DRAFT 19072024 SAS.pdf (4 pages)

11:35 - 11:37 **13. ESCALATION OF ISSUES TO NHS FIFE BOARD**
2 min

13.1. To the Board in the IPQR Summary

Verbal Colin Grieve

13.2. Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

Verbal Colin Grieve

11:37 - 11:40 **14. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 September 2024**
3 min

Verbal Colin Grieve

11:40 - 11:45 **15. ANY OTHER BUSINESS**
5 min

11:45 - 11:45 **16. Date of Next Meeting: Tuesday 5 November 2024 from 10.00 am to 11.45 am via MS Teams.**
0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 09 JULY 2024 AT 10.00 AM VIA MS TEAMS

Present:

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

In attendance:

Belinda Morgan (*deputising for Claire Dobson*)
Susan Fraser, Associate Director of Planning & Performance (*deputising for Margo McGurk*)
Lynne Garvey, Head of Community Care Services, H&SCP (*deputising for Nicky Connor*)
Pat Kilpatrick, Chair, NHS Fife (*part*)
Brian McKenna, Workforce Planning Lead (*for Item 6.4 only*)
Neil McCormick, Director of Property & Asset Management
Jackie Millen, Interim Learning & Development Manager (*deputising for Jenni Jones*)
Jocelyn Lyall, Chief Internal Auditor (*for Item 5.1 only*)
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 Chair reiterated the importance of meeting papers being submitted to the secretariat timeously, noting that there had been a late circulation of the meeting pack. In cases where errors or omissions in reports were minor in nature, it was requested that report authors highlight these at the meeting, rather than submit amended papers, to allow the Committee sufficient time for review of the meeting pack prior to attending the 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 all who had responded to the request to contact report authors with queries in advance of the meeting.

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

1. Apologies for Absence

Apologies for absence were received from members Sinead Braiden (Non-Executive Member and Equality & Diversity Champion), Wilma Brown (Interim Co-Chair Health & Social Care Partnership LPF), and attendees Margo McGurk (Director of Finance & Strategy), Claire Dobson (Director of Acute Services), Nicky Connor (Director of Health & Social Care), Jenni Jones (Associate Director of Culture, Development & Wellbeing) and Ben Hannan (Director of Reform & Transformation).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 14 May 2024

The minutes of the meeting held on 14 May 2024 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Internal Audit Annual Report 2023/2024

The Chair invited Jocelyn Lyall, Chief Internal Auditor, to speak to the report. The Committee noted that the report had been considered by the Audit & Risk Committee in June as part of the wider portfolio of year-end governance assurances and was now being presented to all the Board Standing Committees.

It was advised that, overall, the report provided a 'significant' level of assurance, with management's agreement to address two 'moderate' and one 'merits attention' recommendations. Additionally, evidence of a genuine determination from the Board to deliver savings improvements, as well as effective implementation of actions to address recommendations, was also recognised.

Highlighting key themes of the report, reference was made to the continuing audit focus and monitoring of the Reform, Transform, Perform (RTP) framework from a progress, governance and assurance perspective and the unprecedented financial and workforce challenges facing the organisation.

Furthermore, as reflected in the Committee's 2023/24 Annual Statement of Assurance, the progress on actions taken to address the Scottish Government's feedback on the Staff Governance Annual Monitoring Return and the Committee's improved governance arrangements with regard to its Terms of Reference, oversight of Workforce Planning, increased focus on strategic rather than operational detail, and the concerted attention to agenda management, were also described as positive improvements.

With regard to Workforce Planning, reference was made to the 2023 Audit Scotland Report, which stated that the NHS and its workforce are unable to meet the growing demands for healthcare services. To this end, the Committee was informed that the three significant and three moderate Workforce Planning recommendations detailed in the May 2023 Internal Audit Report would be followed up during the year.

An overview of the opportunities and challenges detailed in the report was also provided. The Board's impressive performance in iMatter engagement (reported as being the highest among all Territorial Boards), progress made in the reporting of Whistleblowing concerns and the publishing of the Staff Health & Wellbeing Action Plan for the period 2023 to 2025 were described as encouraging milestones. The reduction in Supplementary Staffing costs for 2023/24 as compared to the previous year was also noted as a positive achievement. In terms of challenges, the acute nature and impact of workforce pressures, as reflected in the Workforce and Staff Health and Wellbeing Risks were underscored. It was reiterated that the work being undertaken to rationalise utilisation of Bank & Agency Staff would take longer to realise savings than originally anticipated and that the completion of PDPR and Mandatory Training remained below expectation, despite management agreement to support improvement actions.

The importance of good governance in navigating the severe and numerous pressures currently being faced by all Public Sector organisations was emphasised.

The Director of Workforce acknowledged the report as being a fair assessment of the Board's current position and the areas to be focussed on moving forward, particularly in relation to Staff Governance.

The Committee **considered** the narrative in relation to Staff Governance in the Internal Audit Annual Report 2023/24 and took a '**Significant**' level of **assurance** from the report.

5.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to present the report, which detailed the risks related to Workforce Planning & Delivery and Staff Health & Wellbeing (both of which were rated as high risk) and the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (HCSA), which was rated as a moderate risk.

The Director of Workforce highlighted significant milestones in the mitigation of Workforce Planning & Delivery risks, including the newly established EMERGE programme (in conjunction with Levenmouth Academy, Fife College and NES), which offered opportunities to pupils interested in health-related careers, as well

as the progress that had been made with ScotCom, facilitated by the signing of a partnership agreement between NHS Fife and the University of St Andrews. The Medical Director affirmed the opportunity afforded by such collaboration and its positive impact on potential future recruitment for the Board.

The Committee was also apprised of the recent positive feedback from the Scottish Government in relation to the Board's progress on the Implementation of the HCSA.

In response to a question from J Kemp, Non-Executive Member, seeking clarity on the wellbeing support for Doctors and Dentists in Training, the Head of Workforce Planning & Staff Wellbeing described ongoing work in this area, such as rota management compliance, recommendations to improve Junior Doctors' facilities in line with staff wellbeing hub facilities at other sites (particularly on the Victoria Hospital site), and a review of the food provision for staff working overnight, amongst other initiatives.

Whilst echoing the importance of ensuring good governance with regard to rota management compliance, the Medical Director emphasised as an imperative the need for employing a holistic approach towards creating and maintaining a positive and well-rounded experience for this employee cohort at NHS Fife.

The Chair welcomed the offer of feedback to the Committee at the September meeting in relation to the wellbeing efforts being employed to support this staff group and any other updates as appropriate.

Action: Head of Workforce Planning & Staff Health & Wellbeing

The Committee took a '**Moderate**' level of **assurance** that all actions within the control of the organisation are being taken to mitigate the risks outlined in Appendix 1 of the report, as far as it is possible to do so.

5.3 Attendance Management Update

The Head of Workforce Resourcing & Relations spoke to the paper, which highlighted that there had been a reduction in the Board's reported sickness absence rates from 7.35% in April to 7.11% in May 2024.

The Committee was advised of the work being progressed through the Attendance Management Oversight Group, with particular attention to the efforts being explored to address staff mental health (reported as the most prominent reason for staff absence at 28.97%), by way of an externally provided mental health support web application.

B Morgan, General Manager, Medical Directorate, and L Garvey, Head of Community Care Services, H&SCP, each provided comprehensive updates on the wide-ranging mitigations being employed to address staff absence in their respective areas of operation.

The Employee Director commended the consistent approach being utilised towards the application of attendance management policies and the scrutiny of the Review & Improvement Panels from a continuous improvement perspective. The

proven benefits of involving staff side in these key initiatives was also underscored.

Robust deliberations took place on a varied number of issues related to staff absence, including the estimated cost of sickness absence and the work being undertaken by the newly established People & Change Board to effect improvements in this area. The importance of improved internal communications to dispel any misconstrued perceptions of a recruitment freeze within the Board, and the reasons for considering an external service provider to support staff mental health by way of a web application, were also discussed.

The Committee took a **'Moderate'** level of **assurance** from the report and updates provided in relation to Attendance Management.

5.4 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report, which noted self-explanatory updates to the Annual Workplan 2024/25 since it was last presented to the Committee on 14 May 2024.

It was confirmed that the Nursing & Midwifery Deep Dive, which was required to be removed from the Committee's agenda due to late stakeholder apologies, would be tabled at the September meeting. It was also advised that a date was currently being sought to reschedule the June Staff Governance Development Session, which had been cancelled due to the number of apologies received.

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

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2024/25

The Chair invited the Chief Executive to speak to the paper, which the Committee noted had been presented to the Remuneration and Public Health & Wellbeing Committees respectively and was due to be presented to the July NHS Fife Board meeting for approval.

It was advised that the objectives sought to summarise and capture the Board's priority actions aligned to its Population Health & Wellbeing Strategy and the RTP Programme.

The Committee was informed that the Corporate Objectives had informed the development of the Executive Cohorts' personal objectives for 2024/25, including the Chief Executive's objectives. Further discussion on these would take place at the Remuneration Committee.

The Committee took a **'Significant'** level of **assurance** from the 2024/25 Corporate Objectives.

6.2 Annual Delivery Plan 2024/25: Scottish Government Response

The Chair invited the Associate Director of Planning & Performance to speak to the report, which noted the Scottish Government's feedback affirming its approval that the 2024/25 Annual Delivery Plan (ADP) broadly meets the mandated requirements and provides appropriate assurances in the context of the current operational landscape, particularly the challenging financial climate.

It was advised that the report was due to be presented for final approval at the July Board Meeting and that quarterly progress reports would also be brought back to the Committee.

The Committee took a '**Limited**' level of **assurance** from the content of the Annual Delivery Plan 2024/25.

6.3 Annual Delivery Plan 2023/2024: Quarter 4 Performance Report

The Chair invited the Associate Director of Planning & Performance to speak to the report, which provided an update on the progress against deliverables in the 2023/2024 Annual Delivery Plan, as at March 2024.

An overview of the overall status of deliverables was given. In relation to Workforce, the Committee was informed of the seven 'Completed' actions, 10 'On Track' actions which will be transferred to the 2024/25 ADP and one 'At Risk' action in relation to e-rostering, which will continue to be reported on through quarterly progress updates.

The Director of Workforce clarified that the 'Business As Usual' posts to support the delivery of e-rostering had been approved by the Vacancy Control Panel and that considerable progress had also been made in relation to the consolidation of Bank & Agency utilisation.

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

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Chair invited the Chief Executive to speak to the letter from the Scottish Government, which provided an overview of the Programme of Reform planned in relation to the future delivery of Healthcare Services in Scotland. It was advised that a further update would be brought back to the Committee as plans in this area progressed. The Chief Executive assured the Committee that every effort would be made to ensure that the voice of the people of Fife was heard in any relevant engagement forums.

The Committee took **assurance** from the proposed approach to the Letter from the Scottish Government: Reforming Services and Reforming the Way We Work.

6.4 Workforce Planning Update

The Chair invited Brian McKenna, Workforce Planning Lead, to speak to the report. The Committee was informed that the first meeting of the combined former

NHS Fife Strategic Workforce Planning Group and Operational Workforce Planning Groups had taken place in May 2024.

An overview of the discussions that took place at the meeting was provided to the Committee. It was advised that feedback had been sought from attendees via questionnaires, to ensure that the agenda and pitch of the meeting were relevant.

The Committee noted that the Revised National Workforce Planning Guidance, which would inform Workforce Planning for 2025 and beyond, and the final piece of guidance regarding the implementation of the Reduced Working Week aspect of the 2023/24 Pay Award (expected later this month), was yet to be received from the Scottish Government.

Resource challenges associated with the processing of applications for the Band 5/6 Nursing Review, as well as implementation of other aspects of the 2023/24 Pay Award and the mitigations being employed, were discussed by the Committee. A Verrecchia, Co-Chair, ASD & Corporate Directorates LPF, underscored the importance of ensuring that the provisions of the Reduced Working Week were consistently applied across the organisation.

The Director of Workforce and the Director of Nursing acknowledged the magnitude of work involved in the implementation of the Non-Pay elements of the 2023/24 Pay Award and extended their sincere thanks to the Workforce Planning Lead and all other stakeholders engaged in this effort.

The Committee took a '**Moderate**' level of **assurance** from the Workforce Planning Update.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

Introducing the IPQR, the Director of Workforce invited J Millen, Interim Learning & Development Manager, to speak to the PDPR aspect of the report, noting that sickness absence had been discussed earlier in the meeting.

It was highlighted that Appendix 1 of the paper reflected a decline of 0.4% in PDPR metrics as compared to the previous month, reaching 43.7% as at May 2024. This was attributed to ongoing service pressures. For the 2024/25 period, it was advised that the engagement target in this area had been reduced to 60%, in order to drive momentum towards pursuing a more realistic goal. It was emphasised that the ambition thereafter would be to return to the previously agreed 80% compliance target. The Employee Director, whilst affirming understanding and support for the rationale for reducing the 2024/25 PDPR target, expressed the expectation that this should only be for the short-term.

In response to a question from J Kemp, Non-Executive Member, the Head of Workforce Planning & Staff Wellbeing clarified that the decision to implement changes in the HEAT (Health Improvement, Efficiency, Access & Treatment) standards to locally agreed targets (for both sickness absence and PDPR) had been made in accordance with guidance issued by the Planning & Performance Team. The Chair emphasised the importance of ensuring that any governance

processes associated with implementing changes in performance targets were duly adhered to. Acknowledging responsibility for this, the Associate Director for Planning & Performance assured the Committee that, moving forward, any changes to HEAT standards would be clearly communicated across all relevant governance structures.

The Director of Workforce advised that the revised performance targets for Sickness Absence and PDPR were also reflected in the 2024/25 Corporate Objectives, which had been approved by the Remuneration Committee.

The chair emphasised the need to ensure that Local targets are also measured/monitored against National targets to ensure the Board and Governance Committees are aware of NHS Fife position in relation to others.

The Committee **examined** and **considered** NHS Fife performance as summarised in the IPQR and took a '**Moderate**' level of **assurance** from the report.

8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

8.1 Appropriately Trained: Core Skills / Mandatory Training and Protected Learning Time

The Chair invited J Millen, Interim Learning & Development Manager, to speak to the report.

The paper highlighted a 6% drop in overall training compliance as at May 2024, reported to be due to a decrease in engagement across seven of the nine Core Skills topics. Improvements in training uptake of one and two percent respectively were, however, noted in the areas of Resuscitation and Information Governance. It was acknowledged that the level of assurance provided by the report was limited and that further actions needed to be taken to improve Core Skills/Mandatory Training compliance.

The Committee was provided with a comprehensive overview of current and future initiatives to support managers in this area. These included the roll out of enhanced Manager reporting to support training compliance monitoring, Protected Learning Time (PLT) Lunchtime sessions, which had so far been attended by 51 managers, ongoing work with the national eESS team to develop a dashboard report identifying outstanding Core Skills, engagement in the Acute Services Division & Corporate Directorates LPF, and the establishment of a Short Life Working Group of Core Skills training providers to identify how engagement could be increased. The Committee was also advised of the intent to introduce a revised Core / Mandatory Training Programme from April 2025. The Employee Director, Director of Property & Asset Management and the Head of Corporate Governance commended the efforts being employed to drive improvements in this area, noting that a range of offerings can help support staff to complete their training.

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

8.2 Staff Governance Standard Overview: Improved and Safe Working Environment

The Chair invited Neil McCormick, Director of Property & Asset Management, to speak to the report, which provided an update on the ongoing activity being undertaken to provide staff with a continuously improving and safe working environment.

An overview of the governance structures and technical groups in place to facilitate oversight of the implementation of this standard, such as the Health & Safety Sub Committee and the Local Partnership Forums within Acute Services and the Health & Social Care Partnership, among others, were highlighted to the Committee.

The Committee was also provided with a summary of the incident statistics detailed in the report, along with examples of ongoing efforts to facilitate a safe working environment for staff. The continuing requirement to ensure policies and procedures were up to date, as well as the provision of mandatory training (particularly manual handling), were described as key challenges in the delivery of this standard. The importance of promoting the recording and reporting of 'near miss' incidents from a learning perspective was acknowledged.

It was unanimously agreed that it would be beneficial for regular updates on the implementation of this standard to be brought back to the Committee.

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

8.3 Staff Governance Annual Monitoring Return 2023/24 Update

The Chair invited the Head of Workforce Resourcing & Relations to speak to the paper, which noted that the Scottish Government, with approval from the Scottish Workforce and Staff Governance Committee, had made the decision to pause the Staff Governance Monitoring exercise for 2023/2024.

The Committee took a '**Significant**' level of **assurance** from the paper, noting that that the Staff Governance Annual Monitoring Return for 2023/2024 is currently paused.

8.4 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and the Board's Wellbeing Champion, to provide an update on this area of work.

J Kemp applauded the overall efforts of the Staff Health & Wellbeing Group, particularly recognising that some members this group were engaging on a voluntary basis and in addition to their substantive roles.

The Committee noted J Kemp's feedback obtained from conversations with staff at the recently held Staff Health & Wellbeing Group meeting that actions taken in relation to the closure of the Board's administration buildings, in particular, the pace at which such closures had been implemented, had resulted in staff feeling less valued. Information obtained from this stakeholder group also revealed that

Staff Wellbeing Hubs were well received across the Board and that there was strong support for frequent staff-focussed communications in relation to the RTP programme.

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

8.5 Equality & Diversity Champion Update

The Chair invited the Head of Workforce Planning & Staff Wellbeing to share any relevant updates, in light of apologies to the meeting given by Sinead Braiden, Non-Executive Member and the Board's Equality & Diversity Champion.

The Committee was encouraged to note that the recently held Fife Pride Event had been well attended. Additionally, the Head of Workforce Planning & Staff Wellbeing affirmed confidence in the approach that had been adopted to implement the self-managed network set up to support the LGBTQ+ staff cohort.

The Committee also noted that the first scheduled meeting of this group was due to be held shortly, following on from the planning meeting that had recently taken place. It was hoped that engagement and activity from this group would help inform the currently paused Diverse Ethnicity Network.

The Committee **noted** the update provided by the Head of Workforce Planning & Staff Wellbeing.

8.6 Whistleblowing Champion Update

The Chair invited Kirstie Macdonald, Non-Executive Member and the Board's Whistleblowing Champion, to provide an update.

The Committee was apprised of the Scottish Government's priority of listening to the 'staff voice', particularly in the context of a whole-system transformation, as communicated at a recently held National Whistleblowing Champions' meeting. Ensuring that staff views were actively sought in relation to any transformation efforts was also affirmed as an imperative.

The Committee noted that the Whistleblowing Oversight Group, which had been established as part of the Board's new governance structure, was due to meet for the second time on 31 July, where, amongst other matters, plans for the September 2024 'Speak Up' Week would be discussed, in collaboration with the Communications & Engagement Team.

The Committee **noted** the update provided by the Board's Whistleblowing Champion.

9. LINKED COMMITTEE MINUTES

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

- 9.1 Area Partnership Forum held on 22 May 2024 (unconfirmed)
- 9.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 25 April 2024 (unconfirmed)

- 9.3 Health & Social Care Partnership Local Partnership Forum 13 March 2024 and 14 May 2024 (confirmed)
- 9.4 Health & Safety Sub Committee held on 7 June 2024 (unconfirmed)
- 9.5 Workforce Planning Group held on 23 May 2024 (unconfirmed)
- 9.6 Medical & Dental Professional Standards Oversight Group held on 11 April 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

10.2 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.

11. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 30 July 2024

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

12. ANY OTHER BUSINESS

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

12. DATE OF NEXT MEETING

Tuesday 3 September 2024 from 10.00 via MS Teams.

Meeting: Staff Governance Committee

Meeting date: 9 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 Workplan largely on track. Additions agreed to be included for future meetings included Workforce Planning reports and regular updates from the Wellbeing, Equality & Diversity and Whistleblowing Champions. For the next meeting in September, agenda items on both the Primary Care Improvement Plan 2024/25 and Prevention & Early Intervention Strategy have been confirmed.

2. The Committee considered the following items of business:

2.1 The Committee took a 'moderate' level of assurance from the Attendance Management update provided, noting the ongoing efforts of the Attendance Management Oversight Group in this area. Further details on related initiatives aimed at improving performance are detailed in the minute.

2.2 The Committee took a 'moderate' level of assurance from the Workforce Planning Update, noting that revised National Workforce Planning Guidance to inform Workforce Planning for 2025 was awaited. Resource challenges associated with the processing of applications for the Band 5/6 Nursing Review and other elements of the 2023/24 Pay Award were acknowledged.

2.3 The Committee took a 'limited' level of assurance from the update provided on Core Skills / Mandatory Training and Protected Learning Time, noting that there had been a 6% drop in overall training compliance as at May 2024. Discussion focused on the initiatives underway to support increased staff engagement and enhancing future monitoring and reporting of compliance.

2.4 The Committee took a 'moderate' level of assurance from the update provided on the Improved & Safe Working Environment aspect of the Staff Governance Standard, noting the actions being taken to improve infrastructure to provide a safe environment for both staff and patients and the ongoing training provided to ensure staff were appropriately trained in this area.

3. Update on Performance Metrics

The Committee took a 'moderate' level of assurance from the Integrated Performance & Quality Report, noting the following:-

- A reduction in the Board's reported sickness absence rates from 7.35% in April to 7.11% in May 2024.
- Sickness Absence target, has however been reduced to 6.5%
- 0.4% Reduction in PDPR metrics (43.7% as at May 2024).

- PDPR target has, however, been reduced to 60%.
- A requirement to also routinely monitor/report Local targets against National targets.

4. Update on Risk Management

The Committee took a 'moderate' level of assurance overall, 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 given in the minute.

5. Any other Issues to highlight to the Board:

5.1 Internal Audit Annual Report 2023/24

The Board's impressive performance in relation to iMatter staff engagement as being the highest among all Territorial Boards, plus efforts to improve staff wellbeing offerings, were commended by members.

5.2 Partnership Agreements with local Education Providers

The launch of the EMERGE Programme with Fife College, which offers opportunities to pupils interested in health-related careers, as well as the progress that had been made with ScotCom (facilitated by the signing of the participation agreement between NHS Fife and the University of St Andrews), were recognised as significant milestones in mitigating future Workforce Planning & Delivery Risks.

5.3 Workforce Planning Update

Stakeholders across the organisation were recognised for their efforts in the implementation of the Non-Pay elements of the 2023/24 Pay Award.

Colin Grieve
Chair, Staff Governance Committee

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Tuesday 09 July 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	09.07.24	Corporate Risks Aligned to Staff Governance Committee	Provide an update to the Committee on the wellbeing efforts being employed to support Doctors and Dentists in Training	RW	On agenda for 3 September 2024	Closed
2.	09.07.24	Corporate Risks Aligned to Staff Governance Committee, including Deep Dive: Nursing & Midwifery Workforce	Nursing & Midwifery Deep Dive, which was removed from the Committee's agenda due to late stakeholder apologies.	RW	On agenda for 3 September 2024 (Lynn Barker presenting).	Closed

Meeting:	Staff Governance Committee
Meeting Date:	3 September 2024
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 9 July 2024.
- Three risks continue to be aligned to this Committee. The risk ratings and levels for Risks 11 and 12 are unchanged with and assessed as High. For Risk 19, although it remains at moderate, the level reduced from 12 to 9.
- A Nursing and Midwifery workforce related presentation will be provided to the committee.
- The report overall provides a moderate level of assurance.

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 the Staff Governance Committee since the last report to the Committee at the meeting on 9 July 2024. Members are invited to:

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

2.2 Background

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

- Relevance
- Proportionality
- Reliability
- Sufficiency

2.3 Assessment

The current Strategic Risk Profile is provided at Table 1 below:



Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in							

excess of risk appetite.	
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.	
Assessment of corporate risk performance and improvement trajectory remains in place.	
Risk Key	Movement Key
High Risk 15 - 25	▲ Improved - Risk Decreased
Moderate Risk 8 - 12	◀▶ No Change
Low Risk 4 - 6	▼ Deteriorated - Risk Increased
Very Low Risk 1 - 3	

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

Table 2: Risks Aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve staff experience and wellbeing	2 - - -	◀▶	<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 	Mitigations updated for Risks 11, and 12
 To improve the quality of health and care services	- 1 - -	▲	<ul style="list-style-type: none"> 19 - 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019' 	Mitigations updated for Risk 19 Risk improved from moderate 12 to moderate 9.

Since the last report to the Committee on 9 July 2024:

- Three risks continue to be aligned to this Committee.
- The risk ratings and levels for Risks 11 and 12 are unchanged with and assessed as High. For Risk 19, although it remains at moderate, the level reduced from 12 to 9.

UPDATES

Risk 11 – Workforce Planning and Delivery

The revised National Workforce Planning Guidance and timetable due in Autumn 2024 is awaited to inform the publication of the Workforce Plan from 2025 onwards.

As part of the employability agenda, the new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, now offering up to 22 places for pupils interested in health-related careers and commenced in August 2024. A separate update on the EMERGE programme is on the agenda for this Committee meeting.

Risk 12 – Staff Health and Wellbeing

Consideration and review of staff support priorities for 2022-2025 are being progressed via the Staff Health & Wellbeing Group and other fora, aligned to our Action Plan and the new national Improving Wellbeing and Working Cultures actions. There is a current focus on wellbeing support for Doctors and Dentists in Training, aligned to the RTP programme. A separate update on staff health and wellbeing is on the agenda for this Committee meeting.

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

Work continues on HCSA implementation. This first formal quarterly report on high cost agency staff has been submitted to the Scottish Government and our internal quarterly HCSA report will be considered at this meeting.

Deep Dive Reviews

A Nursing and Midwifery workforce related presentation will be provided to the Staff Governance Committee on 3 September 2024, in lieu of a Deep Dive.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position.

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

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose 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.

Risk Appetite

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

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

The Board's risk appetite is currently under review.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, Involvement, Engagement and Consultation

This paper reflects a range of communication and engagement with key stakeholders, including the NHS Fife Workforce Senior Leadership Team, the NHS Fife HCSA Implementation Group on 19 July 2024 and 22 August 2024; the Attendance Management Oversight Group on 20 August 2024; the recently established People and Change Board on 14 August 2024; and the NHS Fife Staff Health & Wellbeing Group on 20 August 2024.

2.3.8 Route to the Meeting

Via the various meetings set out above.

2.4 Recommendation

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

- Take a “**Moderate**” level of assurance that all actions within the control of the organisation are being taken to mitigate these risks, as far as it is possible to do so.

3. List of Appendices


The following appendices are included with this report:

- Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 20 August 2024
- Appendix 2: Assurance Principles
- Appendix 3: Risk Matrix

Report Contact:

Dr Shirley-Anne Savage
Associate Director for Risk and Professional Standards
Email: shirley-anne.savage@nhs.scot

Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 20 August 2024

 To improve staff experience and wellbeing								
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
11	<p>Workforce Planning and Delivery</p> <p>There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.</p>	<p>Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service-based workforce plans and now aligning to new RTP Programme And agreed workstreams. Awaiting revised national Workforce Planning guidance and timetable in Autumn 2024 to inform publication of Workforce Plan for 2025 onwards.</p> <p>Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2023 to 2026, the Plan for Fife and the integration agenda.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an Anchor Institution, e.g. Employability agenda / Modern Apprenticeships with a health focused Careers Event planned for later this year, in conjunction with the Developing the Young Workforce Fife Board.</p>	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve staff
experience and
wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>The new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, now offering up to 22 places for pupils interested in health-related careers, commenced in August.</p> <p>ScotCom: widening participation. The partnership agreement is signed between NHS FIFE and University of St Andrews and a programme timetable launched starting with a briefing targeting high school influencers in late April and the application window for the summer school opening in June 2024. Further engagements events are in planning with DYW coordinators for September 2024 to support pupils who are not predicted to meet the entry grades for Medicine degree courses to explore other opportunities in healthcare.</p> <p>The HSCP Anchor group has formed with the first meeting held in April 2024. Integrated membership includes social care, nursing, business enabling and administrative services. Public Health Input and direction to support the group to start to map out workforce ambitions.</p> <p>Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between supply, demand, the financial envelope and</p>						



To improve staff
experience and
wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>identifying workforce and non-workforce solutions services are progressing to mitigate workforce risks and balance service delivery.</p> <p>Quarterly Workforce Planning updates have been built into the governance cycle for 2024/2025, now revised to updates at each SGC meeting.</p> <p>Consideration of impact of planned reduction in Agenda for Change staffs' full time working week from 37.5 hours to 36 hours per week on workforce numbers and service capacity, with modelling being undertaken in line with National implementation plans.</p> <p>Consideration and modelling of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of Band 5/6 nursing review.</p> <p>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</p>						



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
12	<p>Staff Health and Wellbeing</p> <p>There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, are both in place in order to deliver these commitments.</p> <p>Consideration and review of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, aligned to Action Plan and new IWWC actions. Current focus on wellbeing support for Doctors and Dentists in Training, aligned to RTP programme.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and promote staff wellbeing. This includes commencing multifactorial reviews within targeted areas to develop bespoke support to both staff and managers in these areas as part of the 2024 / 2025 initiatives, overseen by a new Board wide assurance group.</p>	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve the
quality of health
and care services

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
19	<p>Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]</p> <p>Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements.</p> <p>While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.</p>	<p>NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established with monthly meetings.</p> <p>Seven SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness, with one remaining SWOT to be shared and logged with national team.</p> <p>.</p> <p>HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p> <p>Quarterly progress returns submitted to SG and June 2024 SG engagement meeting supported assessment of reasonable assurance. Enhanced local engagement and reporting achieved via introduction of MS Forms to capture latest activity in respect of Act requirements. Feedback continues to inform local action plan.</p> <p>First quarterly high-cost agency return to 30/06/2024 submitted to SG and first quarterly internal report will be considered at September 2024 SGC</p>	<p>Moderate 9 (L3x C3)</p>	<p>Mod 9 (L3x C3) by 22/07/24</p>	▲	Within	Director of Workforce	<p>Staff Governance (SGC)</p>

		<p>meeting.</p> <p>HIS/SG/NHS Fife engagement meeting scheduled for September 2024.</p> <p>Regular updates provided to APF, EDG and SGC and Fife NHS Board.</p> <p>This risk on the preparations for HCSA implementation is monitored via the NHS Fife HCSA Local Reference Group.</p>						
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Risk Movement Key

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

Assurance Principles

General Questions:			
<ul style="list-style-type: none"> Does the risk description fully explain the nature and impact of the risk? Do the current controls match the stated risk? How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly? Will further actions bring the risk down to the planned/target level? Does the assurance you receive tell you how controls are performing? Are we investing in areas of high risk instead of those that are already well-controlled? Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk? 			
Specific Questions when analysing a risk delegated to the committee in detail:			
<ul style="list-style-type: none"> History of the risk (when was it opened) – has it moved towards target at any point? Is there a valid reason given for the current score? 			
<ul style="list-style-type: none"> Is the target score: <ul style="list-style-type: none"> In line with the organisation's defined risk appetite? Realistic/achievable or does the risk require to be tolerated at a higher level? Sensible/worthwhile? 			
<ul style="list-style-type: none"> Is there an appropriate split between: <ul style="list-style-type: none"> Controls – processes already in place which take the score down from its initial/inherent position to where it is now? Actions – planned initiatives which should take it from its current to target? Assurances – which monitor the application of controls/actions? 			
<ul style="list-style-type: none"> Assessing Controls <ul style="list-style-type: none"> Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? Overall, do the controls look as if they are applying the level of risk mitigation stated? Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided? 			
<ul style="list-style-type: none"> Assessing Actions – as controls but accepting that there is necessarily more uncertainty <ul style="list-style-type: none"> Are they on track to be delivered? Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? Are they likely to be sufficient to bring the risk down to the target score? 			
<ul style="list-style-type: none"> Assess Assurances: <ul style="list-style-type: none"> Do they actually relate to the listed controls and actions (surprisingly often they don't)? Do they provide relevant, reliable and sufficient evidence either individually or in composite? Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> the control is working action is being implemented the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> 1st line – management/performance/data trends? 2nd line – oversight / compliance / audits? 3rd line – internal audit and/or external audit reports/external assessments? 			
Level of Assurance:			
Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or

Escalation

Recording
- Scrutiny or risk delegated to Committee

Year End Report

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

Risk Assessment Matrix

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

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

Figure 1 Likelihood Definitions

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

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

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

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

Figure 2 Risk Matrix

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

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

Figure 3 Consequence Definitions

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

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

Meeting: Staff Governance Committee
Meeting date: Tuesday 3 September 2024
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. This includes projects to reduce spend in the following areas:

- Junior Doctor Rota compliance
- Supplementary Staffing
- Vacancy and Sickness management
- WTE Reduction

In addition, the group have oversight of work being undertaken to support the implementation of the non-pay elements of the 2023/24 Agenda for Change pay deal:

- Reduction in Working week
- Protected learning time
- Band 5 nursing review

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. Workstreams were identified, presented, and approved by the Board in March, these were:

- Workforce
- Infrastructure
- Service Design & Delivery
- Medicines

The Workforce workstream had their initial meeting on 21st February and met fortnightly until 17th April, until such time a decision was made to focus on supplementary staffing and non-compliant rotas as most the most productive opportunities for savings, with a target value assigned at £1M for non-compliant rotas and £5M for supplementary staffing. As work on these projects started to deliver, membership of the Workforce workstream was reviewed and a People & Change Board stood up from the 11th June to drive forward further areas of opportunity for additional savings.

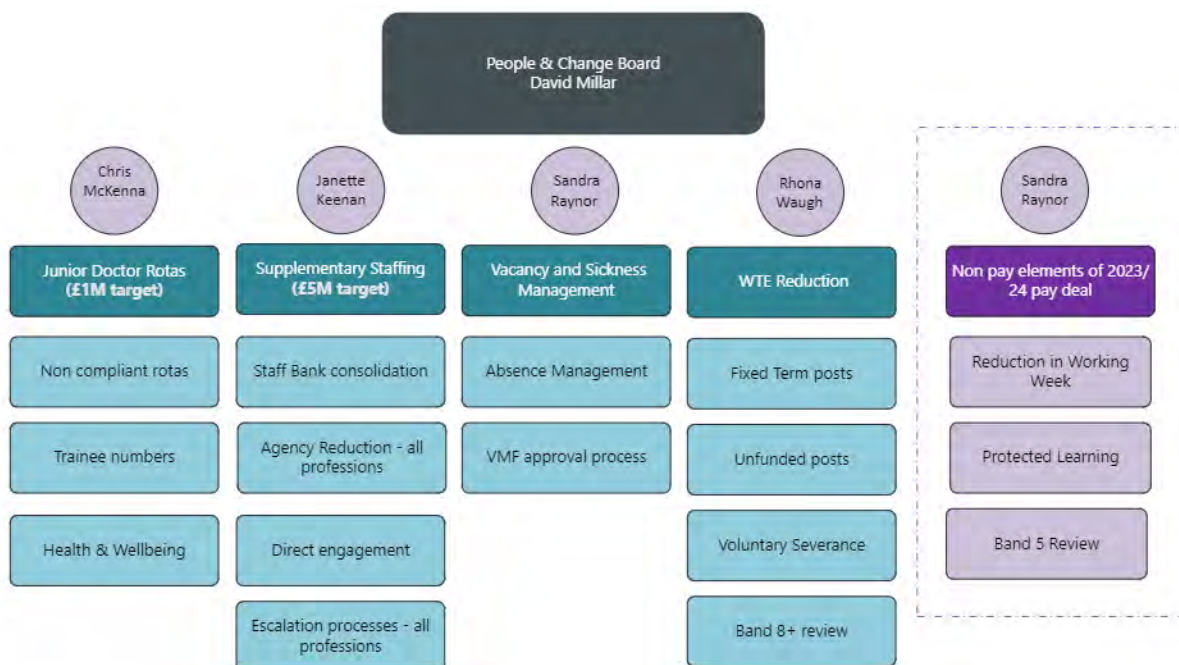
2.3 Assessment

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. Opportunities are sectioned into Innovation and Values Based Health and Care, Workforce Optimisation and Service Optimisation. Within the Workforce Optimisation sections there are five deliverables, these are:

- Nurse agency reduction
- Medical locum reduction
- Sustained sickness absence reduction to 6.5%
- Non-compliant rota review
- Central functions job family review

The RTP Business Transformation programme will undertake the central functions job family review as part of their programme of work.

The People & Change Board has undertaken these working groups to address these deliverables as shown below:



Junior Doctor Rotas

There is a history of issues both locally and nationally with non-compliant rotas amongst Junior Doctors including FY1s, FY2s and Registrars. For rotas to be compliant, start and finish times must be as the rota dictates, and breaks must be uninterrupted, and taken in accordance with shift length and be achieved 75% of the time to be considered compliant. Rotas that fail to be compliant are subject to supplementary monetary uplifts consisting of the below:

- Band 3 – 100% supplement over basic pay
- Band 2A – 80% supplement over basic pay
- Band 1A – 50% supplement over basic pay

Doctors and Dentists in Training (DDiT) are subject to 4 monthly rotations which must adhere to their training requirements however should also ensure adequate cover within services. These DDiT are provided by NES, however the volume of DDiT provided to NHS Fife are not confirmed until their cohort begins, and a deficit is common if not certain, due to long term sickness, maternity leave, and a variety of other reasons. As a result, there is reliance on substantive and Gateway Doctors (Gateway Access and Gateway EU) to subsidise the deficit as this impacts the training experience for DDiT affects their wellbeing, as well as adding to the pressures, and resulting in non-compliant rotas.

NHS Fife currently has 4 non-compliant Band 3 rotas (3 medical; 1 surgical), resulting in a circa £2M annual spend solely on non-compliant rotas. Work has been completed to recruit additional Gateway doctors to support DDiT and to ensure sufficient staffing resource for rotas. 3 Medical rotas have been redesigned and will be implemented from 7th August with the new intake of DDiT, these will require monitoring within the first two months to ensure compliance and, if successful, will no longer attract Band 3 supplement.

In addition to this, induction guidance has been standardised to ensure consistent messaging, and escalation processes for DDiT if they experience difficulties has also been introduced. Additional wellbeing elements are also being reviewed to support a more positive experience for DDiT whilst in NHS Fife.

Supplementary Staffing

The use of supplementary staff is established practice to cover staff absence due to sickness, annual or study leave or where there are vacancies within services. There has been an increased move in recent years to reduce reliance on more costly agency staff bookings and to maximise availability through staff bank, as annual supplementary staffing costs have exceeded £20 million for the last two years. In addition, the Scottish Government Taks & Finish group tasked Boards in March 2024 to deliver on the following:

- No new agency workers will be added to lists without Executive sign-off by April 2024. Reasons for addition to lists would be to ensure a need for a required skillset can be fulfilled, and to add staff at a more preferential rate than is currently available for a particular skillset.
- No block bookings without Executive sign-off by June 2024.
- No agency usage without sign-off by an appropriate delegate for the Executive responsible by June 2024.
- No agency requests to be accepted more than 72 hours in advance of a shift, with this timeframe being kept under review by June 2024.
- Agency usage should be by exception only, exceptions being the prevention of service failure and ensuring patient safety by October 2024.

To support these reductions in agency shifts standardised escalation processes have been developed and reviewed to ensure clear rationale for any requirement for agency staff, this has been supported by provision of a ready reckoner to assess the most cost-efficient way to cover vacancies. As well the reduction in agency use a Direct Engagement model was rolled out from 5th August to deliver VAT cost savings currently associated with agency rates. A Supplementary Staffing Group has been established to provide monthly review on the top 5 high spend areas to ensure that any improvements or escalations are supported.

Vacancy & Sickness Management

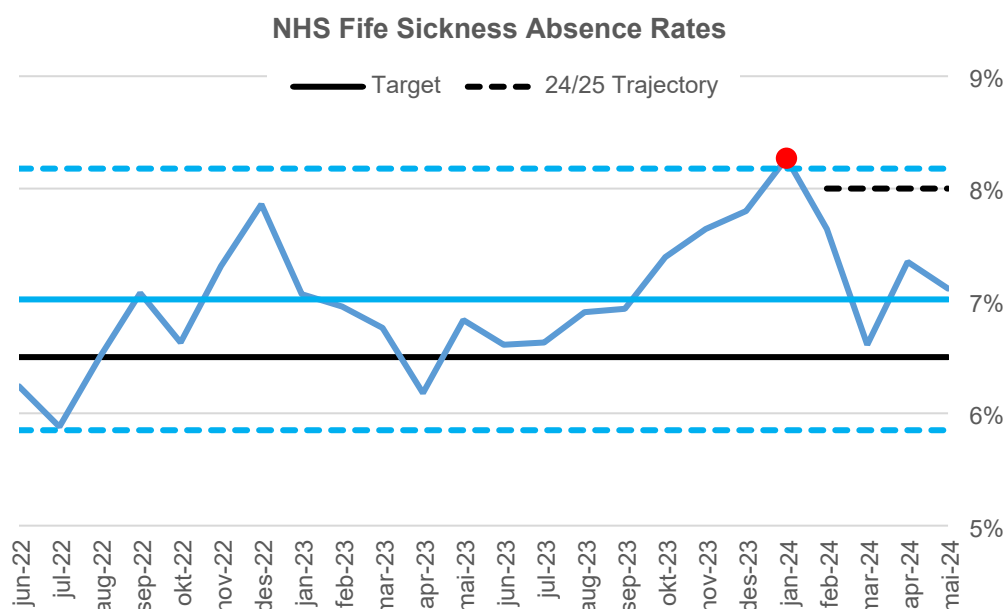
Vacancy Management

Increased grip and control of vacancies has been established since 19th February 2024 to ensure that all vacancies follow a consistent authorisation process for all job families, for both permanent and temporary posts and irrespective of funding source. Vacancy panels sit on a weekly basis to ensure Executive approval of all posts and is chaired by the Chief Executive. Analysis of the number of posts being approved is routinely being carried out to ensure that the size of the workforce is managed in a sustainable manner, whilst continuing to ensure safe conditions for staff and patients and outcomes are highlighted in the table below:

Job Family	Approved	Not Approved	Awaiting Further Info	Total
Admin & Clerical	103	17	4	124
Allied Health Professionals	44	2	1	47
Medical & Dental	46	0	3	49
Nursing & Midwifery	115	2	2	119
Other Therapeutic	49	0	1	50
Personal & Social Care	4	0	0	4
Health Care Science	1	0	0	1
TOTAL	3625	21	11	394

Attendance Management

Sickness absence levels across NHS Fife continue to be high, currently at 7.11% and averaging at 6.78% for 2023/24. Scottish Government tasked all Boards with reducing their absence figures by end of March 2025, NHS Fife have set a reduction target of 6.5% sickness absence rate, or less, before March 2025. This is in place of the historic 4% rate HEAT standard set by the Scottish Government.



To achieve this the Attendance Management Group has been re-established to oversee a multi factorial review on absence issues; to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. An action plan to support improvement activities across the key themes had been developed, including ensuring best practice, professional development, and training is also being driven forward. This will be complimented by work of several occupational health and wellbeing initiatives to support a sustainable improvement in absence rates.

WTE Reduction

NHS Fife has seen a significant increase in WTE across the Board between 31 December 2019 and 31 March 2024, with figures showing an increase of 1,075 WTE (approx.15%), over this time period, see table below. An indicative target of a reduction of 450 WTE in 2024/25 has been set and work to support services to understand their baseline and WTE growth will be undertaken in August to identify opportunities for workforce reduction. This review will include understanding of the number of fixed term and unfunded posts within the organisation and what the exit strategies are for these.

Table 1: WTE Movement between Dec 2019 & March 2024 by Division

Hierarchical Area	Dec-19	Mar-24	WTE Movement	% Movement
Acute Services Division (Div)	2743.74	3246.60	502.86	18.33%
Medical Directorate (Dir)	998.51	1249.45	250.94	25.13%
Surgical Directorate (Dir)	941.81	1145.30	203.50	21.61%
Women, Children & Clinical Services (Dir)	790.29	845.68	55.39	7.01%
Corporate Services Division (Div)	1595.03	1837.70	242.67	15.21%
HSCP - Divisional Management (Div)	35.04	59.88	24.84	70.88%
HSCP Community Care Services (Div)	1063.92	1040.64	-23.28	-2.19%
HSCP Complex & Critical Care Services (Div)	997.40	1054.38	56.99	5.71%
HSCP Preventative & Primary Care Services (Div)	844.67	1115.69	271.01	32.08%
Grand Total	7279.80	8354.89	1075.09	14.77%

Voluntary severance

A feasibility study to understand the benefits of introducing voluntary severance has been undertaken and a policy and process has been developed. This has been developed by the HR Policy Group, which will be endorsed by the Area Partnership Forum and will be made available to select groups of staff. This will also support a natural reduction of staff as part of the WTE review.

Band 8+ review

A review of all senior management posts, Band 8 and above, is planned to understand the rationale behind the increase and to limit further expansion. This will also be undertaken as part of the WTE reduction review.

Non Pay elements of 2023/24 pay deal

As part of the pay settlement for Agenda for Change (AfC) staff the 2023 / 2024 pay deal, it was agreed to conduct a review of the AfC system in NHS Scotland. This work was taken forward under the aegis of the Scottish Terms and Conditions Committee (STAC) and recommendations were made to introduce:

Reduction in working week

A reduction of working hours from 37.5 to 36 hours per week, phased over a 3-year period. To support the reduction in full time hours to 37-hours a week, a Short Life Working Group (SLWG) was established, and a data collection exercise undertaken to understand how departments were planning to adopt and implement the initial 30-minute reduction. Feedback from this indicated it was intended to accommodate through a combination of accrual of hours to take back over the duration of the roster, a single weekly 30-minute (pro-rata) reduction on a day that met service and staff needs, or through provision of a temporary "Transitional Allowance" payment which was available to services pending the introduction of the new 37-hours working week. Financial implications of the implementation and roll out are being monitored, however forecasts indicate a full year of transitional payments costs could be in the region of £3.7m and shortfall in the workforce as a result of the reduction shows around 100 WTE posts in year one alone.

To understand the implications of a further reduction in year 2 and 3 further consultation with services is currently underway so that an understanding of the scale of the impact on finance and workforce can be forecast.

Protected learning

Ensuring that all staff have protected learning time to undertake mandatory and statutory learning. Mandate that 80% of staff are compliant with core skills and mandatory training by March 2025. Bitesize learning clinics have been scheduled to support managers with the implementation of protected learning time for the workforce.

Band 5 Review

A national review of Band 5 nursing roles in accordance with existing national job evaluation policy is currently underway. A national online digital portal for the submission and consideration of applications has been launched. At this time, we are considering batching, quality checking of questionnaires and briefing sessions as well as a campaign to increase job matchers when the submissions are ready for job matching. Initial modelling based on national work has shown that there would be a requirement for 32 evaluation panels per week for a year to complete the anticipated number of posts requested for evaluation.

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 both positive and negative repercussions to some of the pieces of work being supported by the Board.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

An EQIA has not been completed at this time. Any proposals from the People & Change Board or 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.

2.4 Recommendation

This paper is provided to members for:

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

Report Contact

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

Meeting:	Staff Governance Committee
Meeting Date:	03 September 2024
Title:	Attendance Management Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing & Relations

Executive Summary

Achievements to Date: -

- Review remit of Attendance Panels to ensure a consistent approach across the system.
- Implementation of a Neurodiversity Passport to support managers and neuro diverse staff.
- Review of absence management statistics, working hours lost and trajectory information in partnership with planning and performance colleagues - ongoing work.

Future activity: -

- Benchmarking with other Boards to identify any actions Fife could implement to improve attendance.
- Understand learning from the multifactorial review / test of change in the H&SCP.
- Continue to develop our approach to Values Based Reflective Practice (VBRP).
- Development of Manager Essential Learning Pack to support new managers in their first 100 days in their new role. Attendance Management resources in the pack will ensure a consistent approach to managing absences effectively.
- Review of bereavement as a significant factor in relation to attendance. Partnership working with Lynne Innes, spiritual care to develop additional support tools for staff members during bereavement.

Challenges: -

- 'Catch all' descriptors on SSTs.
- Use of code 99 with a targeted approach to educate staff responsible for data input.
- Ageing workforce with complex health needs.
- Pressures associated with the Reduction in the Working Week.

Key Risks and Issues:

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

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

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

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

2. Report Summary

2.1 Situation

An update on attendance management was last provided in July 2024; this paper provides details of ongoing activity and actions that are intended to deliver a reduction in sickness absence by the end of March 2025.

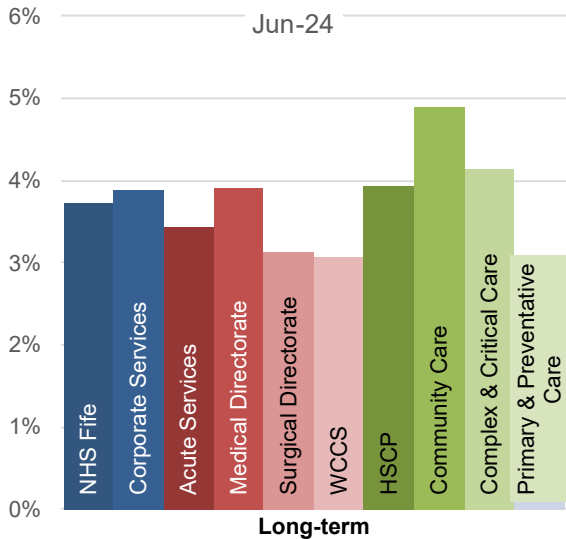
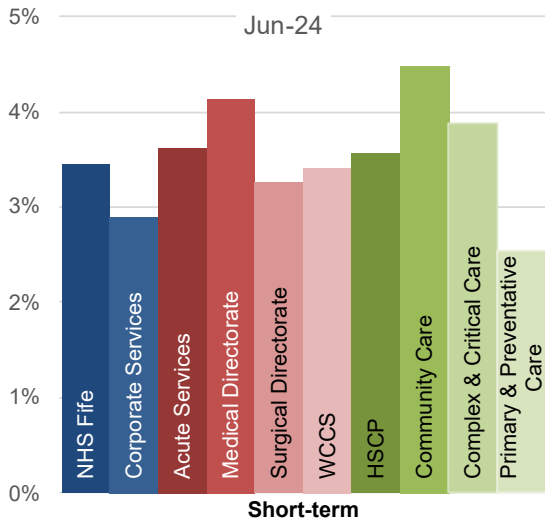
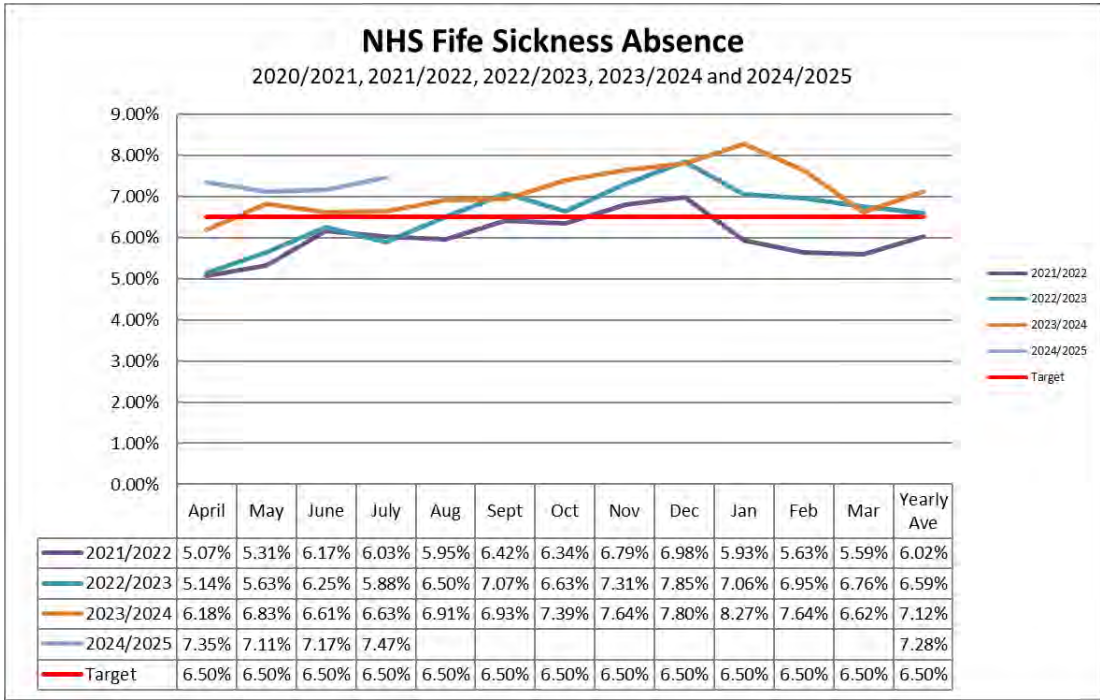
2.2 Background

It is recognised that there requires to be a change in emphasis to secure a longer term, sustainable improvement in absence rates, taking account of existing managerial, occupational health, workforce, and organisational inputs. Appendix 1 sets out the current absence rates, reasons for absence and details of areas within the Board where areas are classified as 'high priority' based on aggregated absence rates in last three months.

Our promoting attendance activity is complemented by the core staff wellbeing provision, recognising that a number of other factors contribute to staff health and wellbeing.

2.3 Assessment

January 2024 recorded the highest sickness absence rate of 8.27%. There was a reduction in February at 7.64% and then March recorded the lowest figure so far at 6.62%. April saw a rise to 7.35%, with a reduction in May to 7.11% however again a slight increase to 7.17% in June 2024.



As previously discussed, the aim now is to drive forward key actions working towards a reduction in our absence rate, with the target set for achieving 6.5% by the end of March 2025.

The Attendance Management Oversight Group have commissioned a piece of work to share a good news story from team(s) who have improved their attendance, with a team identified from Acute to initially lead this piece of work. This will also be done alongside a review of a team that would fall into the “high category” area within appendix 1 to understand what actions could be taken to achieve improvements and compare approaches.

Work continues to benchmark with keyboards to identify any actions Fife could take on board to improve our attendance, the main variance between Boards appears to be the long-term absence handling. Any recommendations from this work will be shared in a future update to Committee.

Recognising that our highest absence category is anxiety / stress / depression / other psychiatric illness and bereavement is a significant factor in relation to absence from this category affecting our workforce, work is ongoing in partnership with our spiritual care colleagues to develop additional support tools for staff members during bereavement.

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

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

2.3.2 Workforce

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

2.3.3 Financial

The financial impact for improvement work to generate a savings in terms of staffing costs, where this is a double or greater cost to cover the absence is detailed / costed within the Supplementary Staff programme. Any additional support in line with the suggestions above, will have resource implications.

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No impact has been identified.

2.3.7 Communication, involvement, engagement and consultation

Actions proposed are being discussed with the Attendance Management Oversight Group, linked to the NHS Fife Staff Health and Wellbeing Group, with regular updates provided to the RTP People and Change Board and the RTP Executive Group.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendix is included with this report:

- Appendix No. 1, NHS Fife Sickness Absence Tableau Reports – June 2024

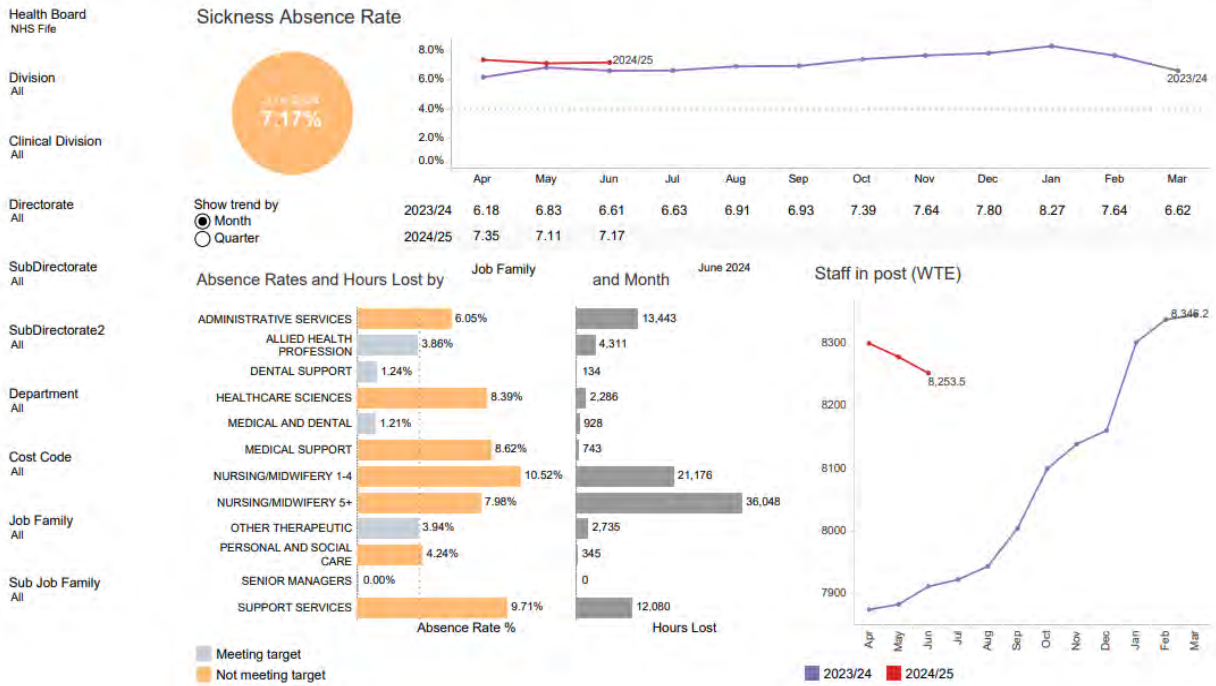
Report Contact

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

Appendix No. 1, NHS Fife Sickness Absence Tableau Reports – June 2024

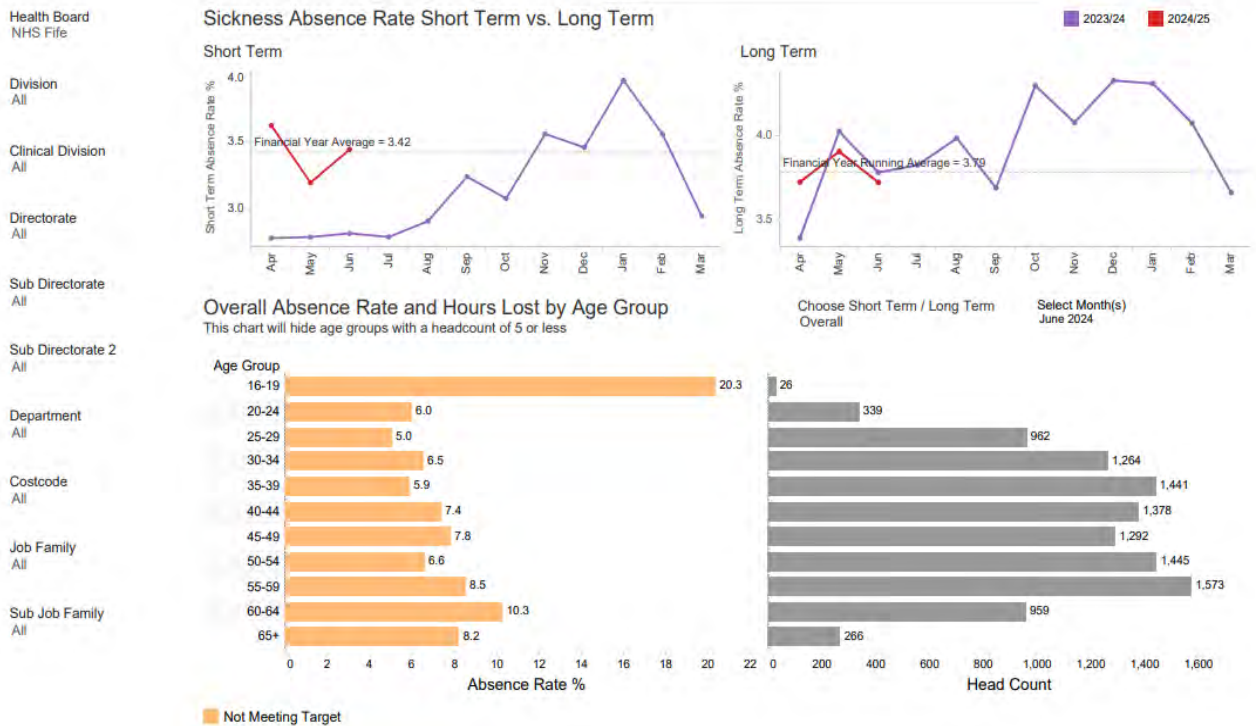
East Region Sickness Absence - Overview

SOURCE: SSTS (NHS Borders, NHS Fife, and NHS Lothian)
 UPDATE: By the 15th of every month with previous month's data. Data as at end of June 2024
 CONTACT: wav.dashboards@nhslothian.scot.nhs.uk for dashboard info. For queries about the data, contact EESS Helpdesk



East Region Sickness Absence - Short Term & Long Term

SOURCE: SSTS (NHS Borders, NHS Fife, and NHS Lothian)
 UPDATE: By the 15th of every month with previous month's data. Data as at end of June 2024
 CONTACT: wav.dashboards@nhslothian.scot.nhs.uk for dashboard info. For queries about the data, contact EESS Helpdesk



East Region Sickness Absence - Absence Reasons

SOURCE: SSTS (NHS Borders, NHS Fife, and NHS Lothian)
 UPDATE: By the 15th of every month with previous month's data. Data as at end of June 2024
 CONTACT: wav_dashboards@nhslothian.scot.nhs.uk for dashboard info. For queries about the data, contact EESS Helpdesk



Health Board
 NHS Fife

EPISODES AND HOURS LOST by Reasons for Overall Absence

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

Select Month
 June 2024

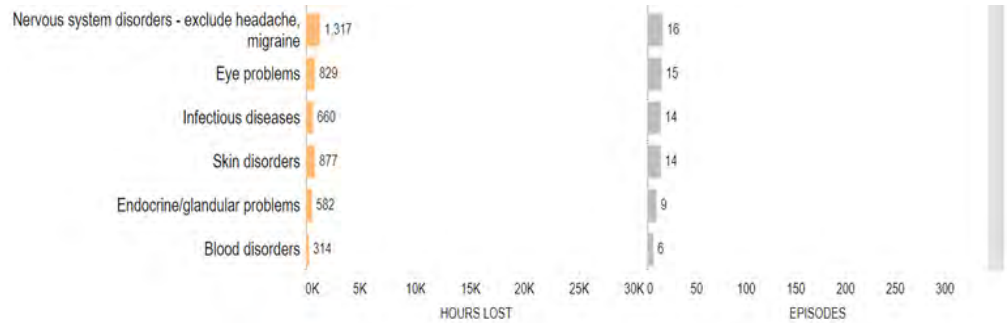
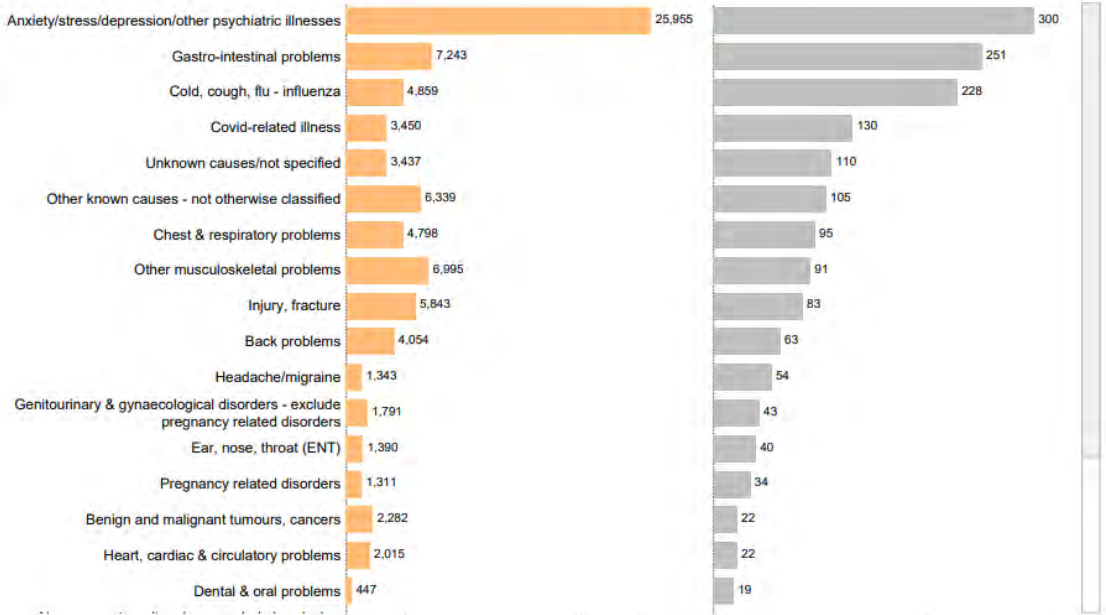
Short Term / Long Term
 Overall

Division
 All

Clinical Division
 All

Directorate
 All

Job Family
 All

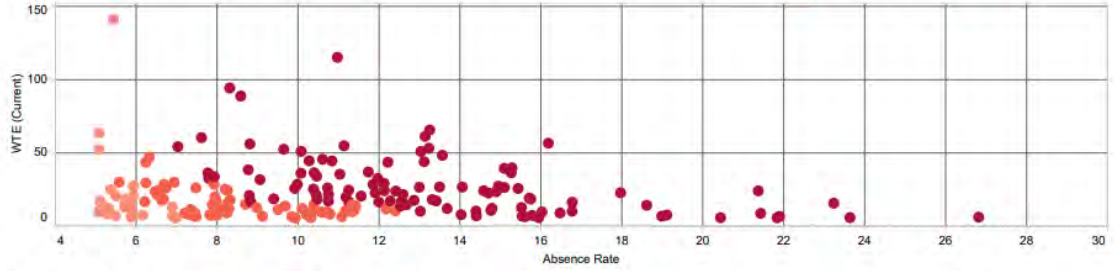


East Region Sickness Absence - Level of Priority

SOURCE: SSTS (NHS Borders, NHS Fife, and NHS Lothian)
 UPDATE: By the 15th of every month with previous month's data. Data as at end of June 2024
 CONTACT: wav.dashboards@nhslothian.scot.nhs.uk for dashboard info. For queries about the data, contact EESS Helpdesk

- Health Board
NHS Fife
- Division
All
- Clinical Division
All
- Directorate
All
- Sub Directorate
All

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



- Sub Directorate 2
All
- Department
All
- Cost Code
All
- Job Family
All
- Job Sub Family
All

High Priority Departments - Latest Three Months

Filter Department by Priority

High Priority

Export	Department	WTE (Current)	Absence Rate
Click here to select all data for export into Excel	Nhs Fife Immunising Team Nhs	6.4	33.2
	Hs - Frs Physiotherapy	6.5	26.8
	Pall Care Clinical Nurse Specialist	6.3	23.6
	Hs - Glen Hosp Wd 3 Nurs	16.1	23.2
	Ff Vhk Portering Wkly	7.1	21.9
	Medical Records Nef	6.1	21.8
	School Nurses In Training	9.1	21.4
	Wbh Day Nursing Ravenscraig	24.5	21.4
	Cypcns Homecare Team	6.2	20.4
	Ff Adamson Hos Cleaning	8.0	19.1
	Ntc Sg Addnl Cleaning	7.2	19.0
	Qmh Outpatients	14.7	18.6
	Hs - Glen Hosp Wd 1 Nurs	23.2	18.0
	Ff S'eden Catering Pat	16.7	16.8
	Vhk Endoscopy Specialist Nurse	10.6	16.8
Anticipatory Care West Div	9.4	16.5	
Medical Secretaries	56.9	16.2	
Qmh Endoscopy Regional Centre	10.1	16.0	
An Dir Management	6.3	15.9	
Ff Qmh Fac Cleaning Wkly	7.8	15.8	
Vhk Ward 51 Acute Medical	18.9	15.7	
Gp Mental Health Triage Pcf	19.5	15.7	
Hp Irc + Training	6.9	15.6	
Practice Education Facilitator	7.3	15.5	
Vhk Theatre Manager	13.1	15.5	
Nhs Fife Immunising Team Pcf	26.1	15.4	
Vhk Ward 32 Moe	40.2	15.3	
Ff Vhk Cleaning Ph 3	36.8	15.3	
S'eden Day Nurse Lomond	26.8	15.1	
Vhk Ward 22 Renal	39.9	15.1	
Ff S'eden Cleaning Gen	27.6	14.9	
Hs - Cam Hosp Letham Nurs	23.9	14.9	
Patient Relations	12.6	14.8	
Qmh Endoscopy	11.1	14.8	
Radernie Low Secure Day Nurs	23.0	14.7	
Qmh Mh Day Nursing Ward 2	24.5	14.6	
Ict Kirkcaldy Physio	7.5	14.4	
S'eden Day Nurse Lindores	10.7	14.4	
Vhk Med Records Outpatients	27.1	14.0	
Ff Cam Hos Catering Pat	8.3	14.0	
Qmh Dialysis Unit	12.4	13.7	
Ff Vhk Portering	48.7	13.6	
Hs - Cam Hosp Balcurvie Nurs	27.1	13.5	
Ff Cam Hos Cleaning	17.6	13.4	
Cairnie House Day Nursing	18.5	13.3	
Vhk Icu	65.9	13.2	

Vhk Ward 6 Assisted Discharge	53.5	13.2	
Vhk Theatre General - Phase 3	61.6	13.1	
Vhk Endoscopy	44.3	13.1	
Vhk Ward 23 Cardiology	51.3	13.0	
S'eden Admin Medical Support	10.6	13.0	
Qmh Mh Day Nursing Ward 1	26.9	13.0	
Vhk Maternity Assessment	18.0	12.9	
Dunfermline Hospital At Home	15.0	12.7	
Hs - St Andrews Hosp Wd 1 Nurs	22.0	12.6	
Ld Service Tayview Ward	17.1	12.5	
Vhk Antenatal Clinic	14.1	12.5	
Vhk Midwife Led Unit	24.3	12.4	
Cmht Adult Nef + Glenrothes	17.6	12.3	
Vhk Ward 41 Moe	44.0	12.2	
Pall Care Hospice	24.6	12.1	
Qmh Ward 6	29.6	12.1	
Addictions Drugs Mission Fund	16.9	12.0	
Kirkcaldy Team District Nrs	33.0	12.0	
Lynebank H Nurse Cpn	23.1	11.9	
Hs - Adamson Hosp Tarvit Nurs	28.9	11.8	
Vhk Ward 33 - Orthopaedics	37.4	11.7	
Vhk Outpatients	20.9	11.5	
Vhk Discharge Hub	16.9	11.2	
Cowdenbeath Team District Nrs	25.0	11.2	
S'eden Day Nurse Dunino	20.2	11.2	
Comm Alcohol & Drug Service	55.2	11.1	
Vhk Labs Microbiology	35.8	11.0	
Ff Vhk Cleaning	115.4	11.0	
Qmh Ward 5	44.9	10.8	
Lynebank H Nrs Rldu-daleview	22.1	10.7	
Pall Care Outreach	17.5	10.7	
Vhk Ward 34 Haematology	26.5	10.7	
Vhk Ward 43 Respiratory	46.0	10.6	
Ff Transport Dept Fac Gen	18.9	10.5	
Vhk Ward 52 - General Surgery	34.4	10.4	
Hs - Glen Hosp Wd 2 Nurs	21.7	10.4	
Vhk Ent Unit	36.8	10.4	
Ntc Core - Vhk Ward 10 - Orthopaedics	25.7	10.4	
Vhk Ward 53 General Medicine	44.9	10.3	
Ff Qmh Fac Cleaning	51.4	10.1	
Vhk Neonatal Unit	36.5	10.1	
Vhk Maternity Ward	29.0	10.0	
Vhk Dialysis Unit	26.1	9.9	
Covid-19 Vaccination Costs	52.8	9.6	
Ip Ahp's Qmh	19.0	9.4	
Camhs Demand And Wait List	32.1	9.0	
Vhk Urology Dtc	17.0	8.8	
Qmh Theatres	56.4	8.8	
Vhk Haem/onc Day Unit	21.3	8.8	
Vhk Ward 42 Stroke	38.8	8.8	
Pcif Ctac	89.1	8.6	
Admissions Unit 1	94.6	8.3	
General Podiatry	34.1	7.9	
Vhk Ward 54 - Urology	33.0	7.8	
Vhk Odip	36.6	7.8	
Acute Pharmacy Technical Servs	60.8	7.6	
Ucsf	54.6	7.0	

Meeting: Staff Governance Committee
Meeting date: 3rd September 2024
Title: RTP Supplementary Staffing Progress Update
Responsible Executive: Janette Keenan, Director of Nursing
Report Author: Carol Brown, Programme Manager

Executive Summary

The report provides assurance on the progress of the Supplementary Staffing Project through:

- escalation processes adopted to increase grip and control around shifts and for all staff groups.
- reduction of use of agency staff
- detailed review of areas with high spend.
- Saving improvements achieved to date in 2024/25 of £1.1 million.
- Direct engagement model implemented offering 20% VAT savings on locum shifts.

1 Purpose

This report is presented 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
- 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) Supplementary Staffing group in delivering a safe sustainable reduction in expensive agency staff through introducing a range of additional grip and control measures for all staff groups around booking bank or agency staff to cover shifts as an overall contribution 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. Workstreams were identified, presented, and approved by the Board in March.

The Supplementary Staffing group report through the Workforce workstream (now People & Change) and had originally worked as the Bank & Agency Programme Board, which

was commissioned via the EDG in February 2023 in recognition of the high level of spend on bank and agency staff within NHS Fife. Their objectives were to:

- Deliver an external review of the current bank set up to establish if current model is fit for purpose and identify what actions are required to ensure it operates efficiently and effectively.
- Develop an implementation plan and oversee the implementation of this plan to deliver a £10m reduction of Health Board retained supplementary staffing spend in 2023/24.
- Implement Scottish Government's Supplementary Staffing – Agency Controls, which remove the use of off framework agencies from 1st April 2023.

2.3 Assessment

The use of supplementary staff is established practice to cover staff absence due to sickness, annual or study leave or where there are vacancies within services. There has been an increased move to reduce reliance on more costly agency staff bookings and to maximise availability through staff bank, as annual supplementary staffing costs have exceeded £20 million for the last two financial years.

In addition to reduction in agency use, the Scottish Government Taks & Finish group challenged Boards in March 2024 to deliver the following:

- No new agency workers will be added to lists without Executive sign-off by April 2024.
- No block bookings without Executive sign-off by June 2024.
- No agency usage without sign-off by an appropriate delegate for the Executive responsible by June 2024.
- No agency requests to be accepted more than 72 hours in advance of a shift, with this timeframe being kept under review by June 2024.
- Agency usage should be by exception only, exceptions being the prevention of service failure and ensuring patient safety by October 2024.

To support existing processes for escalation of shifts to agency, additional formal processes are being developed for escalation of advanced and block bookings which include escalation to executive level for approval. Escalation process are being developed for all staff groups, including AHP's and medical.

Conversations are ongoing at Scottish Executive led Nurse Directors group with regards to ceasing registered agency use by October 2024 as feedback from many boards across Scotland, including Fife, is that this will not be achievable. The cessation of registered agency in surgical and women's and children's services ceased with effect from 1st April 2024, as well as non-registered staff across all areas.

Data on supplementary staff spend is provided on a weekly basis to nursing directors. This is reviewed on a weekly basis and has proven beneficial in identifying high spend areas so that conversations can be help around any mitigations that are required. In some cases, this focussed work has been instrumental in helping to discover areas of established or misinterpreted practice that has been straightforward to rectify to ensure a reduced spend going forward.

A ready reckoner to assess the most cost-efficient way to cover unfilled shifts has also been distributed to services to support a more considered approach to identifying cover.

Overall, through the introduction of these measures from 1st April to 31st July 2024 an improvement of around £1.1 million to the bottom line has been made and can be demonstrated with monthly averages reducing from around £2 to £1.5 million monthly in 2022/23 and 2023/24 to a monthly average of around £750,000 per month in 2024/25 in health board retained to date (figure 1). Whilst in health board delegated the historic trend of an annual increase in supplementary staffing has stabilised from monthly averages of around £2.1 to £2.6 million in 2022/23 and 2023/24, to a continued monthly average spend for 2024/25 of £2.6 million to date (figure 2). There are known challenges within specific services in health board delegated and plans are in place for mitigations which are expected to deliver improvement in Quarter 3. A £278,000 improvement in overall average spend this financial year has still been realised.

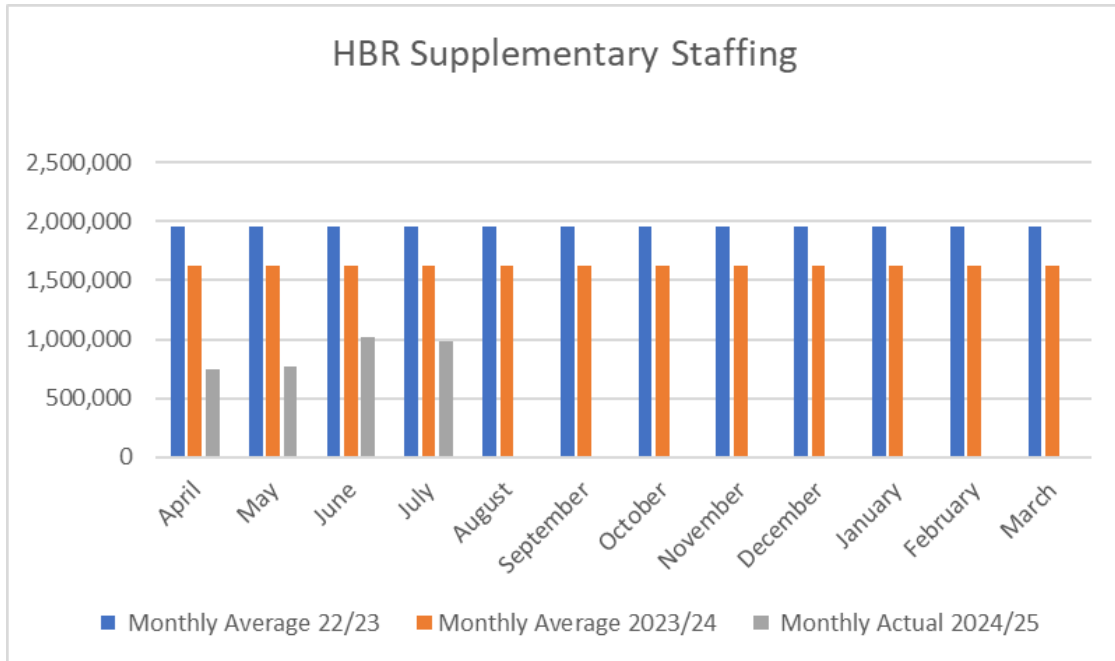


Figure 1: showing health board retained spend for previous 3 financial years

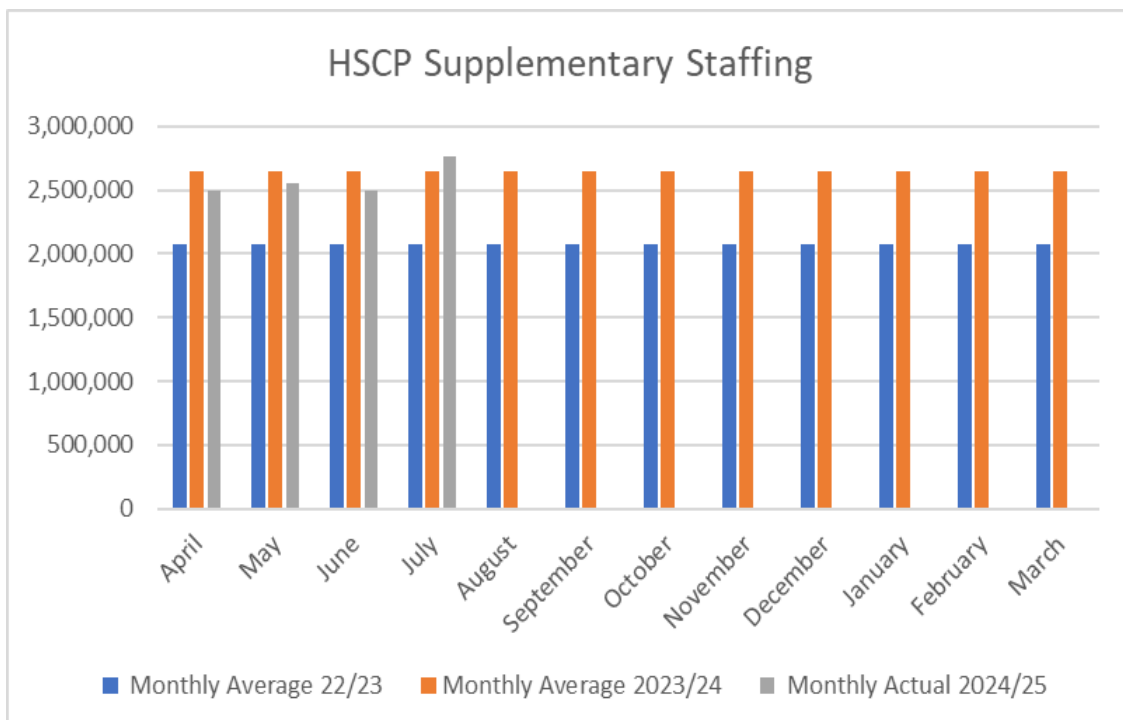


Figure 2: showing health board delegated spend for previous 3 financial years

As well as the reduction in agency use a direct engagement model was rolled out from 5th August 2024. This sees temporary staff such as medical or AHP locums currently employed through agencies, being offered time limited contracts with NHS Fife, resulting in pay being directly through NHS payroll, this will deliver VAT cost savings currently associated with agency commission rates. The aim of the project is to ensure that there is an 80% compliance with the direct engagement model which has the potential to achieve in the region of £1 million if this level of compliance is reached.

During the roll out of this project there have been several instances of disparity of rates being realised and it is expected this will also offer savings as rates come into line with nationally agreed standard rates.

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 will be improvements to patient care, in line with the Healthcare Staffing Act to ensure that there are always suitably qualified staff working in the right numbers to deliver safe and effective care to patients.

2.3.2 Workforce

Any changes resulting from the Supplementary Staffing group will be discussed in partnership in an open and transparent manner and is in line with NHS Scotland Staff Governance Standard.

2.3.3 Financial

Finance reports are provided regularly to RTP group, EDG, Board

2.3.4 Risk Assessment / Management

A risk register has been created, risks are logged on Datix and reviewed monthly along with mitigations. Any required escalation is through the RTP governance structure to the People & Change Board.

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 Supplementary Staffing group 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 Director of Nursing as Chair of Supplementary Staffing group.

2.4 Recommendation

This paper is provided to members for:

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

Report Contact

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

Meeting: Staff Governance Committee

Meeting Date: Tuesday 3 September 2024

Title: Health and Care (Staffing) (Scotland) Act 2019: Quarter 1 Report 2024/2025

Responsible Executive: David Miller, Director of Workforce

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

Executive Summary

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

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective & Person Centred

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

- 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 Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires quarterly compliance reporting to the Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as “Board level clinicians”). Within NHS Fife the Director of Workforce has the delegated lead responsibility for Board compliance with quarterly and annual reporting. The Board is also required to submit high cost agency staffing reports required by NHS circular DL(2024)06.

2.2 Background

As previously reported to Staff Governance Committee members, 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 10,000 staff, across all 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, with an intent to:

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

Underpinning all duties and responsibilities placed on NHS Fife when considering staffing within health care is the application of the guiding principles (Appendix 2); noting that no one factor is more important than another.

The accompanying Statutory Guidance to the Act describes the internal quarterly reporting requirements as:

- Quarterly (minimum) reports by Board level Clinical Leaders (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. This has been delegated to the Director of Workforce to co-ordinate and Appendix 3 details the information required within these reports.

Duties of Healthcare Improvement Scotland (HIS)

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

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

To assist HIS with their functions, NHS Fife has received a formal request for a copy of the Board's Quarterly Report, which the intention is to share in September 2024, following discussion at the September 2024 Staff Governance Committee meeting.

In addition, quarterly Board engagement meetings, commencing in September 2024 will be facilitated by a Senior Programme Advisor from Healthcare Staffing Programme and will include nominated representatives from NHS Fife, (Executive Nurse Director, Director of Workforce, Directors of Nursing, Head of Workforce Planning & Staff Wellbeing and HCSA / Workforce Planning Lead).

2.3 Assessment

A summary of the progress made during Quarter 1 is detailed below, highlighting key achievements, together with key milestones and risks to be considered in advance of the Quarter 2 report:

Key Achievements during Quarter 1

- NHS Fife's HCSA Implementation Group continues to meet on a monthly basis with multi-disciplinary and staff side representation to build on Chapter Testing SWOT analysis feedback and sharing of information and resources between functions to assist with the implementation of the Act.
- To enable the Board to benefit from SafeCare reporting on the requirements of the Act, service engagement continues to roll-out eRostering and SafeCare within the Board, prioritising those areas within scope of the Act in addition to high cost agency / supplementary areas, along with revisiting areas already live, to implement SafeCare. Data gathering exercises continue within services and roster builds are underway.
- Aligned to the rollout of eRostering and SafeCare, recruitment to the vacancies within the eRostering Business As Usual Team is well underway, with appointments offered following interviews which took place in mid-August 2024.
- In line with the next stage of the Implementation Plan, engagement sessions with Service Leads commenced on 22 July 2024 for those areas that are already live with eRostering.
- A timetable of priority areas for the implementation eRostering within service areas is being prepared. A communication will be prepared to ensure that services are

aware of the roll-out plan within their areas of responsibility, supporting those services which currently have no arrangements in place.

- Discussions are on-going with nursing and finance colleagues in relation to the eRostering process, financial tracking, roster sign-off and if it is currently meeting expectations.
- Board representatives continue to participate in the HCSA Workforce Leads Collaborative Group discussions, in tool run updates and provide feedback.
- A monthly newsletter to all HSCP Nursing staff is now in place, highlighting the learning and education resources available for staff, with an emphasis on the duties of the Act. A survey sent to all Lead Nurses within the HSCP demonstrated that the majority of areas have methods to demonstrate daily safe staffing levels.
- In-person HCSA training sessions are now available on TURAS, together with a Workforce Planning Session on 17 September 2024. In addition, bite size sessions to help staff understand the Common Staffing Method and consider the reporting aspects of the Act has been created and will be advertised shortly.
- Continued use of local Teams Channel and StaffLink to promote and share HCSA resources.
- The MS Forms Assurance template adapted for use within NHS Fife to assist services assess their preparedness for Act implementation has been used for Quarter 1 and the feedback received has enabled a more evidential reasonable level of assurance.
- In addition, development of a suite of HCSA Standard Operating Procedures is currently underway.
- Presentations have been undertaken at NHS Fife's Area Clinical Forum, Senior Charge Nurse Development Sessions, Finance Directorate SLT and various team meetings within the Board.
- Specialty specific Staffing Level (Workload) Tools continue to be run, reported on and implemented in line with NHS Fife's schedule.
- A Common Staffing Method reporting template is in use to support reporting and governance, with the importance of the Common Staffing Method tools being highlighted with on-going work within NHS Fife to consider the implications of the immediate and subsequent reductions to the hourly working week for AfC staff groups.
- Job Planning is being introduced within Speech and Language Therapy based on the split of time for interventional work, interventional other and non-interventional work and agreed with the clinical leads across the service. Learning from this will be shared with colleagues.
- Participation in the Observational Studies within Maternity Services, Learning Disabilities and Mental Health Services.

Key Milestones / Actions for Quarter 2

- Key areas for follow-up identified from the initial and second round of MS Assurance Questionnaires, included knowledge and awareness of the principles of the Common Staffing Method to non nursing functions, escalation of risk processes and recording / evidence of Time to Lead. Additional risks have been identified due to the current financial position, increases in absence rates, service changes and prolonged vacancies.
- Whilst the group has evolved in terms of engagement and participation, a risk remains in terms of some services not being aware of the implementation of the Act and ensuring coverage of all areas. However, increased HCSA activity within services has improved this position.

- The Board’s Action List is used on a continuous basis for follow up in future quarterly reporting, in addition to areas identified from completion of quarterly returns and previous quarterly feedback and review of the content of the HIS Exemplar template. Recent discussion around the areas identified above will require to be considered further and have been added to the HCSA Action List.
- In addition, the roll out of generic Real Time Staffing resource has been implemented, albeit at an early stage.
- The reduction in the working week for staff covered by the AfC agreement has had an impact on staffing within clinical functions and this continues to be reviewed. There is a formal workstream in place, with Programme Management Office support, to assist with the implications, both for this and future reductions in the working week.
- In line with NHS Circular PCS(AFC)2024/1 Protected Learning Time (PLT), arrangements are being progressed for all staff to undertake statutory, core mandatory training and profession specific mandatory training during working hours. PLT Lunchtime Bytesize Sessions have been arranged to support managers implement PLT at a local level.
- Future reporting from eRostering and SafeCare on risk escalation, mitigations, and what is considered to be significant / recurring risks.
- Feedback from professional leads on the content of future quarterly reports.
- The HCSA eLearning Training Sessions completion figures are detailed below:
 - Domain 1 fundamentals of health and care staffing: 32
 - Domain 2 workload and workforce planning: 274
 - Domain 3 managing and using workload and workforce planning data: 19
 - Domain 4 quality assurance and governance: 19

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

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

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

2.3.2 Workforce

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users through provision of appropriate staffing and support the

wellbeing of staff. This includes assessment and compliance against the following duties of the Act:

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

2.3.3 Financial

The current financial outlook has the potential to impact on the Board's progression to full compliance. The Board has provided its first quarterly HCSA High Cost Agency Report (Appendix 4) and work is continuing on this via the Supplementary Staffing Group and the People and Change Board.

2.3.4 Risk Assessment / Management

Assessment and compliance against:

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

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

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

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

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

An MS Teams Channel is used for sharing of information with members of the multi-disciplinary Implementation Group, with those who assisted with Guidance Chapter Testing, together with Communications Team support in terms of the new StaffLink HCSA pages.

2.3.8 Route to the Meeting

This paper has been discussed and shared with the Board's Workforce Planning Lead, the eRostering Programme Lead, the HCSA Implementation Group, Executive Director of Nursing, Director of Nursing Corporate and Director of Workforce, whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Assurance** – Review and scrutinise the information provided in this paper and confirm that it provides assurance that Staff Governance Committee requires, noting that that this is an iterative process and that reporting will evolve. To note that Staff Governance Committee members will receive the second internal quarterly HCSA report following the end of Quarter 2 and including second quarter HCSA high cost agency report, in December 2024.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Health and Care Staffing Act: Duties and Requirements and current RAG status.
- Appendix 2: Health and Care Staffing Act: Guiding Principles
- Appendix 3: Health and Care Staffing Act Internal Quarterly Report Requirements
- Appendix 4: HCSA External Agency Quarter 1 Report Submitted to Scottish Government

Report Contacts:

Brian McKenna, Board Workforce Planning Lead /
 Rhona Waugh Head of Workforce Planning & Staff Wellbeing
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Appendix 1 – Health and Care Staffing Act: Duties and Requirements

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

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

*summarised as where staffing level tools already exist; nursing, midwifery and medics within Emergency Department

Appendix 2: Health and Care Staffing Act: Guiding Principles

Improving standards and outcomes for service users
Taking account of the particular needs, abilities, characteristics and circumstances of different service users
Respecting the dignity and rights of service users
Taking account of the views of staff and service users
Ensuring the wellbeing of staff
Being open with staff and service users about the decisions on staffing
Allocating staff efficiently and effectively
Promoting multi-disciplinary services as appropriate

Appendix 3: Health and Care Staffing Act Internal Quarterly Report Requirements

Reports must include assessment of compliance against various duties:

- Ensure appropriate staffing.
- Ensure appropriate staffing: agency workers o have real-time staffing assessment in place.
- Have risk escalation process in place.
- Have arrangements to address severe and recurrent risks.
- Seek clinical advice.
- Ensure adequate time given to leaders.
- Ensure appropriate staffing: training of staff.
- Follow common staffing method and associated training and consultation.

Reports must also include:

- Reference to the steps taken to have regard to the guiding principles when arranging appropriate staffing.
- Reference to the steps taken to have regard to the guiding principles when planning and securing health care services from third parties.
- Details of the views of employees on how, operationally, clinical advice is sought.
- Information on decisions taken which conflict with clinical advice, associated risks and mitigating actions.
- Conclusions and recommendations following assessment and consideration of all detailed above.

Appendix 4: HCSA Quarter 1 High Cost Agency Report Submitted to Scottish Government

STAFF GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Tuesday 13 May 2025
Tuesday 8 July 2025
Tuesday 9 September 2025
Tuesday 4 November 2025
Tuesday 6 January 2026
Tuesday 3 March 2026

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **10am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9.30am**

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Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 3 September 2024
Title:	Delivery of Annual Workplan 2024/2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

Executive Summary

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

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan for 2024/2025 at the meeting on 6 March 2024. For assurance, the version of the updated Annual Workplan is attached at **Appendix 1**, which highlights the amendments since it was last presented to the Committee on 14 May 2024 and 9 July 2024 so that the Committee can clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2 Background

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

2.3 Assessment

The updated Workplan attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider or take assurance from during 2024/2025. The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee. Delivering robust governance across the organisation ensures colleagues are

afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Standard. The content, update and review of the Annual Workplan contributes to all strands of the NHS Scotland Staff Governance Standard. The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage of respective strands of the Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No known impact.

2.3.7 Communication, Involvement, Engagement and Consultation

Discussion at previous Staff Governance Committee meetings.

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2024/2025 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the previous meetings and items planned for the meeting on 3 September 2024.

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Confirms** the updates made to the Staff Governance Workplan for 2024/2025 since it was presented to Committee members on 9 July 2024.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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



**STAFF GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024/2025**

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

Governance Matters (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Committee Annual Statement of Assurance 2023/2024	Head of Corporate Governance & Board Secretary	✓					
Staff Governance Committee Self Assessment Report 2024/2025	Head of Corporate Governance & Board Secretary						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	Director of Nursing / Head of Workforce Planning & Staff Wellbeing				✓		
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	Director of Workforce	✓		✓ Quarter 1 Report		✓	
Whistleblowing – Quarterly Report	Head of Corporate Governance & Board Secretary	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Supplementary Staffing RTP Update	Director of Nursing			✓			✓
Health & Safety Quarterly Report	Director of Workforce (on behalf of Director of Property & Asset Management)	Deferred to 9/7/24	✓		✓	✓	
Reform, Transform and Perform Update	Director of Reform and Transformation	✓ (Private)	✓ (Private)	✓ (Private)	✓ (Private)	✓ (Private)	✓ (Private)

Strategy / Planning							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Corporate Objectives 2024/2025	Chief Executive / Director of Finance & Strategy	Deferred to 9/7/24	✓				
Annual Delivery Plan 2024/2025	Director of Finance & Strategy	✓	✓ Scottish Government Response				
Annual Delivery Plan Quarterly Performance Report 2024/2025	Director of Finance & Strategy		✓ Quarter 4 2023/2024 Report	✓ Quarter 1 2024/2025 Report	✓ Quarter 2 2024/2025 Report		✓ Quarter 3 2024/2025 Report
Population Health and Wellbeing Strategy 2023/2024 Mid-Year Review	Director of Finance & Strategy				✓		
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing		✓	✓	✓	✓	✓
NHS Fife Projects / Programmes							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Primary Care Improvement Plan 2024/2025	Director of Health & Social Care Partnership			✓ Progress Update	TBC	TBC	TBC
Quality / Performance							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓

Staff Governance & Staff Governance Standard							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Standards Overview							
<ul style="list-style-type: none"> Appropriately Trained <ul style="list-style-type: none"> Medical Appraisal & Revalidation Annual Report 2023/2024 Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2023/2024 Core Skills / Mandatory Training PDPR Uptake Protected Learning Time Improved and Safe Working Environment Well Informed – Communication & Feedback Treated Fairly and Consistently <ul style="list-style-type: none"> Workforce Policies Update Involved in Decisions <ul style="list-style-type: none"> iMatter Report 	Medical Director Director of Nursing Associate Director of Culture, Development & Wellbeing Director of Property & Asset Management Associate Director of Communications Head of Workforce Resourcing & Relations Associate Director of Culture, Development & Wellbeing				✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓
Annual Reports / Other Reports							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Internal Audit Annual Report 2023/2024	Director of Finance & Strategy		✓				

Annual Reports / Other Reports (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Annual Monitoring Return 2023/2024	Head of Workforce Resourcing & Relations	✓ 2022/2023 Feedback	✓ 2023/2024 Update		TBC	TBC	TBC
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024	Co-Chairs of LPF			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024	Co-Chairs of LPF			✓			
Occupational Health and Wellbeing Service Annual Report 2023/2024	Head of Workforce Planning & Staff Wellbeing			Deferred to 5/11/24	✓		
Whistleblowing Annual Report 2023/2024	Head of Corporate Governance & Board Secretary	✓					
Volunteering Annual Report 2023/2024	Director of Nursing				✓		
Linked Committee Minutes							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Area Partnership Forum	Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	Director of Acute Services	✓	✓	✓	✓	✓	✓
Health and Social Care Partnership Local Partnership Forum	Director of Health & Social Care Partnership	✓	✓	✓	✓	✓	✓
Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing		✓		TBC	TBC	TBC

Linked Committee Minutes (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		Meeting Cancelled	✓		✓	
Medical & Dental Professional Standards Oversight Group	Medical Director		✓	✓		✓	✓
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Workforce Planning Audit	Head of Workforce Planning and Staff Wellbeing	✓					
Wellbeing Champion Update	Non Executive Director Wellbeing Champion	✓	✓	✓	✓	✓	✓
Equality & Diversity Champion Update	Non Executive Director Equality & Diversity Champion		✓	✓	✓	✓	✓
Whistleblowing Champion Update	Non Executive Director Whistleblowing Champion		✓	✓	✓	✓	✓
Protected Learning Time	Associate Director of Culture, Development & Wellbeing	✓					
Prevention and Early Intervention Strategy	Ruth Bennett, Health Promotion			✓			
Attendance Management Update	Director of Workforce		✓	✓	✓	✓	✓

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Emerge Programme – NHS Fife / Fife Council Partnership	Head of Workforce Planning and Staff Wellbeing			✓			
Staff Health and Wellbeing Update	Head of Workforce Planning and Staff Wellbeing			✓			
Whistleblowing Oversight Group Assurance Report	Head of Corporate Governance & Board Secretary			✓			

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

Meeting:	Staff Governance Committee
Meeting date:	3 September 2024
Title:	Annual Delivery Plan 2024/25 Scottish Government Response and Q1 update
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

Executive Summary

This report contains Service response to feedback received from Scottish Government in relation to Annual Delivery Plan (ADP) for 2024/25 as well as an Q1 update on progress for ADP 2024/25.

Services feedback provided further detail to content provided as part of ADP 2024/25 and, due to financial restrains, some deliverables will either not be delivered or there is a risk they will not be.

As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'**, none of which relate to this committee.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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 response to the feedback from Scottish Government and an Q1 update of the Annual Delivery Plan 2024/25.

2.2 Background

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

The 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

Fife Response to Scottish Government Feedback

Services were asked to provide a response to the feedback provided, if applicable. This is summarised below.

SG Feedback	Fife Response
Primary and Community Care	
Confirmation that funding for Mental Health and Wellbeing in Primary Care and Community Settings has been paused with all further activities being delivered within existing resources.	Confirmed by Fife HSCP, who have highlighted that it is the initial project objective of MDT Primary Care teams that is not deliverable due to pause in funding.
Continued deployment of OpenEyes	Fife HSCP have stated commitment to this but require to review model and revise planning due to funding position. This is a key deliverable within implementation plan of the Primary Care Strategy.
Urgent and Unscheduled Care	
Further information on plans to deliver a 24-hour approach to Urgent Care, including HSCP-led MIUs and Urgent Care Centres.	Fife are currently reviewing our model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via

	Committees for both the IJB and NHS Fife by Q3 of 2024/25.
Improve the delivery of Mental Health support and services	
Scottish Government acknowledged that high demand and recruitment challenges would impact on meeting RTT targets.	Fife HSCP welcomed ongoing engagement with national team.
Recovering and improving the delivery of Planned Care	
Scottish Government stated they will work with Boards relating to actions within Planned Care Plan, acknowledging significant financial pressures may have an impact on performance.	Revised Planned Care Plan submitted in Jul-24 as well as that waiting times are monitored weekly and there is a focus on long waits.
Cancer	
Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.	Bids for the optimal pathways have been put forward through the DCE funding source with optimised Lung and Head & Neck cancer pathways require ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. There will be revenue costs associated with this service improvement.
The plan states that RCDS is at risk if no additional funding is secured.	Funding has been extended until end of Mar-25 and the service will continue with no anticipated risk.
The radiology strategic plan is unfunded so at risk it will not deliver the additional imaging capacity required to support cancer pathways.	There is no identified funding source for this capital or revenue investment.
Additional references to CMPs would be helpful.	Regional working ongoing in respect of implementation of the CMPs.
Health Inequalities	
References to the general ADP Strategic Plan and actions are extensive but it would be helpful to have more focus on the specific areas that the Board leads on.	Addiction Services have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines, as well as operational development of Rapid Access Clinics, as part of our commitment to same day prescribing and retention in services. Psychology and Therapy Services lead on a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership.
Child and Maternal Health	
Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this. On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be	The projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. This is due to the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts.

delivered upon due to financial challenges	
Implementation of the Workforce Strategy	
Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.	NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.
Digital and Innovation	
Future plans should set out how NHS Fife will implement NHS Scotland Scan for Safety Programme by Mar-26	Details will be provided into the plan at the end of 2024/25 Q2.
Climate Emergency and Environment	
No Circular Economy detail is provided, and it would be useful to include information on this.	NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. Since its launch, it has over 450 members and has incurred over £39k in savings.
The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated	A multi-disciplinary Entonox mitigation SLWG in place, led by the chair of the local medical gas committee.

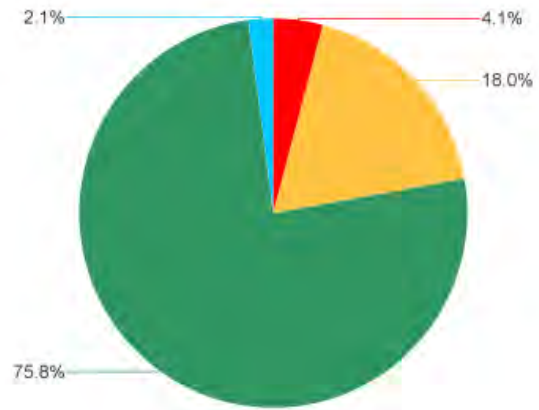
2024/25 Quarter 1 Update

There are 194 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 the implementation of the RTP. Additionally, there are 35 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=159
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	28
7. Women & Children Health	13
8. Workforce	16
9. Digital & Innovation	19
10. Climate	12

Recovery Driver	n=194
All	2
To Deliver Value & Sustainability	58
To Improve Health and Wellbeing	36
To Improve Staff Experience and Wellbeing	20
To Improve the Quality of Health and Care Services	78

As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'** (listed below).



The following table summarises the 8 red (unlikely to complete on time) deliverables and these will continue to be monitored throughout 2024/25. There are no red deliverables that relate to this committee.

Deliverable	Comment
Surge Capacity (RTP)	Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.
Development of a new OP specialist Gynaecology Unit	Approval of funding from FCIG to commence architect commission and scope of work.
Delivery of New Laboratory Information system (LIMS)	Complete local implementation and secure revised timeline for national build, likely to be Q4 2024/25.
Increase capacity for providing in-hours routine and urgent dental care	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Work continues with Scottish Government to explore all options available locally, whilst contributing to national policy development/considerations.
Business Transformation (RTP)	Programme has not progressed due to delays on decisions concerning strategic direction, particularly related to administrative functions.
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Work is ongoing with senior leads in Acute and HSCP to improve target timeframes. However, the Directorates internal processes in relation to the complaint handling procedures varies.
Hospital Pharmacy Redesign	Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway.
SLA and External Activity (RTP)	Ongoing discussion with NHS Tayside on financial planning assumptions.

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 approved by Director of Finance & Strategy and Associated Director of Planning & Performance.

2.4 Recommendation

This Committee is asked to:

- **Decision** – approve submission of Q1 update and response to ADP feedback to Scottish Government
- **Assurance** – this report provides a limited level of assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1: NHS Fife ADP 202425 - SG Feedback - Fife Response
- Appendix No. 2: NHS Fife ADP 202425 Quarterly Report Q1

Report Contact

Susan Fraser

Associate Director of Planning and Performance

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Annual Delivery Plan 2024/25 SG Feedback - Response

Recovery Driver: Primary and Community Care

Priority Areas: None

SG Development and Improvement Feedback

It is welcome that the Board's plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.

The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on "quick wins" and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.

It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.

The plan briefly references the Board's own locally funded and managed 'Glaucoma Shared Care Scheme' and then references "the national service" - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife's eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.

As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.

It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).

Fife Response

In line with the transforming urgent care and transforming nursing role programmes, the nursing infrastructure is now well established within primary care out of hours. Through implementation of the Primary care improvement plan and development of the in hours urgent care model, we are continually seeking opportunities to synergise and note your comments and will ensure the ADP updates reflects the progress being made.

Regarding the MHWBPC programme, we confirm that MHWBPCS funding has been paused and that all further activities are being delivered within existing resources. The initial project objective of MDT primary care teams is not deliverable due to the pause in funding in its current form. The programme has already carried out extensive participation and engagement, utilising a coproduction approach, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Fife was regarded as a pathfinder when it successfully led a local initiative to establish shared care for people requiring management of glaucoma between secondary care and community optometry. In response to the statement regarding NHS Fife eHealth's position, a working group is established and exploring opportunities to deploy OpenEyes to enable the expansion of the programme. Due to the funding position, we are reviewing our modelling and will revise our planning and present via relevant groups and committees for decision. Fife HSCP remain committed to the continued expansion, and this will remain within our ADP as an objective and is also a key deliverable within our Primary Care Strategy's implementation plan 2023/26 for year 2 – 3.

Recovery Driver: Urgent and Unscheduled Care

Priority Areas: None specific to the plan itself; however the Board should continue to work closely with the Scottish Government Unscheduled Care Policy and Performance Team to drive improved performance.

SG Development and Improvement Feedback

The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.

The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.

Fife Response

Fife continues to monitor our agreed trajectories and have already taken supportive action to remodel how care is delivered within the Emergency Department utilising FNC and CBC redirections and alternatives to admission. This has been discussed with CfSD and led through our Integrated Unscheduled Care Programme Board (IUCPB).

Aligning to the Unscheduled Care Programme, Fife are currently reviewing our model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.

The strategic focus will remain on delivering resilient and sustainable services which support care being delivered in the right place at the right time by highly effective multi-disciplinary teams, maximising resources, and technology. EQIAs and a robust communication plan will underpin any recommendations and implementations made to ensure no impact on equity and access to care. Advice and support are being taken from HIS presently regarding potential for major service change and planning will be based around the outcome of these discussions.

There is an integrated SLWG across Acute and HSCP chaired and co-chaired by both General Managers for each area with the oversight of the group being led by our IUPCB.

Recovery Driver: Improve the delivery of Mental Health support and services

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Mental Health Team to drive improved performance.

SG Development and Improvement Feedback

The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.

The following areas in particular will be the focus on ongoing engagement:

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

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

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

Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

Fife Response

Fife HSCP welcome ongoing engagement with the Scottish Government Mental Health Team on the focus for CAMHS and Psychological Therapies.

The initial project objective of MDT primary care teams is not deliverable due to the absence of planned funding. The programme has already carried out extensive participation and engagement, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Recovery Driver: Recovering and improving the delivery of Planned Care

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Planned Care Policy and Performance Team on actions needed on their associated Planned Care Plan.

SG Development and Improvement Feedback

Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.

Fife Response

An initial Waiting Times plan was submitted in Mar-24 covering 2024/25 trajectories with a revised plan re-submitted in Jul-24 following a finance review. The revised plan was delivered to NHS Fife FP&R Committee on 16th July.

Waiting times are monitored through weekly meetings against the expected month end position which are currently on target.

Waiting Times funding is being used differently with in-week list being funded to maximise efficiencies with staffing.

Focus is on the longest waiting patients both for outpatient appointments and IPDC procedures.

Recovery Driver: Cancer

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Cancer Access Team to drive improved performance.

SG Development and Improvement Feedback

It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.

A Rapid Cancer Diagnostic Service (RCDS) pilot has been operational since Jun-21 but is only funded until Sep-24. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after Sep-24. The plan states that the service is at risk if no additional funding is secured.

The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.

SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced, and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.

Fife Response

Bids for the optimal pathways have been put forward through the DCE funding source whilst meetings to improve the lung cancer pathway continues with good progress made.

Optimised Lung and Head & Neck cancer pathways require ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. NHS Fife will endeavour to keep costs to a minimum but there will be revenue costs associated with this service improvement.

Funding for RCDS service has been extended until end of Mar-25 and the service will continue with no anticipated risk. Same/next day CT reporting diagnostic pathway will continue to be optimised to 7 days.

The projected capacity for Radiology is 22% greater than projected in 2023/24 due to additional non-recurring funding and mobile MRI allocation from the Scottish Government. The funding will enable delivery of 100% of patients waiting less than 2 weeks for urgent and USC (Urgent Suspicion of Cancer) imaging and 90% of patients waiting less than 6 weeks for a routine CT, MRI, or US scan. It is unclear if a similar level of additional funding will be made available in 2025/26 but Radiology leads are working in partnership with the National diagnostics lead to develop the strategic plan and identify associated costs.

Significant improvements have been made to reduce variance and waste across the Radiology system. Patient focussed booking has resulted in a reduction of DNA rates and short notice cancellation processes have been developed to ensure loss of capacity is monitored and managed.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. There is no identified funding source for this capital or revenue investment.

The PMB pathway is currently undergoing a review in line with the joint guidance regarding unscheduled bleeding whilst on HRT. The aim is to have 2 vetting options: USC and Urgent. Those vetted USC will be appointed as a priority, with significantly reduced waiting times once the new pathway is embedded.

SPOCH supports initiation of the pathway within existing resource. Cancer Waiting Times non-recurring funding has been agreed to support radiology activity for Q1 and Q2.

Regional working ongoing in respect of implementation of the CMPs.

Recovery Driver: Health Inequalities

Priority Areas: None

SG Development and Improvement Feedback

On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.

Fife Response

Using MAT Standards funding, the NHS Fife Addictions in partnership with NHS Fife Addictions Psychology and Therapy Service have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines.

To support individuals to reduce their benzodiazepine use, those accessing the clinic are offered appropriate psychosocial interventions (e.g. Tier 1 & 2 interventions such as Decider Skills, Safety & Stabilisation, emotion regulation work, etc) in a timely fashion and the function of their problematic benzodiazepine use is understood via a psychological formulation. These interventions are offered alongside any planned reduction of their benzodiazepine use to provide the individual with a new, more effective set of coping skills and resources to manage their symptoms of anxiety, distress, and (for a significant number of patients) trauma which are likely to be more noticeable as the individual relies less on substances as a form of coping. The combination of evidence-based psychological interventions provided concurrently with a planned benzodiazepine reduction over time will increase the likelihood of successful long-term reduction in benzodiazepines use and ultimately contribute to a reduction in harm and drug related deaths. A third sector service has also been commissioned to offer community and wraparound support to patients and help them develop recovery-based skills.

Using MAT Standards Funding, NHS Addiction Service leads on the operational development of Rapid Access Clinics as part of our commitment to MAT1 (same day prescribing) and MAT5 (retention in services).

NHS Fife Addiction Services runs Rapid Access Clinics in several different locations across Fife. The purpose of the clinics is to provide a rapid response and intervention to individuals with alcohol and drug problems when indicated, reducing the risk of drug or alcohol related morbidity and mortality. These include:

- Initiating assessment and treatment within 24 hours of requesting treatment (meeting MAT1).
- Rapid re-engagement in treatment of patients recently disengaged with treatment.
- Rapid assessment of patients already in treatment with high and complex needs and urgent physical, psychiatric, or social comorbidities.
- Rapid assessment of patients recently discharged from hospital, facilitating seamless transition from hospital care to community care.
- Rapid engagement of individuals released from prison.

NHS Fife Addictions Psychology and Therapy Service operationally leads on a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership (FADP). This contributes to the delivery of MAT 6 and 10 but also provides skills and knowledge to work more effectively on trauma and with people affected by alcohol use too. In 2024/25, the training programme will complete the actions below:

- Development of social networks across FADP services (Dec-24)
- Regular coaching/supervision for staff in key evidence-based psychosocial interventions (business as usual).
- Tier 1 training to continue (business as usual).
- Appropriate staff to be identified for Tier 2 training, and Tier 2 training to commence by Mar-25.
- Voice of lived experience to be fed into MAT 6 and 10 work, through regular surveys of service user care (Sep-24)
- Trauma walkthroughs to be completed with all FADP services (Mar-25)
- On exploring staff wellbeing and measures (as per MAT10), focus that can be put in place to support (Jan-25)

Recovery Driver: Child and Maternal Health

Priority Areas: None

SG Development and Improvement Feedback

Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.

High level assurance is provided in relation to the delivery of child health reviews.

It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.

Fife Response

Following the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts, the projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. The team are currently meeting monthly with the Director of Midwifery to update on progress and status.

NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.

The recommendation to reduce from 4 ICU cot capacity to 0.5 will not allow us to function as an LNU providing short-term intensive care and will impact negatively on our ability to care for women experiencing multiple and late-premature births. The recommendation will mean we will not be able to provide care for other levels of sick neonates and will negatively impact on our ability to repatriate babies back to our unit as we will not be able to fulfil the requirement of repatriation criteria as outlined within Best Start.

Following review of data for the period Dec-22 to Jan-24, based on assumption that we would be working on the RSM cot and ICU capacity, there would be over 100 women annually between 26- and 34-weeks' gestation who would require in utero transfer out with NHS Fife. In addition, the working assumption within the RSM Report is that for every 10 actual neonatal admissions there will be 6 maternal admissions. This assumption would mean that a further additional 60 maternal admissions would require transfer out with Fife. There are inherent risks to both a mother and foetus associated with in utero transfer.

Recommendation is that NHS Fife maintain the status quo in terms of current capacity and cot designation until Spring 2025. This would enable the units not yet implementing the premature pathway to commence. If NHS Lothian are assured of their capacity to accept transfers in, capacity could decrease to 15 total cots, 3 of which are ICU.

Recovery Driver: Implementation of the Workforce Strategy

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.

SG Development and Improvement Feedback

Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place. NHS Fife's Delivery Plan provides sufficient high-level assurance of activity in relation to the implementation of the Workforce Strategy.

Fife Response

NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.

The landscape has now changed with the commencement of the RTP Programme and the respective work streams.

Planning is underway for the impact of the non-pay elements of the 2023/24 AfC Pay Award, including the Reduction in the Working Week, the Band 5 Review of Nursing roles and the implementation of Protected Learning Time, with regular reporting to various fora within the Board.

Arrangements are in place for implementation of the Health and Care (Staffing) (Scotland) Act 2019, which is closely aligned to our eRostering Programme.

We have made good progress with enhancing our employability focus, including the new EMERGE programme. This is an initiative to encourage pupils at targeted schools an opportunity to gain a qualification through Fife College, whilst also gaining experience in a health care setting through placements, on-site visits, and speaker sessions.

In line with Improving Wellbeing and Working Cultures work on Equalities, our staff health & wellbeing support for staff and on Our Leadership Way is also progressing, with the launch of our LGBT+ Network in Jul-24.

Recovery Driver: Digital and Innovation

Priority Areas: None

SG Development and Improvement Feedback

Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of utmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.

It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.

It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365, and LIMS. The plan highlights a funding risk for e-rostering after Nov-24. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.

Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by Mar-26 as mandated in the Scottish Government's Directors Letter (2024) 3.

Fife Response

Work continues on the development of the plan for the implementation of the NHS Scotland Scan for Safety Programme. Details will be provided into the plan at the end of 2024/25 Q2.

Recovery Driver: Climate Emergency and Environment

Priority Areas: None

SG Development and Improvement Feedback

Overall, the plan is effective at meeting the climate emergency and environment planning priorities.

Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided, and it would be useful to include information on this.

The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.

The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include total land area, greenspace area and indicate greenspace types.

The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.

The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.

The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board's fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.

NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board's longer-term portfolio. Using the Jacobs Net Zero Route maps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.

The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated Including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.

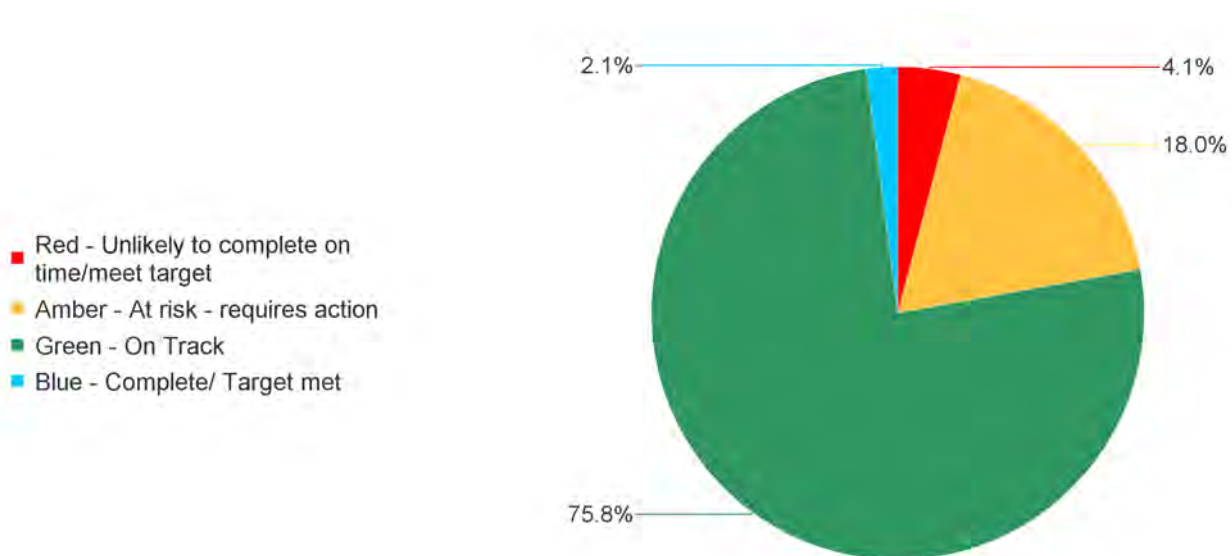
Fife Response

In terms of circular economy, NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. We are keen to get warp-it set up at NHS Fife as an efficient method of managing the flow of surplus assets across the NHS Fife estate and ensuring items are reused instead of sent to waste disposal where possible. Since its launch, it has over 450 members and has incurred over £39k in savings. We will continue to roll out the warp-it system, increasing its use and resultant environmental and financial benefits.

NHS Fife has an Entonox mitigation SLWG in place, led by the chair of the local medical gas committee. It is multi-disciplinary including clinicians, medical physics, estates, health and safety, and pharmacy. The Fife Quality Improvement Network have been approached to support in a programme capacity. A systems loss assessment within midwifery department is going ahead in Jul-24 – this will drive additional actions. Work is ongoing with midwifery around monitoring, and the team are working with the established national forum.

Annual Delivery Plan 2024/25 Progress Summary

Q1 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Total
1. Primary and Community Care	1	5	16	1	23
2. Urgent and Unscheduled Care	1	3	11		15
3. Mental Health		3	15		18
4. Planned Care			9		9
5. Cancer Care		1	5		6
6. Health Inequalities		3	24	1	28
7. Women & Children Health	1	3	8	1	13
8. Workforce		1	15		16
9. Digital & Innovation	2	6	11		19
10. Climate		1	11		12
Other	3	9	22	1	35
To Improve Health and Wellbeing	1	6	29		36
To Improve the Quality of Health and Care Services	2	10	64	2	78
To Improve Staff Experience and Wellbeing		5	15		20
To Deliver Value & Sustainability	5	14	37	2	58
ALL			2		2
Total	8	35	147	4	194



Annual Delivery Plan 2024/25 Progress Summary

RTP

Deliverable	Directorate	2024/25 Q1 Comment	2024/25 Q1 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status
Business Transformation	Digital	Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target
SLA and External Activity	Finance & Strategy	<p>Ongoing discussions with NHS Lothian on financial planning assumptions and the implications of the introduction of PLICS. NHS Five have engaged with Scottish Government and plan to implement PLICS locally by December 2024.</p> <p>Ongoing discussion with NHS Tayside on financial planning assumptions. Deep dive commenced into referral volumes by locality and specialty. Clinical leads fully engaged in this review and proposals for repatriation of a small number of services in development.</p>	<p>Extrapolation of data on outpatient activity in other boards complete</p> <p>Initial and subsequent deep dive of data</p> <p>Discussions with clinical leads and directors</p> <p>Draft Performance Management group TOR developed</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target
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	<p>Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.</p> <p>If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.</p> <p>Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.</p>	<p>Length of stay meetings continue.</p> <p>Overall surge is reduced.</p> <p>Improved discharge planning, fully utilising an MDT approach and PDDs.</p> <p>Implementation of ward access targets.</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target

Deliverable	Directorate	2024/25 Q1 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Considering redeployment to support the transition into a staff bank from existing system cost pressures	To Deliver Value & Sustainability	Amber - At risk - requires action
Procurement Savings within Acute Services	Acute Services	Implementation plan in place and a range of projects underway.	To Deliver Value & Sustainability	Amber - At risk - requires action
Estates Rationalisation	Property & Asset Management	<p>Hayfield House closed.</p> <p>Agile solutions in place at Queen Margaret, Lynebank, VHK staff club (St Andrews and Adamson Hospital to follow shortly).</p>	To Deliver Value & Sustainability	Green - On Track
Infrastructure - RTP	Digital	Development of Asset Management Approach Implement approach	To Deliver Value & Sustainability	Green - On Track
Infrastructure - Workforce	Digital	Provision Lynebank Decommission Hayfield	To Deliver Value & Sustainability	Green - On Track
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>Production of comprehensive communications plan to enhance optimisations work on all sides, involving a wide range of stakeholders including patients and clinicians, including medicines waste.</p> <p>Significant design and delivery work undertaken, including of targets and identification of staffing resource.</p> <p>Medicines waste campaign being developed, including updated materials</p>	To Deliver Value & Sustainability	Green - On Track
Non-compliant Rotas	Medical Directorate	<p>Recruitment and interviews complete, and candidates selected for Gateway EU Doctors joining August cohort.</p> <p>Revised medical rotas received final approval to go live for August cohort at 1A banding.</p> <p>Surgical rotas previously band 3 have had final approval to return to 1A banding for August cohort.</p> <p>Wellbeing & Engagement SLWG has drafted FAQ's, Induction information is currently being reviewed for use by SLWG.</p>	To Improve the Quality of Health and Care Services	Green - On Track

Annual Delivery Plan 2024/25 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Locally, there are limits on what we can do to influence this, in particular due to Fife having a significant amount of GPDs managed by Dental Body Corporates. however we are working with Scottish Government to explore all options locally available, whilst contributing to national policy development/ considerations.		1. Primary and Community Care	Red - Unlikely to complete on time/meet target
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
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	Contributing to Fife housing partnership ending homelessness together priority group pathways. Completed needs assessment for housing of young people experiencing substance misuse issues. Contributing to opportunities Fife partnership priorities.		6. Health Inequalities	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1			7. Women & Children Health	Amber - At risk - requires action
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services		7. Women & Children Health	Amber - At risk - requires action
National - Child Health Replacement	9.1			9. Digital & Innovation	Amber - At risk - requires action
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2					Amber - At risk - requires action
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Develop initial plans, in conjunction with national direction		1. Primary and Community Care	Amber - At risk - requires action
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	EQIA action plan implementation		1. Primary and Community Care	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	Actions in action plan being progressed		1. Primary and Community Care	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6			2. Urgent and Unscheduled Care	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			3. Mental Health	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	Fife CAMHS Early Intervention Service will build sustainable programmes of training and development to universal and additional service providers to ensure clear pathways of support are available and accessible across the spectrum of need. Fife CAMHS will ensure that a recurring recruitment programme is in place so that the workforce is maintained at full capacity. Fife CAMHS will continue to work towards achieving the standards set within the National CAMHS Specification, prioritising the development of specific clinical care pathways, improving access and response out of hours and service appraisal through improved service user participation and engagement.		3. Mental Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
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		3. Mental Health	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	<p>Review of national situation, and national drivers identified.</p> <p>STEEP analysis of external environment.</p> <p>SWOT analysis of internal environment.</p> <p>Review and evaluation of the previous Mental Health Strategy (2020-2024)</p> <p>Collated financial budgets to produce an integrated overview of the Partnership's mental health services.</p> <p>Developed a first draft of new Mental Health and Wellbeing Strategy.</p>	3. Mental Health	Green - On Track
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	<p>Review recent alcohol/drug related death and harm including hospitalisation data published nationally and local data from ADP services to support planning for next one stop shops (KY Clubs).</p> <p>Attend relevant locality boards to present data and prioritisation for locality based approach</p> <p>Continue to review and evaluate progress of KY2 and KY5 one stop shops with subgroup of HSCP Locality Board</p> <p>Launch of additional one stop shop in Kirkcaldy in partnership with local third sector organisations</p>	6. Health Inequalities	Green - On Track
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.	6.2	<p>Finalise alert process and protocol with PH to be approved by ADP Committee in June 2024</p> <p>Perform live test of protocol to manage next alert</p> <p>Conduct lessons learned to refine process and ensure fit for purpose</p>	6. Health Inequalities	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Public Health provided advice on the content and implementation of ADP Annual Delivery Plan, continued to provide input to the MDDRG and contributed to associated actions and provided input to the Addressing Alcohol Harm and Death Group.	6. Health Inequalities	Green - On Track
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3		6. Health Inequalities	Green - On Track
Develop and maintain Smoking Cessation services	6.3	<p>Specialist clinical provision increase in most deprived areas in collaboration with community assets.</p> <p>Raise awareness of abstinence model with smoking cessation site access.</p> <p>Mobile unit to target local community venues to be visible and accessible in supporting local groups/events with appropriate networking.</p> <p>Maintain and establish connection to Fife maternity Services to capture early intervention of possible referrals at first point of contact with midwives.</p> <p>Delivery of smoking related training sessions through Health Promotion Training Programmes.</p> <p>Evaluation and review of current referral pathways into the service, develop if needed accessible pathway and plan campaign to raise awareness of any changes.</p> <p>Investigate and assess system for inpatient clinics and discharge hubs to have an opt out referral pathway to service (mirroring maternity referral pathway) for smoking related illnesses.</p>	6. Health Inequalities	Green - On Track
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	Final draft strategy presented to Fife Council Cabinet Committee in May and to EDG and Public Health and Wellbeing Committee June and July	6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
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	<p>Continue to scope out opportunities whilst working through NHS Anchor strategic objectives.</p> <p>Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas.</p> <p>Employability engagement sessions and future programmes are being developed. Links with partners are being strengthened to support ambitions.</p> <p>Continue to explore opportunities and promote Community Benefits Portal to attract bids.</p> <p>Employability and Community Wealth Building workshop is in early planning stage to strengthen our partnership working and also with third sector agencies and community planning groups.</p> <p>Progression framework being updated to evaluate progress within employability, procurement and land and assets pillars. The findings will be presented to ~Anchor Institution Programme Board in September 2024.</p>	6. Health Inequalities	Green - On Track
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	<p>The Locality Delivery Plans to be reviewed and signed off by locality groups at June meetings.</p> <p>Locality Progress report presented to 7 area committees outlining outcomes achieved in 2023 and highlighting any areas of joint working with community planning partners.</p>	6. Health Inequalities	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	<p>Provide public health perspective on HRPMP Patient Safety Programme Board - Programme Board Transitioned to HRPMP Safety Group - PH Representation on this group</p> <p>Advise and support evaluation aspects of HRPMP Patient Safety Programme - Benefits/Evaluation Framework agreed and signed off</p> <p>HRPMP Patient Safety Programme stopped earlier than planned due to organisational financial challenges - areas of work will transfer to business as usual - support from PH re evaluation work will continue</p>	6. Health Inequalities	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	<p>Establishment of all working groups is now complete</p> <p>Establishment of medicines safety and quality policy group with 8 weekly reporting cycles - complete</p> <p>Establishment of medicines safety minute index - completed</p>	6. Health Inequalities	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	<p>Conduct multi-agency review of collated wellbeing indicators.</p>	7. Women & Children Health	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	<p>The reporting data for April 2023- March 2024 is being prepared as part of the annual reporting for Fife Poverty Report.</p> <p>An SBAR will be prepared specifically on the income max pathway and also the poverty training element.</p> <p>Training has been scheduled for key staff groups.</p> <p>A new funding bid has been submitted for continuation dedicated money advisor post</p>	7. Women & Children Health	Green - On Track
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	<p>Continue to review OH provision as part of Directorate service change proposals, taking account of succession planning, service resilience and business requirements.</p>	8. Workforce	Green - On Track
Children's speech, language and communication development Plan		<p>Having identified the relevant strategic strands within the Children's Services plan start to raise awareness of the need for a speech, language and communication development plan linked to their outcome measures.</p> <p>Understand the national action plan and what this means for Fife by involvement in local event - Creating the Conditions: Connecting people to nurture early communication.</p>	7. Women & Children Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
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.		Public Health Intelligence have lead or contributed to a range of projects across the six Public Health priorities including child health and wellbeing, alcohol and drug hospital admissions and mental health.	6. Health Inequalities	Green - On Track
Develop and Enhance Children's Services		Fife Child wellbeing pathway refresh, guidance update and multiagency training commenced (GIRFEC)	7. Women & Children Health	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referral programmes		Extension of current OH System contract. Scoping activity being undertaken supported by D&I.	8. Workforce	Green - On Track
Ensure effective coordination and governance for adult screening programmes in Fife		Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit. We progressed the National Cervical Exclusion Audit in Fife by auditing over 4,000 patient records, and coordinated clinical management of patients referred to their General Practice or to gynaecology.	6. Health Inequalities	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.		AISG met 03/06/24 and reviewed annual childhood data and approved annual report. Annual Immunisation Report submitted to Public Health & Wellbeing Committee at meeting 01/07/24 along with refreshed Strategic Framework 2024 - 2027	6. Health Inequalities	Green - On Track
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		Development work is being progressed to maximise successful quit attempts and retaining client contact with the service. Specialist service provision has increased across Fife: 28 community-based, & 15 GP/hospital-based clinics.	1. Primary and Community Care	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Develop training plan for sustainability within NHS Fife. Develop communications plan for sustainability e.g. Green Health Week. Green Health Partnership funding application has been submitted with an expected outcome November 2024. Local development plans for spatial planning meeting arranged to contribute to the "The place matters" call for sights and ideas, within the local development plan. Continue to contribute to LDP project delivery group following the review of LDP governance and delivery arrangements.	10. Climate	Green - On Track

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets		The Patient Experience Team continues to review their own internal processes and work is ongoing with senior leads in acute and HSCP to improve target timframes. However the Directorates internal processes in relation to the complaint handling procedures varies.			Red - Unlikely to complete on time/meet target
Development of a new OP specialist Gynaecology Unit	7.2	Approval of funding from FCIG to commence architect commission and scope of work.		7. Women & Children Health	Red - Unlikely to complete on time/meet target
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1			2. Urgent and Unscheduled Care	Amber - At risk - requires action
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1			2. Urgent and Unscheduled Care	Amber - At risk - requires action
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	Review processes in line with Psychological Therapies and interventions specification and reporting guidance.		3. Mental Health	Amber - At risk - requires action
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	Review of service and redesign complete. CF nurse is now B7 team lead for specialist nurses with a generic B5 to support across all areas during periods of absence. Diabetes JD band review from 6-7 not upheld pre covid. Temporary uplift agreed in Q4 with funding only for 3 months.		7. Women & Children Health	Amber - At risk - requires action
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		Finalise MEG business case and support implementation Complete recruitment process for IPC Audit and Surveillance - dependancy on HR/Recitment and Banding of post Review IPC Education Starategy - in progress Publish IPC Education/Training Programme 2024/25 - in progress World Hand Hygiene Day promotion and launch of "gloves off" campaign - completed			Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.				3. Mental Health	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Recruiting 2 x volunteers to support the gathering of patient feedback initiatives and Care Opinion. PET Officers have also started visiting the clinical areas to gather patient stories. Testing new investigation template (statement memo) within Medical Directorate to support quicker completion of complaint statements			Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		Continue bi-monthly LISDP Steering Group, reporting via ICC - continues Review recruitment and retention challneges in IPC, ICD and AMR-ongoing		1. Primary and Community Care	Amber - At risk - requires action
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.				1. Primary and Community Care	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Implement preventative podiatry service in care homes		Development of job descriptions, recruitment of staff	1. Primary and Community Care	Amber - At risk - requires action
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services. Working with ENT and Audiology services to develop joint Ear Care strategy. Delivery of leg ulcer specialist clinics. Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team.	1. Primary and Community Care	Green - On Track
Targeted actions to improve the quality of our Immunisation services	1.2	Development of robust clinical pathways and process of SOP review	1. Primary and Community Care	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	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.	1. Primary and Community Care	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	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	Green - On Track
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	Stakeholder engagement workshops complete. Development of PID to support transformational savings. Start to develop scheduling of USC pathway for ambulatory patients to support avoidance of admission.	2. Urgent and Unscheduled Care	Green - On Track
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	Increased CBC calls. SLWG set up for scheduling of USC. Clinical Leads for Acute and HSPC and Primary Care involved.	2. Urgent and Unscheduled Care	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Oversight group to be re-set up - reviewing ToR for group and membership	2. Urgent and Unscheduled Care	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	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach H@H In-Reach Analyse TOC data and requirements for a permanent model. Recruit permanent post(s). Fife Rehab Model/D2A Model Establish workstreams and associated SLWGs Agree ToRs and membership Agree driver diagram Determine key deliverables and outcomes and plan how these will be achieved. Right Care for You: enhanced training available; purchase of specialist equipment Fife Rehab Model/D2A Model Review data available and undertake strategic needs assessment to determine optimal community rehab team staffing skill mix and numbers Develop appropriate D2A pathways and undertake Toc as appropriate	2. Urgent and Unscheduled Care	Green - On Track
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6		2. Urgent and Unscheduled Care	Green - On Track
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6		2. Urgent and Unscheduled Care	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics Review current pathways between services to identify 1) gaps in provision and 2) overlap in resource Develop referral pathways between services to ensure increase & decrease of input level dependent on need to prevent readmissions to acute services	2. Urgent and Unscheduled Care	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Outcomes of Adult NDD Pilot project will be collated. Outcome report will include recommendations for pathway development and service delivery.	3. Mental Health	Green - On Track
Improve compliance with CAPTND dataset	3.1	On-going work with e-health & data analysts to build appointment management system that meets requirements.	3. Mental Health	Green - On Track
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Revision to Project Brief to condense timeline. Phase 2 of work to develop KPIs - co-chair now linked with national MHUC Network. Benchmarking now in progress.	3. Mental Health	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	CMHTs in Fife require further development - review of current provision and requirements to support improved service delivery Consistency across CMHTs in process and procedures achieved Longer term engagement with Alternatives to Admission pathway throughout 2024/25	3. Mental Health	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3		3. Mental Health	Green - On Track
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 MH services.	3.3	Collation and reporting of coproduction work in 3 Localities; initial identification of areas for positive change .	3. Mental Health	Green - On Track
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	Ongoing review and enhancement of the Fife multi-agency Mentally Disordered Offender Protocol to ensure that mental health assessment and support is coordinated through police custody and court liaison Delivery of multiagency training programme on mental health management and legislation	3. Mental Health	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	Meetings planned to discuss flow workstreams and remodelling clinical use of the rehabilitation facilities	3. Mental Health	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6		3. Mental Health	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	Weekly monitoring through waiting times groups with governance reporting structures in place. Q1 trajectories being met in the majority of specialities, but monitoring required in Urology.	4. Planned Care	Green - On Track
Enhance Theatre efficiency	4.1	Establishment of Theatre Utilisation Group that will meet fortnightly to monitor utilisation and specialty variances.	4. Planned Care	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Daily review of cancellations and bed capacity tracking. Fortnightly review of theatre utilisation projections. Weekly monitoring of capacity to deliver trajectories.	4. Planned Care	Green - On Track
Maximising Scheduled Care capacity	4.3	Utilisation of NRAC money to support increased capacity. Monitored weekly through waiting times meetings with monthly oversight through Scheduled Care and IPCPB.	4. Planned Care	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	OMFS no issues Plastics plan in place for additional operating Vascular network remains in place - ongoing recruitment to Fife vacancy. National review of vascular pending.	4. Planned Care	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Weekly identification of cases suitable.	4. Planned Care	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	ACRT expanding in all specialities and clinical teams supporting development of information.	4. Planned Care	Green - On Track
Undertake regular waiting list validation.	4.7	Patient Hub project working alongside NECU validation to ensure all patients on lists require to be seen. Targeting key specialities with long waits including Orthopaedics and ENT	4. Planned Care	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	Agree a robust communication plan, working with services to optimise proactive support and sharing of information about the HSCP Wells NHS Inform waiting well pages. Acute supported through Patient Hub text project for waiting list validation.	4. Planned Care	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	Updated the workforce section. Aligned the NHS Fife actions to the Cancer Action plan for Scotland 2023-26.	5. Cancer Care	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	Meetings with the services underway.	5. Cancer Care	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Waiting times for endoscopy well within trajectories	5. Cancer Care	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Actions identified for this year but awaiting the Framework being refreshed by the Scottish Government.	5. Cancer Care	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	Analyse and understand experiential data from 2023/24 from 58 service users, 12 family members and 16 staff Develop MAT Standards Plan for 2024/25 for sustaining MAT 1 to 5 and improving MAT 6 to 10	6. Health Inequalities	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	Establishment of a rapid action group reporting to the Senior Leadership Team of the HSCP including representation from Education, Children Services, CPC, Community Children Services, Third Sector, Primary and Preventative Care Services Action Plan developed to include communications awareness raising approach, harm reduction messaging, improvements in referral pathways and responses, engagement and retention and services and workforce development to protect children and young people etc	6. Health Inequalities	Green - On Track
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	Continuity of carer: Ongoing review of community team caseloads and care pathways alongside data review with requirements identified Antenatal Education: test of change commenced Neonatal redesign-Best start: NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.	7. Women & Children Health	Green - On Track
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	Analyse existing data received from current Health Visiting pathway.	7. Women & Children Health	Green - On Track
To meet the recommendations of the WHP by end Dec 2024	7.2	Ongoing implementation and review of WHP recommendations with particular focus on Endometriosis: Commencement of endometriosis nurse specialist to support women going through induced menopause. Signposting of women who have not completed their surgical journey to the Sore - Know More campaign to support pain management and understanding of the pain process,	7. Women & Children Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Organise meetings with strategic leaders from University of St Andrews on Joint, collaborative working and develop areas of focus for collaborative working	9. Digital & Innovation	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.61	Agree E.H.R Plan	9. Digital & Innovation	Green - On Track
Continued development of digital front door for patients	9.62	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track
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	10.82	Receipt of guide from Scottish Government	10. Climate	Green - On Track
Comply with the requirements of the COVID enquiry; Operation Koper, Crown Office.		Provide information as requested by Police Scotland, liaising with the Care Home Collaboratives		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.		Provide a 24/7 specialist health protection service for Fife	1. Primary and Community Care	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.		VAM Plan document from PHS to remain in place, funding to achieve this confirmed; recruitment ongoing	1. Primary and Community Care	Green - On Track
Delivery of Clinical Governance Strategic Framework		Development of 2024/2025 workplan		Green - On Track
Delivery of Clinical Governance Strategic Framework - Adverse Events		Refreshed trigger list and new approach for SAERs, LEARs and CCRs		Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Publication, and engagement within the Directorate Reporting process within Pharmacy PSLT developed Workplan for the first year at late stage of development	8. Workforce	Green - On Track
Delivery of the Risk Management Framework		Development of 2024/2025 workplan Review Board's risk appetite Policy to be incorporated in the Risk Framework		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
Development of Medical Education Strategic Framework		First draft of framework complete		Green - On Track
Implement national Excellence in Care (EIC) objectives within NHS Fife in line with 3 Year strategy, embed in Fife by 2025.		Communication with senior nursing colleagues to ensure EIC is aligned to Care Assurance, SPSP, Documentation and Fundamentals of Care work		Green - On Track
Increase NHS Fife Innovation Test Bed activity		Support Mental Health SBRI in Phase 2. Manage evaluation and moderation of Phase 2 applications of RDD Programme. Inform successful and unsuccessful applicants to Phase 2. Manage drafting and signing of contracts for successful applicants	9. Digital & Innovation	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
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.		Secure ongoing funding for the IPC Care Home Team- completed World Hand Hygiene Day Roadshow- completed Explore opportunities for implementing IPC Link Practitioner Framework into care homes - in progress	8. Workforce	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
Local Enhanced Services Review			1. Primary and Community Care	Green - On Track
Non-compliant Rotas		Recruitment and interviews complete, and candidates selected for Gateway EU Doctors joining August cohort. Revised medical rotas received final approval to go live for August cohort at 1A banding. Surgical rotas previously band 3 have had final approval to return to 1A banding for August cohort. Wellbeing & Engagement SLWG has drafted FAQ's, Induction information is currently being reviewed for use by SLWG.		Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Guidance is awaited from Scottish Government for Pandemic preparedness. COVID -19 Public Enquiry module 1 recommendations were published on the 18 July 2024		Green - On Track
Rheumatology workforce model redesign			1. Primary and Community Care	Green - On Track
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope areas which would benefit from research and evaluation support - includes Mental Health & Wellbeing in Primary Care and Communities Settings and Green Health Partnership	6. Health Inequalities	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Cohort 3 Fellows start 6 month lead in to August start date. Cohort 4 projects developed and submitted, joint proposal development meetings with University of St Andrews and NHS Fife.	8. Workforce	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		SLWG Held on 30 May with Key Stakeholders. Meeting held also with Director of Public Health (SRO) where agreement strategic risks go to PHAC and operational risks to RF.	2. Urgent and Unscheduled Care	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (ongoing during 2023/24), which comes into force from 1 April 2024.		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
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Recommended revisions to Template for submissions to VP Research, Innovations and Collections Principals Office. SBS briefing documents not received and progressing without.	6. Health Inequalities	Green - On Track
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		Substantive weekend rota in place from July 2024.		Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.			6. Health Inequalities	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	We will measure carers' perceptions of the support we offer and commission		6. Health Inequalities	Amber - At risk - requires action
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1			6. Health Inequalities	Amber - At risk - requires action
National - eRostering	9.1			9. Digital & Innovation	Amber - At risk - requires action
PPD Succession Planning		A new Head of PPD has been appointed and systems of working and training provision currently under review. Enhanced links with training and education providers are being established and training opportunities for B2-7 NMAHP staff are now being co-ordinated directly through the department.			Amber - At risk - requires action
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		Pharmacy SLT has discussed current risks with the pipeline following local and national developments. Due prioritisation of available resource considered			Amber - At risk - requires action
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			1. Primary and Community Care	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Establish overarching MH Workforce Oversight group, update workforce profile; analysis of retention; attrition and vacancy profile		3. Mental Health	Green - On Track
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	Support skills development of social work assistants by delivering training courses - EPIC and Good Conversations.		6. Health Inequalities	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			6. Health Inequalities	Green - On Track
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			6. Health Inequalities	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities. Development of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.		6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
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	Analyse on an ongoing basis the existing staffing model to ensure HV pathway delivered. Recruit and support adequate HV trainees to ensure adequate staffing.	7. Women & Children Health	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targeting 6.5% in 2024/25. Implementation of Staff Health & Wellbeing Action Plan for 22/25.	8. Workforce	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Monitoring output of RTP programmes reviewing current and future composition of workforce, including provision of workforce data detailing growth trends and proposing future contractions. Review of RiWW mitigations linked to workforce challenges and / or cost pressures, in addition to impact of Band 5 nursing review and protected learning time. Integration of Common Staffing Method tool runs, and the Health Care Staffing Act, into wider workforce planning considerations with regards safe staffing levels and review of regular and recurring risks. Alignment of programmes with the Service Level Workforce Plans, in preparation for 2025 Workforce Plan Publication.	8. Workforce	Green - On Track
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.		BAU Team recruitment underway.	8. Workforce	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.		Increased DPP numbers delivered Revised end of placement meetings in place for 3rd year EL Pharmacy Students Revised rotational programme agreed for PGFTPs Pharmacists identified for post graduate research and clinical modules (linked to advanced practice) - notes of interest have been sought locally IP Legacy staff commence course (this happens every quarter)	8. Workforce	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		Existing pre-reg cohorts completed Further staff have completed simulation training, increasing the clinical capability within the team. NRAC allocation has been offered, with the majority of places taken for 2024/25 (71/79)		Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Scoping of the Framework		Green - On Track
Progression with ScotCOM in collaboration with the University of St Andrews		51 students have self selected to start ScotCOM with the GMC giving support for the programme to progress towards delivery		Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
We will launch and develop a leadership framework – Our Leadership Way in Fife.		<p>In June, launch the concept of Our Leadership Way with the Systems Leadership Group to establish early perspectives on a shared leadership philosophy that sets the foundations for what Fife believes is the kind of leadership essential for fostering a thriving and sustainable future.</p> <p>Establish a collaborative volunteer group to shape the efforts to embed NHS Fife's leadership framework.</p>	8. Workforce	Green - On Track

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Business Transformation		Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Complete local implementation and secure revised timeline for national build. Likely to be Q4 2024/25.	Implementation of national product	9. Digital & Innovation	Red - Unlikely to complete on time/meet target
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.		Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway. Links established with RTP infrastructure programme.			Red - Unlikely to complete on time/meet target
SLA and External Activity		<p>Ongoing discussions with NHS Lothian on financial planning assumptions and the implications of the introduction of PLICS. NHS Fife have engaged with Scottish Government and plan to implement PLICS locally by December 2024.</p> <p>Ongoing discussion with NHS Tayside on financial planning assumptions. Deep dive commenced into referral volumes by locality and specialty. Clinical leads fully engaged in this review and proposals for repatriation of a small number of services in development.</p>	<p>Extrapolation of data on outpatient activity in other boards complete</p> <p>Initial and subsequent deep dive of data</p> <p>Discussions with clinical leads and directors</p> <p>Draft Performance Management group TOR developed</p>		Red - Unlikely to complete on time/meet target
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	<p>Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.</p> <p>If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.</p> <p>Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.</p>	<p>Length of stay meetings continue.</p> <p>Overall surge is reduced.</p> <p>Improved discharge planning, fully utilising an MDT approach and PDDs.</p> <p>Implementation of ward access targets.</p>	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop Strategic vision across all of Primary Care	1.2	<p>Establish revised implementation of the non-priority MoU2 services within the current allocated resource.</p> <p>Work with LMC and GP-Sub to reach mutual agreement of the revision.</p> <p>Create an environment to progress the agreed changes and commence roll out.</p>	1. Primary and Community Care	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	ED redirection rates continue to improve at 78%. SLWG established to review MIUs across Fife with Partnership colleagues.	2. Urgent and Unscheduled Care	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		3. Mental Health	Amber - At risk - requires action
Roll out of Digital Pathology	5.1	<p>Complete staff training</p> <p>Integration of digital systems with LIMS/Labcentre (Citadel)</p>	5. Cancer Care	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	Considering redeployment to support the transition into a staff bank from existing system cost pressures	8. Workforce	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
National - GP IT Re-provisioning - GP Sustainability	9.1		9. Digital & Innovation	Amber - At risk - requires action
National - LIMS Implementation	9.1		9. Digital & Innovation	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Med rec and IDL system - awaiting on change controls to be built and implemented Stock control system - begun build process and currently undergoing training of super-users HEPMA - cannot start install until stock control complete, background work ongoing	9. Digital & Innovation	Amber - At risk - requires action
Develop and Implement the Corporate Communication Strategy		Corporate Communications Strategy and Framework to be updated to reflect RTP Framework requirements		Amber - At risk - requires action
Develop and Implement the Public Participation and Community Engagement Strategy		Community Engagement and Public Participation Strategy presented at Board meeting in May		Amber - At risk - requires action
Enhanced data availability and sharing			9. Digital & Innovation	Amber - At risk - requires action
Procurement Savings within Acute Services		Implementation plan in place and a range of projects underway.		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. Climate	Amber - At risk - requires action
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		RTP framework developed supported by Corporate PMO. A number of 3% schemes are being supported by the PMO. Corporate PMO currently supported development of portfolio management structure for RTP.		Amber - At risk - requires action
Improve sustainability of Primary Care	1.1	Create detailed view of sustainability across General Practice	1. Primary and Community Care	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2		1. Primary and Community Care	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Five Population Health and Wellbeing Strategy	1.4		1. Primary and Community Care	Green - On Track
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Expansion of ECAS out of hours Increase to 7-day service OPAT Redeployment options for Ward 53 and ANPs. Skill mix being reviewed and safer staffing matrix completed.	2. Urgent and Unscheduled Care	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Individual service KPI development commenced	3. Mental Health	Green - On Track
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Review of DCAQ , capacity GAPS identified and 24/25 recovery plan submitted to SG. Financial investment for additional activity received May 2024 and planning commenced to achieve additional activity projections. Additional CWT funding secured to support additional activity to maintain 2 week wait for all USOC and U referrals. Focussed work continues on acquisition to report turnaround times to optimise cancer pathways. Dedicated RCDS funding will enable sustained diagnostic waiting times for this service Engagement in RTP reimagining VHK site programme to ensure Radiology resource is sufficient to meet demands for in-patient and unscheduled care imaging as these services are redesigned.	5. Cancer Care	Green - On Track
Refreshed Performance Reporting	6.1		6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
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	Project Board to identify test schools and their training needs based on staff and student feedback via School Wellbeing survey Identify staff most appropriate to deliver training Devise Training content for school staff Commence training during twilight sessions pre and post evaluations conducted Staff in school (PSE and guidance teachers) to deliver sessions to students following lesson plan provided by third sector service	6. Health Inequalities	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	ICO Audit Action Plan Agreed Resilience Framework Established	9. Digital & Innovation	Green - On Track
Local - Records Management Plan Implementation	9.2		9. Digital & Innovation	Green - On Track
Infrastructure - RTP	9.31	Development of Asset Management Approach Implement approach	9. Digital & Innovation	Green - On Track
Infrastructure - Workforce	9.31	Provision Lynebank Decommission Hayfield	9. Digital & Innovation	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	Training Concludes	9. Digital & Innovation	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	Develop membership of IPRG and initiate meeting on a bi-monthly basis.	9. Digital & Innovation	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		10. Climate	Green - On Track
Achievement of Waste Targets as set out in DL (2021) 38	10.3		10. Climate	Green - On Track
Decarbonisation of Fleet in line with Targets	10.41		10. Climate	Green - On Track
Action plan for the National Green Theatres Programme			10. Climate	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment campaign closed appointing 104 international staff to both nursing and radiology.	8. Workforce	Green - On Track
Complete NHS Fife's Phase 2 M365 Programme		Establish a secure baseline in the M365 products and national tenancy	9. Digital & Innovation	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		To develop Realistic Prescribing guidelines for chronic disease management and frailty		Green - On Track
Enhance the capacity and capability across the team		Review of authorisation limits complete and approved at EDG. Team engaging with RTP framework as reported at the Procurement Governance Board in July 2024. Management continue to support and lead team on learning programme to increase procurement knowledge and expertise.		Green - On Track
Estates Rationalisation		Hayfield House closed. Agile solutions in place at Queen Margaret, Lynebank, VHK staff club (St Andrews and Adamson Hospital to follow shortly).		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.		Continued creation of on line Workforce information overview accessible within NHS Fife. Review of Workforce Analytics as part of Directorate service change proposals implemented. Ongoing production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements.	8. Workforce	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		<p>Further developed monthly reporting to capture delivery of financial savings targets and informed year end forecast position.</p> <p>Ensured learning from the national Financial Improvement Network is cascaded across the finance team and stakeholders as appropriate.</p> <p>Strengthened even further stakeholders' grip and control responsibilities to underpin delivery of our financial targets and, in turn, supporting the delivery of our Reform, Transform and Perform programme.</p> <p>Continuously review mandatory training requirements and ensure team statistics are maintained within the 'green' tolerance range.</p>		Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024			10. Climate	Green - On Track
Increase capability within the team to deliver service improvement and meet growing service demand		<p>Imbed revised interface to support processing of agency invoices, providing enhanced oversight and control.</p> <p>New Processes for Direct engagement imbedded.</p>		Green - On Track
IPQR Review		<p>Review of trajectories/targets</p> <p>Incorporate initial metrics relating to Mental Health</p> <p>Produce redesigned report for EDG (Jun-24) for distribution to Committees and Board (Jul-24)</p>		Green - On Track
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		<p>Production of comprehensive communications plan to enhance optimisations work on all sides, involving a wide range of stakeholders including patients and clinicians, including medicines waste.</p> <p>Significant design and delivery work undertaken, including of targets and identification of staffing resource.</p> <p>Medicines waste campaign being developed, including updated materials</p>	6. Health Inequalities	Green - On Track
Outline plans to implement an approved Environmental Management System.			10. Climate	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel			10. Climate	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate			10. Climate	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.		Draft SLA developed and circulated to consortium members for approval		Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance			10. Climate	Green - On Track
Support Delivery Strategic Planning function		<p>Organise Winter Review even (cancelled, not to be rescheduled)</p> <p>Develop process for quarterly monitoring of ADP25/25</p>		Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service			1. Primary and Community Care	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		New model of service delivery in transition, new SOP's being developed and creation of new posts and systems development work.	8. Workforce	Green - On Track
Refresh of the Primary Care Improvement Plan	1.1	Where applicable, align staff to new combined roles, supporting Immunisation and CTAC/Immunisation Service.	1. Primary and Community Care	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Review existing arrangements which support children with neurodevelopmental differences.		<p>Consider, and where appropriate, develop different models of support which are person centred providing the right care in the right place at the right time by the right person "Finalise new multi-agency pathway.</p> <p>Implement new models of support and associated outcomes measures."</p>	7. Women & Children Health	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Commenced scoping of this work.			Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Complete the 2023-24 Annual Report and signed off at the May 2024 Board Meeting			Green - On Track

Meeting: Staff Governance Committee

Meeting Date: Tuesday 3 September 2024

Title: Workforce Planning Update

Responsible Executive: David Miller, Director of Workforce

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

Executive Summary

- The current Workforce Planning Guidance was published in April 2022. It set out the statutory requirement to publish a three year workforce plan, updated annually through the Annual Delivery Plan.
- The Scottish Government led a review of this Guidance in 2024. It is anticipated that the revised guidance will be received shortly, although neither the statutory requirement nor the technical guidance support are expected to significantly alter the current processes.
- In terms of forward planning, NHS Fife will be expected to publish its Workforce Plan for 2025-2028 no later than 31st October 2025. This SBAR sets out the key milestones in achieving this requirement.
- A **moderate** level of assurance is suggested, reflecting the content of this paper and noting previous discussions on our workforce planning arrangements and the current workforce risks.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective & Person Centred

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

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

2. Report Summary

2.1 Situation

Revised Workforce Planning Guidance is to be published imminently. The revised guidance is expected to reflect how Health and Social Care Services are delivered across Scotland, distinguishing between NHS Board retained services versus those services delegated to Health and Social Care Partnerships. The guidance will detail the expectation that Workforce Plan's focus on those services being delivered by the relevant organisation. The draft guidance re-iterates the requirement for NHS Boards and Health & Social Care Partnerships to publish Workforce Plans covering a 3 year period.

2.2 Background

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

The current statutory requirements for the production of three year workforce plans have been the subject to ongoing discussions, specifically around the merits of aligning these planning cycles with Annual Delivery Plans and Financial Planning cycles. Two national working groups were established in 2024 to review the current arrangements. The first group reviewed the statutory workforce planning requirements detailed within [DL \(2022\) 09](#), with the second group reviewing the technical guidance supporting the workforce planning arrangements requirements.

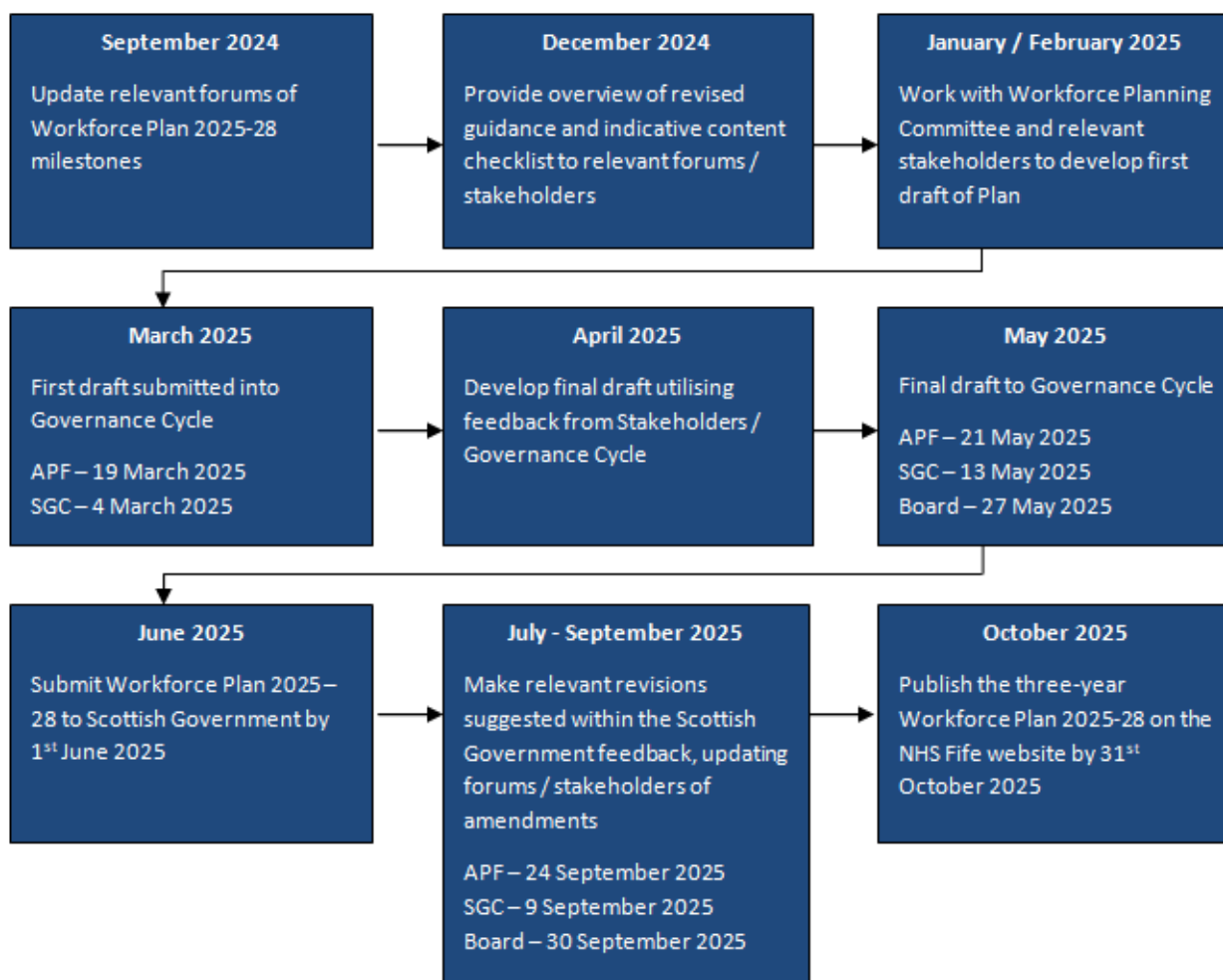
On receipt of the revised (draft) guidance, it is understood that the current requirements for the production of a Three Year Workforce Plan, and detailing the content of said Plan, will largely continue. As before, the NHS Fife Workforce Plan is to be submitted to the Scottish Government by 1st June (2025) for comment and feedback, before the final version of the plan being published on the NHS Fife website by 31st October (2025). The Three Year Plan will be maintained through annual reviews.

2.3 Assessment

Consistent with the approach taken to develop the Workforce Plan in previous years, the NHS Fife Workforce Plan (2025-2028) is to be developed in collaboration with the various key stakeholders, demonstrate alignment with other strategic documents, reflect Financial Plan assumptions, and demonstrate affordability in achieving the required future workforce.

The indicative content checklist, based on the draft guidance received, is contained within Appendix 1.

A summary of the key milestones to be achieved in the production of the Workforce Plan is detailed within the diagram below.



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

2.3.2 Workforce

It is recognised the size of the NHS Fife workforce has grown significantly in recent years, as well as the costs for supplementary staffing. Various work-streams within the RTP programme are reviewing this growth with the aim of identifying the levels of staffing that is both affordable and sustainable. The Workforce Plan will detail the various methods NHS Fife will adopt to introduce this revised workforce model, outline some of the steps to be taken for transforming the delivery of health and care services, and highlighting the workforce skills required to support any future models of care.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Workforce Plan will be developed with a range of key stakeholders. There will also be involvement of the Communication Team in finalising the Workforce Plan and delivering it's key messages.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides assurance that the Workforce Plan (2025-2028) will be developed and published in accordance with the revised guidance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Three Year Workforce Plan – Indicative Content Checklist

Report Contacts:

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Rhona Waugh Head of Workforce Planning & Staff Wellbeing
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Appendix 1 – Three Year Workforce Plan – Indicative Content Checklist

Heading	Indicative Workforce Plan Content	Yes	No	n/a
Methodology	Our Workforce Plan has been developed using a methodology appropriate to the organisation's needs.			
Partnership Working	Our Workforce Plan describes the process for developing the three year plans.			
	A Responsible Officer has been appointed to ensure the development, submission and publication of our Three Year Workforce Plans in line with the timescales outlined.			
	Our Workforce Plan reflects discussions with stakeholders, including: <ul style="list-style-type: none"> • Local Service Planning Leads • Financial Planning Leads • Trades Unions • NHS/Local Authority/HSCP Workforce Planning Leads • Social work/social care Leads • Professional lead officers, including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads • HR Leads • Third and Independent Sector Representatives • Primary Care Contractor Representatives • Other identified stakeholders 			
	Our Workforce Plan development process has support from the organisation's senior management team.			
Alignment with other strategic documents	Our Workforce Plan aligns with other local strategic, service and financial plans.			
	Our Workforce Plan reflects service priorities identified in our: <ul style="list-style-type: none"> • Three Year Delivery Plans (submitted in March 2024) • Strategic Plans 			
	Our Workforce Plan reflects our local Financial Plan assumptions and affordability in achieving the required future workforce.			
Planning the required workforce	Our Workforce Plan describes how the workforce will adapt in the current climate and support transformation of services.			
	Our Workforce Plan analyses the health and care needs of the population and identifies the impact on local workforce demand.			

	Our Workforce Plan has considered internal and external environments and how they may impact on our services and workforce.			
	Our Workforce Plan has been informed by the use of available national workforce planning and workload tools.			
	Our Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service transformation priorities, outlining <ul style="list-style-type: none"> • Required staff numbers (FTE/WTE) • Job Families and Professional Roles • Services at risk and challenges to delivery 			
	Our Workforce Plan analyses our current workforce profile and considered the impact of <ul style="list-style-type: none"> • Age profiles and retiral projections • Leavers and turnover projections 			
	Our Workforce Plan contains an analysis/description of the establishment gap between the projected future workforce need and current staffing in terms of overall numbers (WTE/FTE) as it is currently understood.			
	Our Workforce Plan considers options to meet required workforce demand (e.g. increased supply, improved productivity, demand suppression including surge capacity, bank use, role diversification etc.).			
Action Planning	Our Workforce Plan details local actions required to achieve necessary changes to the workforce through: <ul style="list-style-type: none"> • Domestic Recruitment • International Recruitment • Service Redesign • Role Diversification • Staff Training and Development 			
	Our Workforce Plan describes and quantifies opportunities to transform the delivery of health and care services – e.g.: <ul style="list-style-type: none"> • Technological advances/initiatives being deployed • Role Diversification • International Recruitment • Use of MDT (multidisciplinary team working) 			
	Our Workforce Plan describes areas of workforce skills development that will be required to support future models of care/ service. Our workforce plans describe the need for and development of new posts/new roles/extension of			

	<p>current duties including:</p> <ul style="list-style-type: none"> • Advanced Practice roles; • Physicians Associates; • Assistant Practitioners roles; • Extended Social Care roles in Primary Care and Community settings • Other new roles 			
Staff Wellbeing	Our Workforce Plan describes actions supporting the physical and mental wellbeing of our staff.			
	Our Workforce Plan considers workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.			
	Our Workforce Plan describes key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.			
Summary of Actions	Our Workforce Plan summarises actions being taken to address identified workforce challenges			
	<p>Actions being taken align to the Five Pillars of the Workforce Journey contained within the National Workforce Strategy:</p> <ul style="list-style-type: none"> • Plan • Attract • Train • Employ • Nurture 			
Implementing and Reviewing	Our Workforce Plan identifies key workforce targets to be achieved.			
	Our Workforce Plan describes how/when targets and milestones will be measured.			

Meeting: Staff Governance Committee

Meeting Date: Tuesday 3 September 2024

Title: EMERGE Programme - NHS Fife / Fife College Partnership

Responsible Executive: David Miller, Director of Workforce

Report Author: Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

Executive Summary

- This report provides a summary of the new EMERGE programme being delivered in partnership with Fife College and National Education for Scotland.
- The programme supports our Employability agenda and our Anchor institution ambitions.
- The aim is to increase the talent pool and supply of workforce to meet our workforce plans in the medium to long-term.
- A **moderate** level of assurance is suggested, given the programme commenced in August 2024.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Emerging issue
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe, Effective and Person Centred

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

- Well informed
- Appropriately trained & developed

2. Report Summary

2.1 Situation

NHS Fife, in collaboration with Fife College and supported by National Education Scotland, is offering a new programme to school pupils at Levenmouth Academy (and potentially other Fife Secondary Schools) who are looking to learn about health careers, alongside work placements with qualified healthcare and support professionals within NHS Fife.

2.2 Background

Following discussion at the Partnership meetings, EMERGE was selected as the preferred programme title. The EMERGE qualification, outlined in Appendix 1 and within the initial NHS Fife outline proposal at Appendix 2 for information, will provide students with the opportunity to create a portfolio of evidence to showcase their individual learning throughout this qualification, as detailed below:

Education: Emphasising the importance of continuous learning and knowledge acquisition.

Mentorship: The role of guidance and support from experienced healthcare professionals.

Empathy: Highlighting the significance of understanding and compassion in patient care.

Resilience: Building the capacity to adapt and thrive in challenging healthcare environments.

Growth: Focusing on personal and professional development within the healthcare field.

Excellence: Striving for the highest standards in healthcare practices and patient services. Fife College has developed an interactive and immersive programme for students which will provide both the qualification described above and the opportunity for onsite health

based work experience placements tailored to the pupil / students and placement availability.

2.3 Assessment

The programme has been developed following discussions between the Director of Workforce, Head of Workforce Planning and Staff Wellbeing, Employability Manager, Healthcare Professional Leads, Fife College and NES representatives. 22 students from the Dunfermline, Glenrothes and Levenmouth areas have signed up to the EMERGE programme to date. An introductory and welcome session was held on 22 August 2024.

A short film clip outlining health careers has been produced by Fife College and is available to view via the following link: [SDS Pathways V5.mp4](#). A bid for uniforms is currently being prepared and will be submitted to the Fife Health Charity for consideration.

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

One of the positive outcomes of this programme will be to showcase NHS careers and employment to young talent, who will receive bespoke training and support to ensure the pupils / students understand our values and display the right behaviours. This could foster links into the other Modern Apprenticeship and Employability pathways, which offer further training and development to equip individuals with the relevant skills and knowledge to deliver quality work and good customer service in key areas.

2.3.2 Workforce

The programme will allow qualified healthcare professionals to mentor the school students and provide guidance and support, with a view to providing an opportunity for showcasing NHS careers and will contribute to our workforce plans and Anchor ambitions.

2.3.3 Financial

In addition to the cost of uniforms, there will be costs in terms of the time employees and managers spend with students during their work placement.

2.3.4 Risk Assessment / Management

There is a risk that failing to attract young people to NHS careers and employment will mean that we are unable to meet future workforce demands and also our Anchor and Employability ambitions, which is important given that the EMERGE programme is targeted at the Levenmouth community catchment area.

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

The programme is designed to promote healthcare careers in the Levenmouth area, an area of high deprivation and would support our Anchor ambitions and the Employability agenda.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, involvement, engagement and consultation

Discussions have been on-going with representatives of NHS Fife, Fife College and National Education Scotland and the Developing the Young Workforce Fife Board.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Discussion** – To **consider** and **endorse** the content of the EMERGE programme outlined above.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – EMERGE Programme Outline
- Appendix 2 – Discovery Year Partnership / Career Launchpad Programme

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
Email Rhona.Waugh2@nhs.scot

NHS Qualification Collaboration

Title examples:

Flourishing futures - ?relevance

Examples/alternatives:

Healthcare Horizons: Flourishing Careers/futures

Healthcare Journeys

Nurturing Health Careers

Wellness Workforce Routes

Journey to Healthcare Excellence

Healthcare Career Compass



C - Care: Emphasizing compassionate and patient-centred care.

O - Opportunity: Recognizing and embracing opportunities for growth and learning.

M - Mentorship: Valuing the guidance and wisdom from experienced healthcare professionals.

P - Professionalism: Upholding high standards of conduct and competence.

A - Advancement: Encouraging continuous improvement and innovation in healthcare.

S - Support: Providing necessary resources and assistance for both patients and healthcare workers.

S - Skill: Focusing on the acquisition and refinement of healthcare skills and knowledge.

OR

EMERGE  (change to a heart rhythm)

Emerging Healthcare Leaders

Healthcare Frontiers: Emerging Skills

Emerge as a Healthcare Professional

Cultivating Emerging Talents in Healthcare

Learning to Emerging in Healthcare

E - Education: Emphasising the importance of continuous learning and knowledge acquisition.

M- Mentorship: The role of guidance and support from experienced healthcare professionals.

E - Empathy: Highlighting the significance of understanding and compassion in patient care.

R - Resilience: Building the capacity to adapt and thrive in challenging healthcare environments.

G - Growth: Focusing on personal and professional development within the healthcare field.

E - Excellence: Striving for the highest standards in healthcare practices and patient services.

OR



EVOLVE

- change to a student into healthcare professional

Evolving Healthcare Professionals

Healthcare Skills Evolution

Nurturing Evolving Talents in Healthcare

Evolving Healthcare Pathways/journeys

Evolve in Healthcare Practices

E - Education: Emphasizing the foundational knowledge required in healthcare.

V - Vision: The ability to foresee and adapt to the evolving needs of healthcare.

O - Opportunity: Recognizing and seizing chances for advancement and innovation.

L - Leadership: Developing skills to lead and inspire in healthcare settings.

V - Versatility: Encouraging adaptability and a broad skill set in healthcare environments.

E - Empowerment: Equipping healthcare professionals with the confidence and competence to excel.

'Personal Achievement Record' - and meta skills

Learners are issued with a '**PAL**' -

Similar to UPPD which gives the learners the flexibility to create a portfolio of evidence to showcase their individual learning throughout this qualification.

The benefits of including this throughout the qualification:

- Self-reflection: It encourages students to reflect on their learning journey and helps to recognise their progress and areas for development
- Goal setting: Students can set and track their educational and career goals, giving a sense of direction and purpose

- Skill documentation and Evidence of Achievement: This provides a record of skills, useful for job applications and further education
- Motivation boost: Seeing personal achievements can boost students' confidence and motivate them to pursue further goals
- Career planning: This allows students to align their skills and achievements with potential career paths
- Accountability: Encourages learners to have a sense of responsibility for their own learning and development
- Feedback and guidance: Can be used a tool for practice supervisors and lecturers/teachers to give targeted feedback and guidance

The **PAL** would provide candidates with a useful tool which can be used for interviews (for both further education and careers) but also encourages them to begin their journeys in areas such as reflective practice and Personal/Professional development aligning with the NHS workforce values.

Meta skills

By focussing on these aspects, a Personal Achievement Record can effectively encompass and promote the development of Meta Skill's. Incorporating meta skills into a PAL is a dynamic process that extends beyond the traditional academic achievements and allows us to foster a culture of reflection and self-awareness among the students.

Students are encouraged to document how they are utilising and developing crucial skills such as critical thinking, problem solving and adaptability. Setting specific goals related to the development of meta skills is an integral part of this approach, and the PAL serves as an ongoing document where students can track their progress in these areas. This is not about ticking off lists of completed tasks but identifying situations where they have successfully applied their skills to real world scenarios.

Students could draw connections between these skills, their personal goals and future career aspirations. This PAL promotes the idea that development of meta skills is an ongoing, lifelong process, promoting continuous growth and adaptation. This exceeds the confines of a traditional academic platform and evolves into a holistic tool for personal and professional development.

Content thoughts:

Challenge based learning

The Challenge Based Learning Framework divides into three interconnected phases: Engage, Investigate, and Act. Each phase includes activities that prepare the Learners to move to the next stage. Supporting the entire process is an ongoing process of documenting, reflecting and sharing.



<https://www.challengebasedlearning.org/framework/>

Challenge based learning involves a dynamic educational approach that centres around engaging students with real world challenges and authentic leaning. This method is particularly effective in healthcare education due to the practical and ever evolving nature of the field.

It provides students with the opportunity and possibilities to explore, discuss, and construct new concepts and relationships through real-life challenges and projects that are relevant to the learner.

Students work in collaborative groups, which encourages the development of teamwork and communication skills crucial in healthcare. They research, plan and experiment with solutions, engaging in real-world data and scenarios.

Students are given enough space to be creative and self-directed and at the same time are provided with support, boundaries, and checkpoints to avoid frustration. This hands-on approach not only deepens their understanding of healthcare concepts but also helps them to develop critical thinking and problem-solving skills. This provides students with a more engaging and practical way of learning, which covers the curriculum but also prepares and develops the students to gain the skills and knowledge for the realities of working in healthcare.

Examples of Guiding Activities:

These activities are designed to provide structure whilst encouraging exploration, creativity and critical thinking.

- Problem identification workshops
- Research and exploration sessions
- Brainstorming
- Project planning
- Prototype development
- Simulations
- Experiments
- Games

Big Ideas

Big Idea: Technology in Healthcare

Essential Question: How can technology transform patient care and healthcare systems?

Challenge 1: Develop an innovative technology solution to enhance patient care

Challenge 2: Develop an innovative technology solution to enhance healthcare efficiency

<Technology module - utilising information from PDA>

Big Idea: Health (Promoting health and wellbeing)

Essential Question: How can we improve overall health and wellbeing of individuals in our community?

Challenge 1: Develop a health promotion campaign aimed at addressing Mental Health Awareness

Challenge 2: Develop a health promotion campaign aimed at addressing Nutrition and Physical Activity

Big Idea: Collaboration

Essential Question: How can collaboration lead to better health outcomes in communities?

Challenge 1: Design a community centred project <which addresses a specific health issue?> within your local area

Challenge 2: Design a health education program in collaboration with local schools

Big Idea: Healthy Urban Living

Essential Question: How can environments be transformed to promote and sustain health and wellbeing fo communities?

Challenge 1: Develop a campaign to increase green spaces in the community

Challenge 2: Develop a campaign to encourage sustainable transport solutions

Challenge 1: Design a campaign focused on improving nutritional habits in the community

Challenge 2: Design a campaign aimed at reducing air pollution in urban areas

Further information

https://www.challengebasedlearning.org/wp-content/uploads/2019/02/CBL_Guide2016.pdf

<https://www.challengebasedlearning.org/project/big-idea-health/> - big idea examples

NHS Fife & Fife College

Discovery Year Partnership / Career Launchpad Programme

Introduction and Purpose

The Flourishing Futures programme is a joint initiative between NHS Fife and Fife College, is an innovative programme designed to offer school leavers a comprehensive experience in the healthcare sector. This one-year initiative is tailored to equip young individuals with practical skills, academic knowledge, and a broad understanding of healthcare career pathways – both in direct delivery of health and care, as well as in wider functions core to the NHS (e.g. finance, HR).

The culmination of the Flourishing Futures is an individual who is fully prepared for immediate employment, further education, or both. Participants will finish the programme not only with a rich array of practical experiences and a formal qualification but also with the confidence, skills, and knowledge to seamlessly transition into the next stage of their journey.

This programme is not just about providing initial exposure; it's about creating well-rounded, knowledgeable, and skilled individuals who are ready to take on the challenges and opportunities in the world of healthcare. Young people who complete the programme will emerge as attractive candidates for employers and educational institutions alike, with a proven track record of commitment and versatility.

In essence, the Flourishing Futures is about propelling school leavers into the next stage lives with a unique blend of knowledge, real life experience, and exposure to professional environments that enables them to pursue a diverse number of further avenues.

Objectives

- To offer a comprehensive and practical exposure to various healthcare roles and functions.
- To support personal and professional growth through mentorship and hands-on experience.
- To enable participants to achieve an academic or vocational qualification in a subject related to health and care and supporting its delivery.
- To prepare the next generation with a paid, real-world experience.

Outcome

Expectations

- Achievement of a recognised qualification, bolstering their educational and professional qualifications.

- Participants will acquire diverse and practical health and care experience, enhancing their future employability.
- Participants will develop a clear understanding of and interest in specific healthcare careers.
- The programme will create a pool of skilled, motivated young professionals ready for future employment or study in Fife.

Placements

Individuals will participate in a 12 month programme, with work placements across the following areas:

- Wards
- Communications
- Finance
- HR
- Pharmacy
- Estates and Facilities
- Catering
- Administration

Meeting: Staff Governance Committee
Meeting date: 3 September 2024
Title: Prevention and Early Intervention Strategy
Responsible Executive: Lisa Cooper Head of Service, Primary and Preventative Care Services
Report Author: Kay Samson, Health Improvement Programme Manager

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board Strategic Priority: To Improve Health & Wellbeing

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

- Person Centred

2 Report summary

2.1 Situation

This report introduces the Health and Social Care Prevention and Early Intervention Strategy 2024-2027 for consideration and discussion by the Staff Governance Committee to enable its progression to committees and IJB for decision.

The Prevention and Early Intervention Strategy is a NHS Corporate Objective and is identified as one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023-2026.

2.2 Background

Prevention and early intervention is one of the Scottish Governments six key principles for public health reform sitting alongside: reducing inequalities, empowering communities, fairness and equality and intelligence and innovation.

The H&SCP Strategic Plan 2023-2026 is supported by nine transformational strategies and five enabling strategies; the Prevention and Early Intervention Strategy is one of those key transformational strategies.

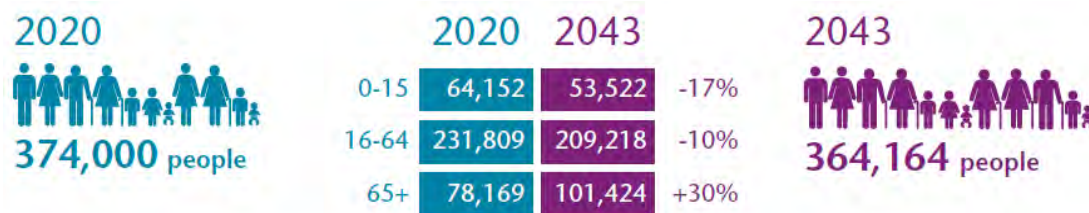
The background to prevention and early intervention stems from the recognition that addressing issues at their root cause or early stages can lead to more effective and sustainable outcomes. This approach is based on research and evidence showing that intervening early in the development of problems can prevent them from escalating and becoming more severe.

Prevention and early intervention efforts are often implemented in various settings such as social services, education, health care and criminal justice, to address a wide range of issues including health conditions, social problems, academic difficulties and criminal behaviour. By focussing on prevention and early intervention individuals can promote positive outcomes, improve quality of life and reduce the burden of addressing issues at later stages when they may be more challenging to resolve.

Fife H&SCP ambition is to design and deliver a Prevention and Early Intervention Strategy that will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver and commission.

2.3 Assessment

Fife, like many other regions, is experiencing an aging population as shown below. This demographic shift poses challenges in terms of increased demand on health and social care services, long term care and support for older adults.



Projected percentage change in population by age group until 2043

As illustrated, Fife's overall population is expected to decrease to 364,164 by 2043. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers (30% increase in those aged 65+).

It is recognised that Fife has a growing and ageing population, and that this is creating pressure on services across health and social care. This means that there is an increasing risk to the resources including workforce and finance to deliver health and social care as services are focussed on intensive interventions to manage complex health and social care needs. It is resource and cost effective to shift the focus to prevention and early intervention to support people in the community and to reduce reliance on residential and acute hospital care. This aligns with the HSCP strategic plans to enable people to live longer healthier lives at home or in a homely setting.

To support the design of the strategy we were keen to ensure a clear shared definition and understanding of Prevention and Early Intervention. In our discovery phase of the strategy development we identified that there was no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it meant for this Strategy it was important to understand what the public and communities understood by the term prevention and early intervention. The

participation and engagement work undertaken as part of the development of this Strategy has allowed us to agree these broad consensus definitions that we have use in our strategy.

Prevention definition: *is about creating the conditions where people can avoid or delay the start of health or social problems arising by supporting them to get the information or care they need, including self-care to be healthy and independent for longer.*

Prevention aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early intervention definition: *is making sure people can access the care and services they need to stop things getting worse and live a good life.*

Early Intervention involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

The Strategy is dependent on the following five priorities which have been consulted on during the public participation and engagement activity. Priorities

We will ensure inclusive and equitable access to care across Fife	We will improve data collection and management, ensuring that our resources are deployed effectively	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations	We will assess existing service provision and identify both current requirements	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers
---	--	--	--	--

Taking due cognisance of these priorities this Strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife. The Strategy is designed to work alongside existing strategies without duplicating efforts. Its goal is to enhance and complement existing strategies ensuring a comprehensive and coordinated approach maximising the effectiveness of all strategies involved.

To do this we will adopt a life course approach which recognises the interconnectedness of various factors such as social, economic and environmental influences that may impact on an individual’s quality of life. It is important to recognise that this is not the starting point for Fife’s prevention and early intervention journey. There has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism to share our message with

our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.

Through a multi-faceted approach, the Fife Prevention and Early Intervention Strategy 2024 – 2027 strives to create a safer, healthier and more resilient environment for all residents in Fife.

2.3.1 Quality, Patient and Value-Based Health & Care

Prevention and early intervention efforts impact positively on health and prevention of disease, by embedding prevention and early intervention efforts in routine practice, in patient pathways; and improving access to services, this will improve the quality of care.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

Prevention and early intervention activities can contribute to improved quality of life, reduced risk factors for poor health, decreased disease burden and symptoms, extended healthy life expectancy and increased economic and social engagement as well as reducing long term costs to the health services.

2.3.2 Workforce

Implementing prevention and early intervention interventions/ activities may provide staff with opportunities to enhance their skills and knowledge. Staff may feel a sense of fulfilment in helping to prevent health and social issues and intervene early to improve individual outcomes.

By addressing issues early on, staff may experience a decrease in the number of emergencies leading to a more manageable workload.

Implementing preventative and early interventions/activities may require additional resources and staff training, potentially straining additional resources.

2.3.3 Financial

Implementation of the strategy is aligned to the HSCP Medium Term Financial plan 2024 - 2027 with a strategic focus on transformation, redesign and efficiencies of service delivery. It is recognised that to deliver the strategy, this must be within the resources available including our workforce and finance.

It is important to recognise given the current and projected financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on effectiveness of efficiency focused programmes of work and/or deliverables.

A performance and assurance framework will evidence the impact of delivery of the strategic ambition priorities and allow for targeted and focused improvement work through the timeline of the strategy implementation and beyond. This will be reported via the committees of the IJB to provide assurance of progress and tangible outcomes in line with best value.

2.3.4 Risk Assessment / Management

Some potential risks associated with the Prevention and Early Intervention Strategy can be viewed within Appendix 3: Risk Register. The Prevention and Early Intervention Strategy is an NHS Corporate Objective

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. There is a risk that the potential for prevention and early intervention efforts to lose focus or attentions redirected away from up streaming of care as other things take priority or precedence within a reactive or urgent care model of delivery.

Given the current known financial pressures there is a risk that no additional resources and funding could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on cost saving projects.

A Prevention and Early Intervention Strategic Implementation group will be convened where identified risks will be owned, mitigated and managed. To ensure good governance of delivery, this group chaired by the Head of Primary and Preventative Care Services with wide stakeholder membership will provide oversight, assurance and escalation as the delivery plan progresses, assurance and escalation as the delivery plan progresses.

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

An Equality Impact Assessment has been completed as the Prevention and Early Intervention Strategy will potentially have an impact on the population of Fife, including all recognised protected characteristics due to the shift in focus to a more preventative and early intervention approach (see Appendix 4: EQIA).

The Prevention and Early Intervention Strategy supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership's equalities outcomes by addressing issues at their root and promoting fairness and equality for all. Through implementing prevention and early intervention activities the HSCP and partner organisations can proactively identify and address potential inequalities, discrimination and barriers to access thereby promoting a more inclusive and equitable society.

The shift of focus to prevention and early intervention will impact positively on reducing health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

The exact implications under this category will be identified as part of the prevention and Early Intervention action plan.

2.3.7 Communication, involvement, engagement and consultation

To develop the Prevention and Early Intervention Strategy we aimed to communicate, involve and engage with a wide range of stakeholder from communities, carers and general public to service providers and HSCP partners and third and independent sectors.

Localities are viewed as key enabler within delivery of the strategy and the locality actions plans will ensure targeted and universal approaches to deliver the ambitions of the strategy to achieve the vision.

The HSCP's Participation and Engagement Team supported the Prevention and Early Intervention Working Group through engagement activities to develop the Strategy. The engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023 (see Appendix 5: P&EI Participation and Engagement Report).

The second phase of Stakeholder Engagement to support the development of the Strategy took place over a 6 week period from 12 February to 22 March 2024, online. Feedback received was used to refine and potentially reframe aspects of the strategy (see Appendix 6: P&EI Participation and Engagement Report Phase 2).

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.

- HSCP SLT Formal
- Prevention and Early Intervention Strategy Development Group
- SLT - Acute

2.4 Recommendation

The Staff Governance Committee is asked to:

- Be **assured** regarding the approach to design of the strategy ensuring an effective and co-productive approach to engagement with our communities through our participation and engagement plan detailed within the report
- **Note** the delivery plan and its ambition to ensure a robust training plan to ensure staff have the skills and knowledge to establish prevention and early within practice and the aim to shift balances of care impacting positively on workload
- Be **assured** that the plan seeks to ensure a quality approach to delivery of prevention and early intervention activities which will impact positively on the health and wellbeing of the Fife population including our service users, carers and communities
- **Review** the DRAFT Prevention and Early Intervention Strategy and supporting documents and **advise** of any changes or additions required to support its progression to IJB.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Prevention & Early Intervention Strategy
- Appendix No. 2, Prevention & Early Intervention Delivery Plan
- Appendix No. 3, Prevention & Early Intervention Risk Register
- Appendix No. 4, Prevention & Early Intervention Equality Impact Assessment (EQIA)
- Appendix No. 5 Prevention & Early Intervention Participation and Engagement Phase 1 Report
- Appendix No. 6 Prevention & Early Intervention Participation and Engagement Phase 2 report
- Appendix No. 7 Prevention and Early Intervention Strategy – Short Version

Report Contact

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Prevention and Early Intervention Strategy

Prevent, Reduce and Improve

www.fifehealthandsocialcare.org

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Foreword

The Prevention and Early Intervention Strategy 2024 – 2027 is identified as one of Fife Health and Social Care Partnership’s transformational and supporting strategies within our Strategic Plan 2023 – 2026 [fife-strategic-plan-2023-to-2026.pdf](https://www.fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

The scope of this Strategy includes Health and Social Care Partnership, NHS Fife, Third Sector, Fife Council, the Voluntary and Independent sectors as well as communities and people themselves.

This first Prevention and Early Intervention Strategy encourages us to continue to think and act differently, so that everyone can live an independent and healthier life now and in the future. We want to work with the people of Fife to enable individuals and communities to take every opportunity to maximise their own health and wellbeing.

We want to continue to shift everyone's focus to what more we can do to support prevention and early intervention, we are passionate about what we can do to improve the outcomes that matter to people, address inequalities and make the best use of our resources including people and communities themselves. We will achieve this by working together, and with people as proactive partners, to prevent, reduce and improve health and social disadvantage or by intervening early when problems do occur.

Our thanks go to the many stakeholders involved in developing this Prevention and Early Intervention Strategy.



Fiona McKay, Interim Chief Officer IJB
Interim Director Health & Social Care



Dr Joy Tomlinson
Director of Public Health

Executive Summary

We recognise that we are facing a complex challenge where a multiagency effort is needed across the whole system to make a difference. Addressing the wider determinants of health (social, economic and environmental factors which impact on people's health) to improve the conditions into which people are born, live and work can have a positive impact on health and wellbeing but cannot be delivered by any organisation alone.

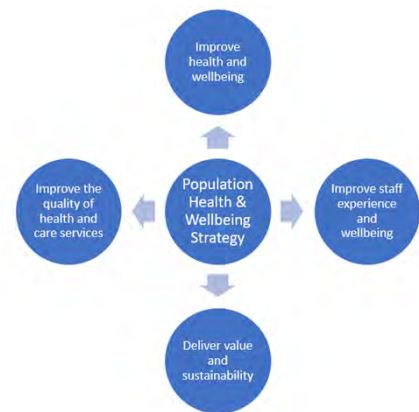
Our Prevention and Early Intervention Strategy has been written in line with Fife Health and Social Care Partnership strategic priorities and will contribute to achieving the vision;

'To enable the people of Fife to live independent and healthier lives'

We will also align to the aspirations, principles and strategic priorities of the Fife Population Health and Wellbeing Strategy (2023-2028) [Living well working well and flourishing in Fife \(nhsfife.org\)](https://www.nhs.uk/population-health-wellbeing-strategy)

Our Prevention and Early Intervention Strategy aims to;

- Strengthen integration across health, social care, fife council and third and independent sector networks to meet our key priorities.
- Include people and communities as active and equal partners.
- Prioritise self-care, with a tiered and anticipatory approach.
- Ensure the whole life course is considered within all activities which support and embed prevention and early intervention.
- Use our resources wisely and ensure a value based approach to achieve the outcomes that matter to people.
- Embed prevention and early intervention as standard practice across our whole health and social care system.
- Create, embed and sustain the right culture and conditions to enable us to undertake prevention and early intervention activity.



We believe that this strategy set's the conditions and principles for Prevention and Early Intervention now and for the future.



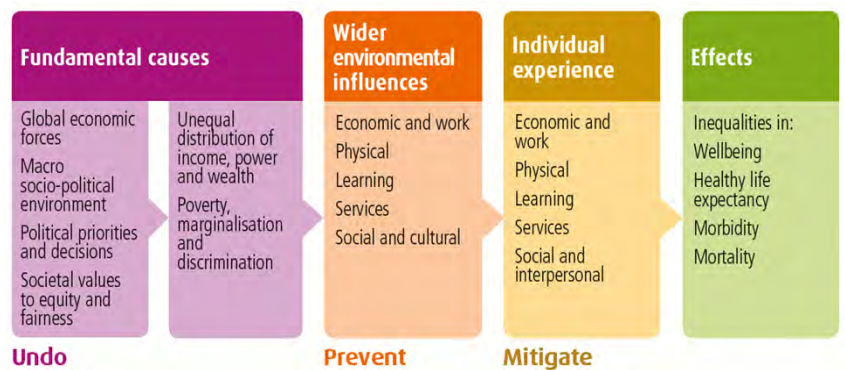
Lisa Cooper
Head of Service Primary and Preventative Care Services

Introduction

Welcome to Fife's Prevention and Early Intervention Strategy 2024 – 2027. This document sets out how we will develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with our vision and strategic priorities in our published Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](https://fifehealthandsocialcare.org)

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. Changing attitudes, behaviours and practices within a community or organisation takes time and consistent effort. Shifting focus to prevention and early intervention approaches will impact positively on reducing health inequalities by addressing root causes and providing timely support to individuals and communities at particular risk.

Health Inequalities can stem from a variety of root causes, including socioeconomic factors, access to healthcare services, education levels, environmental factors and individual behaviours. Socioeconomic status, in particular, plays a significant role in determining an individual's access to resources such as quality healthcare, nutritious food, safe housing and education. Individual behaviours, such as smoking, poor diet, lack of exercise, and substance use, can also contribute to health disparities. Addressing these root cause requires a comprehensive approach that includes policy changes, community interventions and individual behaviour modifications.



Ref: Health Inequalities theory of causation, Public Health Scotland

We believe that by fostering a culture that values prevention and early intervention it is possible to truly deliver upstream prevention and early intervention efforts while being fully cognisant of the current and projected financial and resource pressures.

More than a quarter of all deaths in Scotland are potentially avoidable. The burden of illness and early death can impact individuals, families, communities, healthcare systems and society as a whole. Individuals who experience illness or premature death may suffer physically, emotionally and financially affecting their quality of life and wellbeing. Families of those affected may experience emotional distress, financial strain, and disruption in their daily lives. Communities may face decreased productivity and social challenges as a result of illness and early death. Healthcare systems may be burdened with increased demand for services, higher costs and challenges in providing quality care to those in need. Society as a whole may experience reduced economic growth, increased inequality, and strained social services due to the burden of illness and early death.

There is significant potential to reduce the burden of illness and early deaths in Fife. Addressing these issues requires a coordinated effort across multiple sectors to improve health outcomes and reduce impact of illness and premature mortality. Actions that will prevent ill-health are supported by a growing body of economic evidence demonstrating they are cost-effective. In this time of current projected financial and resource pressures it is even

more important that we have a strategy to focus our approach in Fife, deliberately embedding prevention and early intervention in everything we do.

By investing time and effort in preventative measures and early interventions we believe we can reduce the need for costly critical services in the future leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently in line with the national wellbeing outcomes of integration.

This strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife.

This Strategy will begin to support a culture of prevention and early intervention across Fife where every conversation counts and can support us to **PREVENT**, **REDUCE** and **IMPROVE** health and social problems.



Background and Context

The **Prevention and Early Intervention Strategy** is identified as one of the H&SCP Strategic Plan's nine transformational Strategies.

This Strategy has been designed as a cohesive framework that links with our other key strategies. It is expected that these eight transformational strategies will include specific areas of prevention and early intervention activities unique to their individual area within both their Strategy documents and delivery plans.



The aim of this Strategy is to detail an approach to prevention and early intervention that can be embedded across all other relevant plans and strategies thus creating a holistic approach that will lead to improved health outcomes for individuals and communities.

Our vision for the Prevention and Early Intervention Strategy 2024 – 2027 is closely aligned to the Health and Social Care Partnership Strategic Plan's Vision of supporting the people of Fife to live independent and healthier lives for longer.

Our mission is to support the delivery of the Prevention and Early Intervention Strategy 2024 -2027

Our Vision

“
To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.
”

Our Mission

“
To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.
”

To achieve our Prevention and Early Intervention Vision, we will embed the following principles across our prevention and early intervention activity:



- We will help communities to connect and care for each other.
- We will support local businesses, and commission health and social care services locally whenever possible.
- We will ensure that people who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care.

- We will actively promote commissioning solutions that enable prevention and early intervention.
- We will ensure that people have the information they need to manage their own health and wellbeing effectively.
- We will develop and support new approaches, including wider use of technology, to enable wellbeing.



- We will develop a life course approach to good health and wellbeing, helping people to stay well for longer.
- We will actively promote self-care and self-management.
- We will work with our partner agencies to reduce inequalities and improve outcomes for the people of Fife.

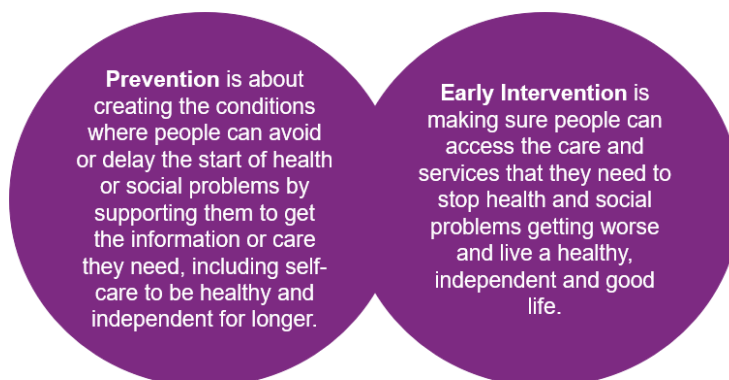
Our five [Prevention and Early Intervention priorities](#) were identified during the development of the [Health and Social Care Partnerships Strategic Plan Fife-Strategic-Plan-2023-to-2026-FINAL.pdf\(fifehealthandsocialcare.org\)](#) and will support achievement of our vision and our strategic priorities.

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2027
1	We will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
2	We will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
4	We will assess existing service provision and identify both current and future requirements.	Completion of a gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and avoidable risk factors, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.

What do we mean by Prevention and Early Intervention

There is no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it means for this strategy we felt it important to be aware of what the public understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this strategy has allowed us to agree these broad consensus definitions that we will use in our strategy.



To note; the transformational strategies of the H&SC strategic plan will have a more focused definition of prevention and early intervention specific to the outcomes in each of their strategies.

While prevention and early intervention are closely linked, it is possible to have prevention strategies without early intervention. Ideally a comprehensive approach would include both to address issues holistically. By combining prevention efforts to reduce the occurrence of problems and early intervention measures to address them promptly, a more comprehensive and effective approach can be achieved.

Prevention: aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and risk factors, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early Intervention: involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

This first three-year Strategy (also referred to as **our strategy**) will aim to begin to create the conditions we need to support a shift in focus towards more prevention and early intervention activity. Implementation will be considered beyond 2027 to support the change becoming an integral part of the system. Time is needed to build this momentum for change to create the structures that make it easier for people to consider prevention and early intervention.

Why invest in Prevention and Early Intervention?

How health and social care is delivered sustainability may be one of the greatest challenges we face now and over the next 10 years or more. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations. Investing in prevention and early intervention approaches can lead to cost savings, improved societal outcomes and a more resilient and prosperous economy in the long term.

Good health and wellbeing can allow people to more easily play an active role in their communities and the economy. In turn, this promotes prosperity and enables individuals, communities and society to flourish. The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention measures, such as our diet or health behaviours, for example how much exercise we take. Our health is also determined by conditions in which we grow up, live and work. These include our education, employment, income, access to healthcare, social networks, housing and broader socio-economic, cultural and environmental factors.

Prevention and early intervention approaches can influence our health, wellbeing and social circumstances (such as poverty, loneliness and social isolation) by preventing or avoiding problems arising or stopping things getting worse. By addressing issues early on such as mental health concerns, substance use or educational challenges individuals are more likely to reach their full potential and contribute to the economy.

We can influence our population health, wellbeing and social circumstances by ensuring access to quality health and social care; supporting people to adopt behaviours which support good health and wellbeing such as limiting alcohol and drug use, good diet and physical activity. Social and economic factors and the physical environment are equally important and therefore wider collaboration across the whole system, health and social care,

third and independent sectors is needed to continue to support our population and to improve overall quality of life.

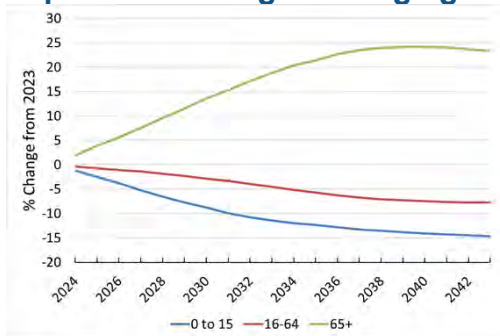
The Population Challenge

Significant changes in population structure are occurring. In the next 10 years, older people will increase by over 18% while working age people will decrease by around 5%. This could result in **greater need for services** but greater **challenges for recruiting workforce**.

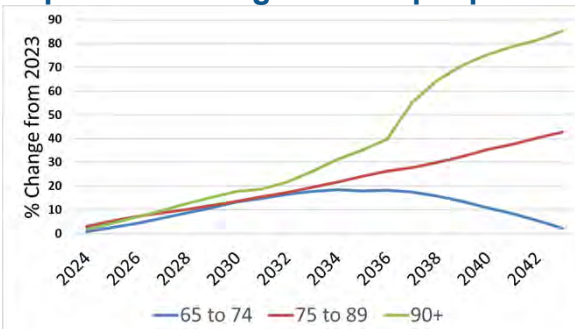
While all older people categories are likely to increase similarly over the next 10 years, longer term there will be a substantial increase in those aged 90+, with a 26% increase in 10 years rising to 85% in 20 years.

Source: Adapted from National Records of Scotland (NRS) data

Population Change – all age groups



Population change – older people



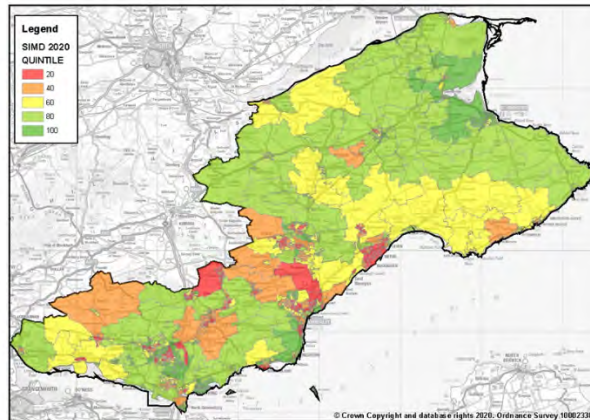
The Local Challenge

Not all parts of Fife have the same quality of health or need for services. There are significant health inequalities between the most and least deprived areas.

Those in the least deprived areas live longer (10 years for males and 8 years for females) and this is reflected across a range of health indicators. Much of these health inequalities are preventable by addressing issues early or preventing them by addressing underlying causes such as housing quality.

Some impacts of deprivation –

- Premature mortality increases 2.5x
- Alcohol related hospital admissions increases 4.8x
- Drug related hospital admission increased 19.6x



Scottish Index of Multiple Deprivation showing those areas (orange and red) with greatest deprivation

Source: Fife Strategic Assessment, from Scottish Government SIMD data

The Challenge of health loss

Ill health impacts the quality of people’s lives and their need for services. Many of the causes of ill health and early death are preventable (though by no means all). Factors such as risk factors and deprivation levels are key in regard to preventable ill health and this is exacerbated as people age. This is why an ageing population presents a challenge for services.

Top Ten causes of ill health

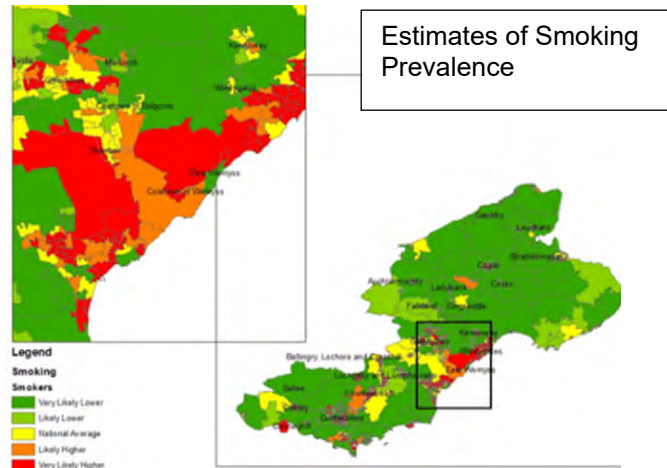
1. Low Back and Neck Pain
2. Depression
3. Headache disorders
4. Anxiety disorders
5. Osteoarthritis
6. Diabetes mellitus
7. Cerebrovascular disease
8. Other musculoskeletal disorders
9. Alcohol use disorders
10. Age-related and other hearing loss

Top Ten causes of early death

1. Ischaemic heart disease
2. Lung cancer
3. Alzheimer's disease and other dementias
4. Cerebrovascular disease
5. Other cancers
6. Drug use disorders
7. COPD (Chronic obstructive pulmonary disease)
8. Colorectal cancer
9. Self-harm and interpersonal violence
10. Lower respiratory infection

Source: NHS Fife Director of Public Health Report 2020-21

Smoking is a leading cause of preventable ill health and early death. Its association with disadvantaged communities also makes it a main contributor to the lower health seen in more deprived areas. Over 1200 deaths per year in Fife could be attributed to smoking.



Source: Fife Strategic Assessment

Causes of Health Inequalities

In our early years we know that one in four children in Fife live in poverty which affects opportunities for health, learning and development from birth onwards, which can have lifelong consequences. Around 20% of primary one aged children in Fife are obese with rates highest in areas of deprivation. Children and young people can also be affected by homelessness with an estimated 2000 people currently homeless in Fife.

It is increasingly recognised that these disadvantages start **before** birth and accumulate throughout life leading to intergenerational poverty, reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

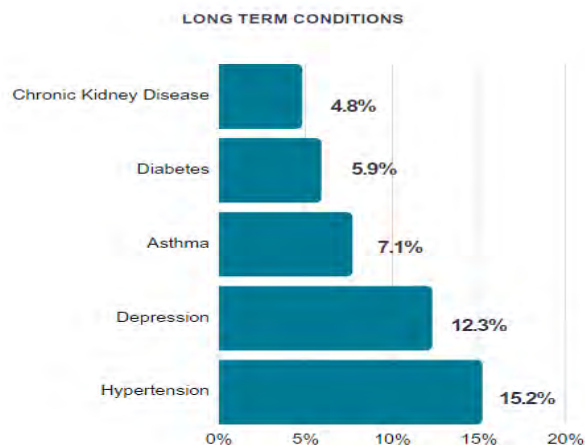
It is also recognised that housing has a critical role by providing a stable foundation for individuals, families and communities, promoting positive environments and facilitating timely support and interventions. Housing programmes and initiatives can offer targeted support and resources to vulnerable populations such as homeless individuals, at risk youth or families experiencing housing insecurity.

What we know about Fife's top long-term conditions

Long term conditions, also known as chronic illnesses or diseases are health conditions that persist overtime, often requiring ongoing management and treatment. This chart shows Fife's top five long term conditions which can vary in prevalence and impact across different communities

Understanding the differences in long term conditions across communities is essential for developing targeted interventions, improving healthcare delivery and reducing health disparities

This data will allow us to develop targeted prevention and early intervention supports specific to each local area.

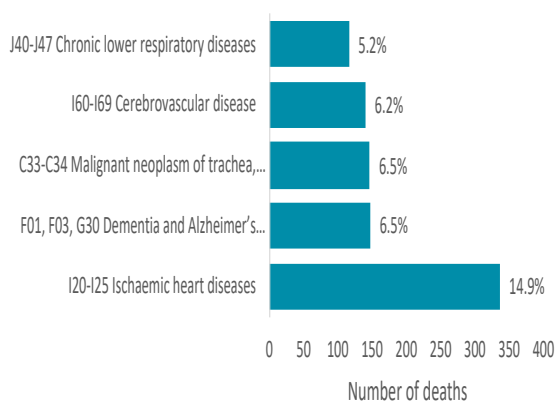


What we know about Fife's leading causes of Mortality

The charts below show Fife's top five leading causes of death for both males and females (data taken from 2022).

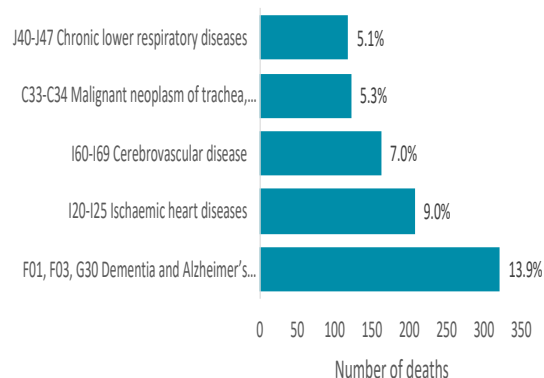
Fife Male leading causes of death 2022

2250 male deaths



Fife Female leading causes of death 2022

930 female deaths



We believe that through proactive prevention and early intervention measures our top long-term conditions and leading causes of death can be reduced, improved and in some cases are preventable. Implementing this strategy in Fife will be essential to proactively addressing social aspects, using resources effectively, promoting wellbeing and fostering collaboration.

What we have been doing so far

It is important to recognise that Fife's prevention and early intervention journey doesn't start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism

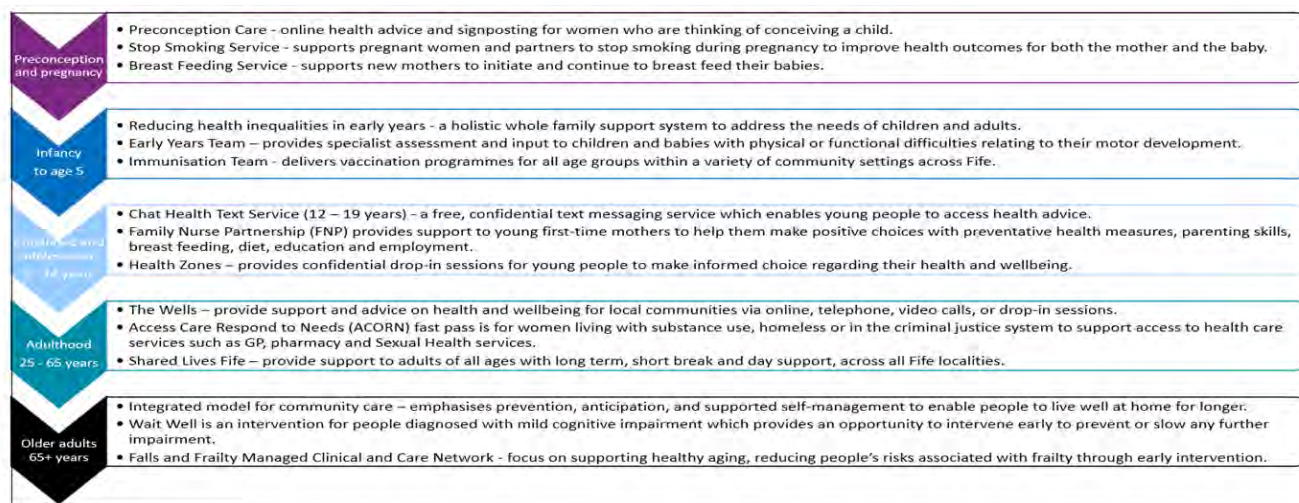
to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities. Some examples of the prevention and early intervention work undertaken;

The Third sector has been delivering a range of prevention and early intervention activities across Fife as highlighted in this diagram.

They provide a range of services and resources to help carers in their care giving responsibilities such as information and advice to help them navigate the complexities of care giving. They provide guidance on accessing support services, understanding their legal rights and managing the emotional and practical challenges of caring for someone. They can offer temporary relief through short breaks and respite care, this allows carers to take a break from their care giving responsibilities, recharge and attend to their own wellbeing.



Further examples of work undertaken across the life course are described below:



Policy Context

By working together, a collaborative approach will enhance the effectiveness of interventions and ensures that support is tailored to the specific needs of individuals and communities.

Fife Health and Social Care Partnership has a three-year Strategic Plan 2023 to 2026 that sets out the future direction of all health and social care services delegated to H&SCP. We also have a range of national and local performance measures that allow us to measure how well we are doing against local and national targets. Details of the National Health and



Wellbeing Outcomes for Health and Social Care and the Public Health Priorities for Scotland are within our Strategic Plan.

The Partnership's Strategic Plan is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf) (fifehealthandsocialcare.org). The plan includes the following five strategic priorities.



The Prevention and Early Intervention Strategy has been developed to support the delivery of these strategic priorities by embedding them into our prevention and early intervention activity. Nationally, the care and wellbeing portfolio, which is the overall strategic reform policy and delivery framework within health and social care, also acknowledges the need to improve health and care system sustainability. A core component of the portfolio is a focus on preventative and proactive care.”

The P&EI strategy also plays a vital role in contributing to the Plan 4 Fife 2017-2027 by promoting well-being, reducing inequalities and enhancing the overall quality of life in Fife.

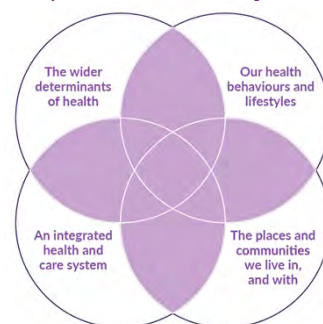


The plan has 4 Priority themes: Opportunities for All, Thriving Places, Inclusive Growth and Jobs, Community Led services. [A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife](#)

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

The P&EI Strategy will contribute significantly to the 'integrated health and care system' pillar of the framework for a Population Health System. “The creation of a health and care system focused on equity, prevention and early diagnosis is also recognised as a key pillar of the joint Scottish Government and COSLA ten year Population Health Framework, due to be published later this year.”

Kings Fund Framework for a Population Health System



In addition, within the health system, we need to focus on using our scarce resources more effectively and in a way which achieves outcomes which matter to people.



This is critical if we are to successfully deliver Scottish Government’s ambition of Value Based Health and Care. We can only deliver this effectively by applying Realistic Medicine principles to support and enable patients to share decision-making about their care

What we mean when we talk about realistic medicine involves incorporating principles such as person-centred care, shared decision-making and a focus on outcomes that matter to people.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

In addition, there are a range of core preventative initiatives aimed at promoting Public Health and Wellbeing. These initiatives may include but are not limited such as immunisation programmes, weight management interventions for obesity, Hep C elimination, smoking cessation, health visiting pathways, oral health improvement, social support services etc.

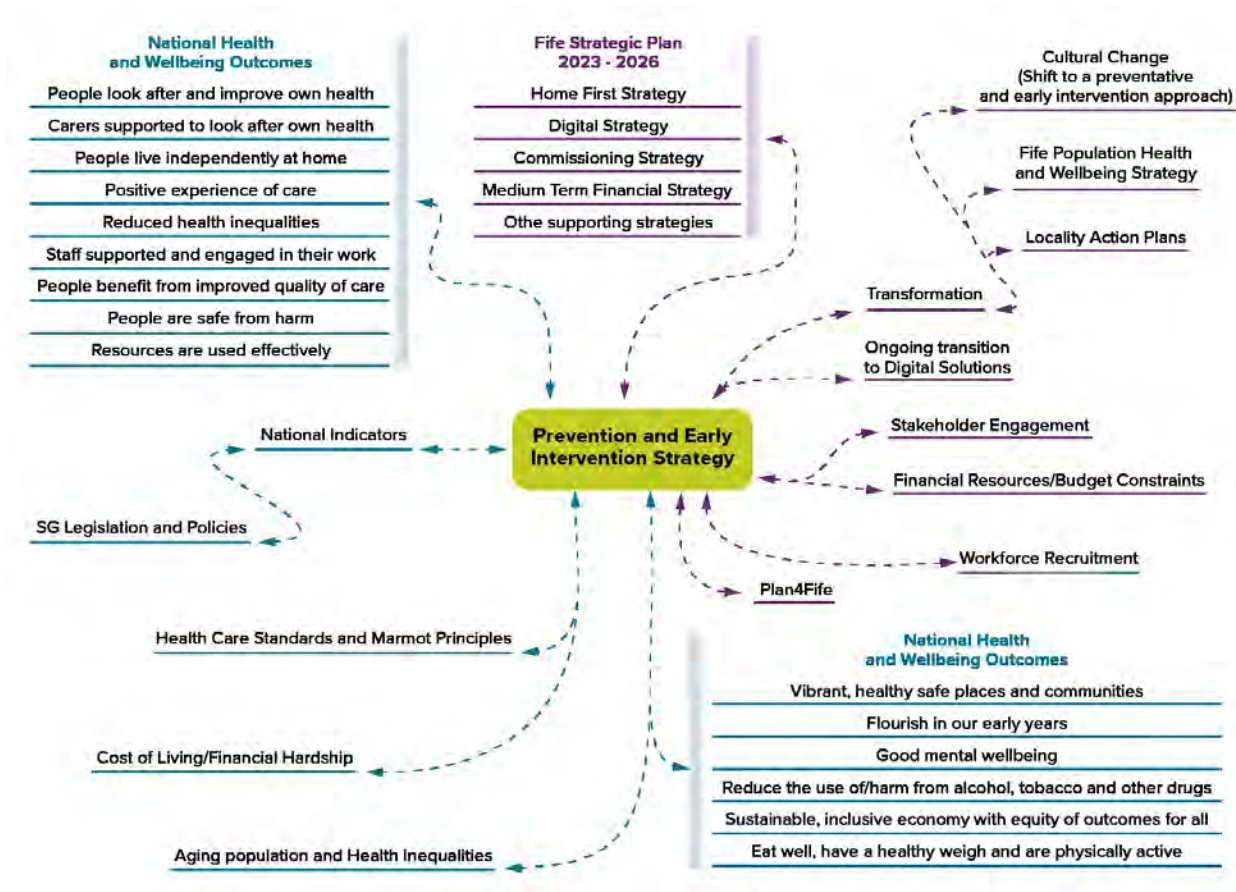
Pregnancy	Birth	Pre-School	Children & Young People	Adults	Others
<ul style="list-style-type: none"> Flu From Week 16 <ul style="list-style-type: none"> Pertussis* 	8 Weeks <ul style="list-style-type: none"> Six-in-one** Rotavirus Meningitis B 12 Weeks <ul style="list-style-type: none"> Six-in-one** Pneumococcal Rotavirus 16 Weeks <ul style="list-style-type: none"> Six-in-one** Meningitis B **diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B	12-13 Months <ul style="list-style-type: none"> Hib/MenC*** Pneumococcal Meningitis B Measles, Mumps & Rubella (MMR) Aged 2-5 <ul style="list-style-type: none"> Flu 3 Years 4 Months <ul style="list-style-type: none"> Four-in-one**** MMR ***haemophilus influenzae type b, meningitis c ****diphtheria, tetanus, pertussis, polio	P1-S6 <ul style="list-style-type: none"> Flu S1 <ul style="list-style-type: none"> Human papillomavirus (HPV) S3 <ul style="list-style-type: none"> Tetanus, Diphtheria & Polio (Td/IPV) MeningitisACWY MMR (Status) 	Offered to eligible groups: <ul style="list-style-type: none"> Flu Older Adults <ul style="list-style-type: none"> Pneumococcal Shingles 	Offered to eligible groups: <ul style="list-style-type: none"> HPV Pneumococcal Hepatitis B BCG***** Including: <ul style="list-style-type: none"> people with certain health conditions people who work in health and social care people travelling abroad refugees men who have sex with men (MSM) *****bacillus calmette-guérin

Ref: Immunisation across The Life Course, Public Health Scotland

Prevention and Early Intervention Strategic Drivers

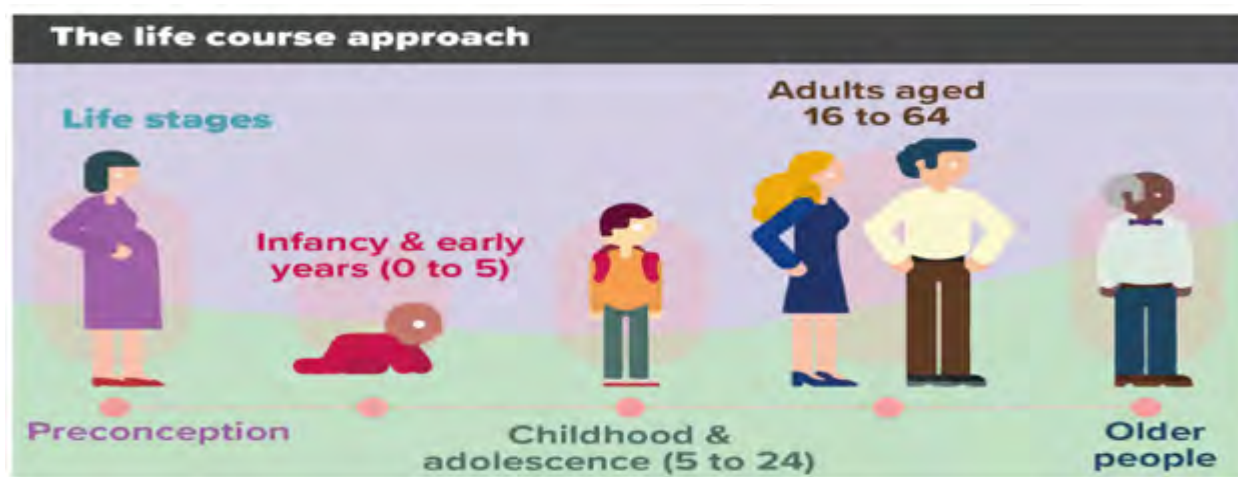
Extensive research was carried out during 2023 which allowed us to review how we are currently delivering prevention and early intervention in Fife and why this is important (see appendix IV). This supported us to understand the challenges we face and how best to address them. All information gathered was used to inform the development of this Strategy and the actions needed to meet our priorities.

The table below identifies the key internal and external drivers that shape the Prevention and Early Intervention Strategy and its priorities. Some of these drivers are discussed in further detail throughout the body of the strategy.



Prevention and Early Intervention Approaches

Our approach to prevention and early intervention in Fife adopts the **Life Course Approach**.



The World Health Organisations definition of this is:

'A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time'.

Why a life course approach?

Prevention and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact on an individual's life. This life course approach considers which interventions, services or resources are best used to prevent ill health, maintain or improve the health and wellbeing for people at different ages and stages in their lives.

Successfully intervening at an early age can have a positive impact across a persons' whole life. How and where we address risk factors for disease (tobacco use, harmful use of alcohol, lack of physical exercise, unhealthy diet, social isolation or air pollution) or deliver large prevention programmes (immunisation and cancer screening) will be different at each life stage. (Diverse examples of prevention and early intervention approaches in Fife across the life course have been outlined on page 14). People are also more likely to need support to prevent or limit health or social disadvantage arising at specific times of transition in their lives. For example after pregnancy or childbirth, becoming unemployed, when relationships breakdown, or bereavement, when admitted or discharge from hospital, or when attending emergency care, being liberated from prison, or becoming homeless. We can take account of this when planning prevention and early interventions.

'A good life' was terminology preferred by the public and although what was meant by this varied, common themes arose. To the public 'A good life' means;

- *Having access to health and social care*
- *Good relationships*
- *Safe environments*
- *Enough money*
- *Food and transport*
- *Feeling respected*
- *Being listened to*
- *Having a choice*
- *Feeling understood and valued*
- *Being involved in decisions about them*
- *Being given support and encouragement to help themselves*

People wanted information with clear messages, and easily accessible to them, when and where they need it without having to keep telling their story.

Relative Contribution to Health from Modifiable Factors

Marmot's eight principles towards improving population health and wellbeing identifies that Health and Social Care provides access to quality care and can influence risk factors (such as alcohol, drug use, sexual activity, unhealthy diet and lack of physical activity) which account for 20% and 30% respectively of how we can support independent healthier lives. However, the



remaining determinants of health lie outside health and social care, which is why we need to and will work closely and in partnership with other sectors such as housing and education to deliver care that matters to people.

(Ref: Bookse etal, 2010 and Kings Fund – A vision for population health (used for illustrative purposes)

Our Wellbeing Pledge Approach

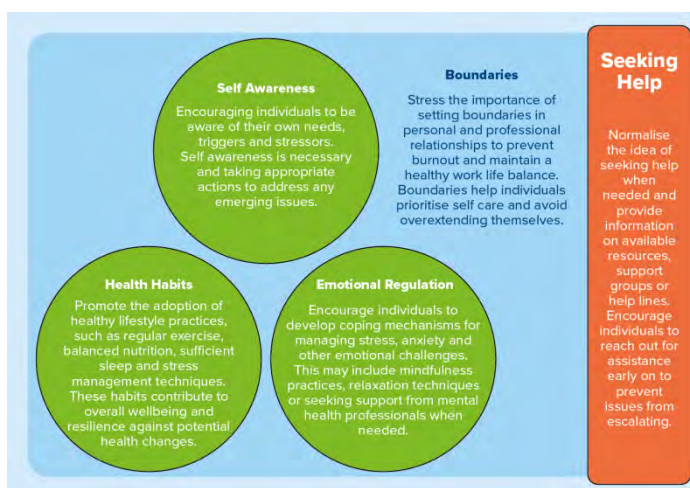
To support the delivery of the Prevention and Early Intervention Strategy, our Wellbeing Pledge has been developed in line with our Strategic Priorities, the Wellbeing Pledge is both our commitment to and our ask of the people of Fife.

**Adapted with permission from South Ayrshire Health and Social Care Partnership*



It is important to emphasise the collaborative nature of the partnership between organisations, individuals and communities involved. By highlighting the shared responsibility and commitment to wellbeing, we can work together towards a common goal. This can involve open communication, mutual respect, and a collective effort to support each other in achieving optimal wellbeing. By fostering a sense of unity and team work, the “us” component of the pledge can strengthen relationships, promote accountability and enhance overall wellbeing outcomes for all involved.

We want to enable the people of Fife to take proactive steps to maintain their own health and wellbeing and help others.



We refer within the Strategy to ‘self-care’ as an approach for individuals to maintain their own health and wellbeing. It involves recognising one’s own needs and taking steps to meet them in a healthy and sustainable way. Self-care activities can vary widely and may include practices such as exercise, healthy eating, getting enough sleep, engaging in hobbies or activities that bring joy, setting boundaries, seeking support from others and practicing mindfulness or relaxation techniques. By

incorporating self-care into one’s routine, individuals can better manage stress, burnout, and improve overall quality of life.

Enabling individuals to take proactive steps to maintain their physical, mental and emotional wellbeing will prevent, reduce or improve the onset of new or more serious health issues or crisis.

Partnership's Locality Planning Approach

An important part of Fife Health and Social Care integration was the creation of localities, bringing decision making closer to communities.

Localities provide one route, for communities and professionals to take an active role in, and provide leadership for, local planning of health and social care service provision.

The locality planning approach will support the delivery of the Prevention and Early

Intervention Strategy through: targeted interventions, collaborative working, robust communication and engagement activity, supporting and enabling better care co-ordination and building on existing relationships with our third and independent sector partners.



More detail on the Partnerships locality planning approach can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

Under the HSCP strategic plan, other key strategies of the Partnership have a priority focused on Prevention and Early Intervention as outlined in the Table below. Each strategy has specific goals and interventions, they are interconnected and work together to support holistic well-being across the lifespan.

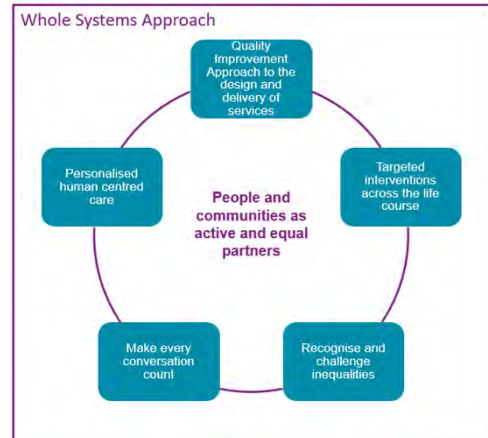
Commissioning Strategy	<i>Our approach to commissioning focuses on prevention and early intervention and promotes community-based supports over residential settings. This helps to build resilience through self-care and self-management and enables people to take better care of themselves and their families</i>
Carers Strategy	<i>Our Carers Strategy supports carers across Fife to make positive choices, improving their own health and wellbeing, and helping them to live a happy and fulfilling life alongside their caring role. This also enables the individuals who are being cared for, to remain at home and to live healthier lives for longer.</i>
Digital Strategy	<i>The Digital Strategy has been put in place to help all areas of the partnership to transform and enhance the services provided using Digital systems and solutions and to learn and share their experiences of using Digital. The Prevention and Early Intervention strategy has clear links to our Digital strategy. They are both striving to use digital more holistically to enhance and complement the face-to-face services offered by HSCP using digital technology and solutions.</i>
Home First Strategy	<i>The Home First Strategy prioritises the delivery of care in the comfort of one's own home or homely setting, reducing hospitalisation rates and enhancing quality of life. The Prevention and Early Intervention Strategy recognises that embracing the 'home first' approach will be pivotal to its success.</i>
Primary Care Strategy	<i>The Primary Care Strategy will contribute to the delivery of the Prevention and Early Intervention Strategy by supporting people to stay well and remain independent and enabling people and communities to access the right care, at the right time and in the right place</i>
Re-Imagining Third Sector	<i>The Reimagining Third Sector Commissioning project aims to ensure the preventative and early intervention services we commission, both now and in the future, are fully aligned to our strategic plan and reflect our strategic priorities, contribute to achieving our vision, are joined-up and are linked to local needs.</i>
Workforce Strategy	<i>The Workforce Strategy will act as a key enabler to shifting awareness and focus of our workforce to prevention and early intervention as a key priority and will define the workforce needed to support future challenges as well as the health and wellbeing of our own staff.</i>
Mental Health	<i>The Mental Health strategy will support people living and working in Fife to achieve their best</i>

Strategy	<p>possible mental health and wellbeing by adopting a preventative approach throughout the life-course which aims to stop mental health problems from developing, getting worse or coming back. The three types of prevention are outlined below:</p> <ul style="list-style-type: none"> - Protecting and promoting good mental health for all by giving people knowledge and tools to nurture and look after their own mental health (primary prevention) - Supporting people at higher risk of developing a mental health problem (secondary prevention) - Helping people living with mental health problems to stay well (tertiary prevention)
Drug and Alcohol Strategy	<p>Fife Alcohol and Drug Partnership (ADP) recognises four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018) and further emphasised in Drug Mission Policy 2022 – 2026</p> <ul style="list-style-type: none"> • Environmental – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use. • Targeted – specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency. • Education – drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment • Availability – raising awareness and providing evidence of the link between availability of alcohol and harm

Whole System Approach

A whole system approach to prevention and early intervention involves a comprehensive co-ordinated effort across various sectors and stakeholders to address issues at their root causes and intervene early to mitigate potential negative outcomes. This approach recognises that prevention and early interventions are more effective and cost efficient than addressing problems at later stages.

By involving social care in our strategy, we can effectively identify and address the social, economic and environmental determinants of health. Social care professionals can help individuals and families navigate difficulties, build resilience and access the support they need to prevent further problems. Overall, social care is essential for addressing social inequalities, promoting wellbeing and ensuring individuals and communities have the necessary support to thrive.



In addition Fife’s third and independent sector organisations are driven by a mission to address social issues and improve the wellbeing of individuals and communities. These organisations work closely with communities, individuals and other stakeholders to develop targeted intervention and support systems. They may provide educational programmes, awareness campaigns, support services, counselling, mentoring and advocacy programmes to individuals at risk or in need of assistance. By leveraging their expertise, community connections and resources these organisations contribute to a holistic approach that addresses social challenges at their roots.

By adopting a whole system approach to prevention and early intervention, stakeholders can work together to create a more proactive and responsive system that promotes well being, reduces the burden on individuals and communities and improves long term outcomes.

The strategy seeks to bring about systemic change by addressing underlying structures, policies and practices that contribute to the issue. This may involve advocating for policy reforms, implementing changes in service delivery models and promoting a culture of prevention and early intervention.

Challenges

We recognise that we face many challenges in delivering proactive and effective approaches to prevention and early intervention in Fife. This diagram shows the key challenges highlighted throughout our research and engagement activity



Enablers

The diagram below shows the identified enablers that will support the overall delivery of prevention and early intervention in Fife.



- Locality groups can ensure that people who use health and social services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care
- A diverse and engaged workforce can bring fresh perspectives and innovative ideas to the table and effectively support the implementation of this strategy
- Effective communication will maximise opportunities for people at every life stage to access the right care, at the right time and in the right place to maintain good health and wellbeing.
- Digital solutions can give people the skills to manage their own health and wellbeing and gain an insight into the conditions and circumstances that can affect their own health and wellbeing at an early stage.

Actions

To meet our identified challenges and achieve our vision, mission and priorities within the Prevention and Early Intervention Strategy, the following actions have been identified and are covered in more detail within our Delivery Plan.

Note: Person centred care is an approach to health and social care that prioritises the needs, preferences and experiences of individuals

Actions

- Awareness raising and culture change
- Workforce training
- Communications plan
- Health Promotion plan
- Person centred care
- Ongoing participation and engagement
- Use all data and feedback to inform decisions
- Map needs, services, assets and opportunities
- Anticipate who needs support and when
- Design and deliver care/services with people
- Tools and information to support self-care
- Whole system collaboration
- Leadership and coordination to drive change

Anticipated Outcomes

- P&EI is embedded into workforce practices
- Demonstrate increased activity and improved outcomes in collaboration with other strategy workstreams

receiving care. It recognises that each person is unique and should be treated with dignity, respect and empathy.

Delivery Plan

We have set realistic, achievable and measurable actions for the period 2024 - 2027. We highlight how these link to our priorities and if strategic and/or systematic (operational) input is needed. We also highlight key areas of prevention and early intervention activity not unique to our Strategy which are being delivered and measured by one of the eight other transformational strategies and enabling strategies (for example Digital or Performance strategies).

Our delivery plan will include a performance framework with agreed measures to evaluate, evidence and assure if the action and changes lead to improvements in the health and wellbeing of the people of Fife and if so how these improvements will be sustained and embedded into our system beyond 2027.

Monitoring and Review

The Prevention and Early Intervention strategy will have an approved high level delivery plan that sets out how and when key deliverables will be delivered.

An underlying action plan will support the strategy deliverables by providing a detailed roadmap outlining specific tasks, timelines and responsibilities needed to achieve the desired outcomes. By breaking down the overall deliverables into actionable steps, the action plan helps to ensure clarity, focus, and accountability throughout the implementation process.

The reporting process will include quarterly reporting to the Strategic Planning Group to enable effective performance monitoring. Regular reporting of progress will be reviewed by the relevant committees and boards and will feed into the HSCP's Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources and commissioning activity are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023-2026. To support this, the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan. The MTFS will inform decision making and actions required to support financial sustainability in the medium term.

The Prevention and Early Intervention Delivery Plan will be developed in accordance with the Partnership's Medium-Term Financial Strategy and the funds that are made available to meet our statutory obligations in relation to service provision and performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care. This Strategy will also contribute to achievement of the measures within the Medium-Term Financial Strategy including:

- Best value and working within the resources available.
- Whole system working to build strong relationships with our partners.
- Technology first approach to enhance self-management and safety.

- Commissioning approach and developing third and independent sectors.
- Transforming models of care to support people to live longer at home, or in a homely setting.

Commissioning services outside of traditional health and social care providers may need to be considered to support self-care.

Governance and Planning

Creative Leadership, co-ordination and governance will be in place to support the momentum needed to enable and progress the work required to deliver the prevention and early intervention strategy for the next three years and beyond given the long-term nature of the impact of prevention and early intervention.

The governance and planning for the delivery of the Prevention and Early Intervention Strategy is complex. The statutory responsibility for the strategic planning, commissioning and oversight of delivery for prevention and early interventions lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. Through the governance structure effective oversight of implementation of the Prevention and Early Intervention strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.



Appendices

- I. Glossary of Terms
- II. P&EI Participation and Engagement Report
- III. P&EI Participation and Engagement Phase 2 Report
- IV. P&EI Equality Impact Assessment (EQIA)
- V. P&EI Risk Register
- VI. High Level Delivery Plan

Appendix i

Glossary

Prevention	Identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.
Evidence based practices	Using the best available current, relevant and reliable evidence from research and practice
Early Intervention	Identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.
Interventions	Services or activities that bring about desired change or improvements in a particular situation or individuals wellbeing
Support systems	Network of people, resources and services that individuals rely on for assistance, guidance and emotional or practical support
Future care planning (Anticipatory Approach)	Predicting and preparing for future events or circumstances
Key Transitions	Significant changes / milestones that individuals experience throughout their lives <ul style="list-style-type: none">• birth to childhood to adulthood• primary school to secondary school to college• single to committed relationship to marriage to parenthood• Aging and retirement
Value based health and care	Approach that focuses on high quality health and care services that values outcomes for patients
Multifaceted	Many different elements that contribute to its overall function
Targeted support	The provision of assistance or resources that are tailored to meet specific needs of either an individual or larger group of people
CBT	Cognitive Behavioural Therapy – a type of talking therapy
Health Inequalities	Unfair and avoidable differences in health across the population, and between different groups within society
Cerebrovascular	Blood flow through the brain
Intergenerational	Activities between or involving people of different age groups
Educational attainment	Highest level of education completed by a person
Ischemic	Lack of blood supply to a body part (heart or brain) that is due to an obstruction
Malignant Neoplasm	Another term for a cancerous tumour

Performance Measures	The process used to assess the efficiency and effectiveness of projects, programmes and initiatives
Commissioning strategy	Identifying local need, allocating resources and to buy in a provider to best meet that need
Participation and Engagement strategy	Involving individuals and communities in service provision, design and working
National Care Service	Strategic direction and quality standards for community health and social care in Scotland
Holistic	Approach that considers the whole rather than focussing on individual parts
Technology first approach	Practical use of technology in business
Area profiles	Detailed descriptions about a particular locality, neighbourhood or region
Stakeholder Engagement	Involving individuals or groups who have a vested interest or 'stake' in a particular project, organisation or decision-making process
Upstream Prevention	Focuses on addressing the root causes or underlying factors of a problem or issue, rather than solely treating its symptoms or causes after they have already occurred
Human centred care	Approach to healthcare that prioritises the needs, preferences and experience of the individual receiving care

Prevention and Early Intervention Strategy

Fife Health
& Social Care
Partnership



**Delivery
Programme**

Welcome...

...to our prevention and early intervention delivery plan. In this delivery plan we have outlined the key actions that will guide our approach to embed and deliver prevention and early intervention across services and organisations.

This plan outlines our approach to identify, address and mitigate potential or actual health, wellbeing and social disadvantage problems or issues before they escalate, as well as providing timely support and interventions to individuals who may be at risk from these.




This delivery plan emphasises the involvement of our communities individually or collectively; the stakeholders and relevant partner organisations such as the H&SCP, Fife Council, and the Third and Independent sectors, to ensure a comprehensive and inclusive approach. By implementing proactive strategies and engaging in early intervention, we aim to create a safer and healthier environment for all focused on outcomes and what matters to people, their families and/or carers.

We understand that the effectiveness of our strategy will evolve over time and we provide assurance that we are committed to regularly assessing and evaluating our progress, gathering feedback and making necessary adjustments to enhance our delivery. Ensuring that this occurs in regular and frequent cycles and a performance and assurance framework will evidence delivery and impact and support us in reviewing and changing our approaches and plans as appropriate.




Our priorities: We will...	
Priority 1	ensure inclusive and equitable access to care across Fife
Priority 2	improve data collection and management, ensuring that our resources are deployed effectively
Priority 3	develop a life course approach which values and improves the health and wellbeing of both current and future generations
Priority 4	assess existing service provision and identify both current and future requirements
Priority 5	introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers



Strategy Enablers



Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 1 Priorities 1-5		Working together, services and organisations will create supportive environments that prioritise prevention and early intervention to meet the diverse and specific needs of their communities based on data and local intelligence.	P&EI is demonstrably a priority for locality working groups.	P&EI approaches become business as usual for locality planning.	P&EI is embedded in communities.				Locality plans have a focus of P&EI priorities for individuals and communities	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • Head of Strategic Planning, Performance and Commissioning • Director of Public Health • Health Promotion Service Manager
Area 2 Priorities 1-5		In partnership, we will design and deliver a communication plan to ensure that all stakeholders are well informed to enable them to lead on implementation of the Strategy within their own area and across services.	Design and deliver a communication plan that ensures all stakeholders are well informed and able to lead on the implementation.	P&EI approaches/ interventions become part of routine care across services and organisations.	Sustained cultural shift to P&EI across organisations and services.				Key measures and performance indicators will demonstrate impact of communication plan through engagement and interaction with communication plans across service areas.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Director of Public Health
Area 3 Priorities 1, 3 & 4		We will ensure effective leadership and management activities focused on ensuring the provision of universal services, delivered at scale and intensity proportionate to the need to reduce health inequalities.	Designing and delivering services in a way that is responsive to the varying needs of different populations.	Demonstrable data and intelligence led service delivery plans.	Levelling up across social gradient and promoting health equity across diverse populations.				Performance and assurance measures will demonstrate a reduction in demand for crisis and urgent care and improvement in population health.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Director of Public Health • Resilience Lead

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 4 Priorities 3-5		We will ensure that all service and organisations' specifications are aligned to and specific regarding activities which deliver the strategic direction and priorities of the P&EI Strategy.	Evidence of decision making and strategic planning within services and organisations.	P&EI would be easily and clearly identified as a service/ organisational priority.	P&EI has influenced and informed strategic, operational and business continuity planning decisions based on a culture of prevention.				An embedded review and audit cycle of service specifications will evidence service deliverables which prioritise P&EI.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Resilience Lead
Area 5 Priorities 1 & 2		Together we will remain outcome focused and work collaboratively with service users to ensure they are listened to so what matters to them and their perspectives are integrated into decision making processes so that our services remain relevant and responsive and can be tailored to meet their needs effectively.	Involving service users in the planning and implementation of services is a demonstrable priority.	Embedding the voices of those who use and those who deliver health and social care services are heard and actively used to inform the development of services and improvement plans.	Culture of listening and responsiveness that ensures that service users are at the centre of decision making processes.				Demonstrable qualitative improvement measures will be agreed and evaluated through effective participation and engagement activity.	<ul style="list-style-type: none"> • Head of Strategic Planning, Performance and Commissioning • HSCP Senior Leadership Team • Director of Public Health

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 6 Priorities 1, 3 & 5		We will work in partnership to ensure that individuals, carers and communities have the tools, including the necessary knowledge, and skills to proactively manage their own health, wellbeing and social circumstances through informed decision making.	Identify/develop tools and signposting to information so individuals can make informed decisions about their health and wellbeing and actively participate in P&EI activities.	By promoting preventative care individuals may be able to identify and address health issues before they escalate.	Changes in attitudes, beliefs, behaviours and self management practices.				Demonstrable qualitative improvement measures will be agreed and evaluated by effective participation and engagement activity.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team
Area 7 Priorities 3 & 5		In collaboration, we will design and deliver a range of accessible learning opportunities to ensure that the workforce are informed, engaged and skilled to deliver prevention and early intervention priorities.	Provision of training and capacity-building opportunities for staff from all agencies to ensure they have the necessary skills and knowledge to apply it to their day-to-day practice.	More knowledgeable and competent workforce that is better equipped to address issues proactively and effectively.	Culture of innovation, collaboration and adaptability among the workforce.				Dedicated staff surveys, KPIs, audits, impact evaluation and other modes of assessment will be gathered to inform impact and success of any learning plans implemented.	<ul style="list-style-type: none"> • Principal Lead for organisational Development & Culture, • HSCP Senior Leadership Team • Fife Quality Improvement Lead • Health Promotion Service Manager
Area 8 Priority 4		We will identify, document and evaluate current and planned P&EI activity	Opportunities which enable individuals to collectively contribute to enhancing the quality of life for the people of Fife.	Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities.	More resilient and healthy environment for all.				Through audit and reporting arrangements, documentation related to service delivery, redesign and/or transformation will be assessed to evaluate impact on strategic priority of P&EI.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • HSCP Extended Leadership Team

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 9 Priority 2		We will develop a performance assurance framework to support the implementation and evidence the positive impact and ambition of the Strategy.	Key performance metrics to track progress and measure impact of P&EI deliverables.	Sustained improvements in P&EI outcomes and reduced incidence of negative outcomes.	Culture of continuous improvement and evidence based decision making within communities and organisations.				A regular and consistent cycle of reporting will be evidenced via agreed governance and assurance routes within HSCP and NHS Fife.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Director of Public Health
Area 10		Establish a measurement for the proportion of prevention activity against all activity, to show the shift towards prevention over time. This will be based on activities identified in Area 8.	Develop a group of indicators for both preventable and prevention activity.	Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities.	P&EI activity is embedded across organisations and services.				Specific metrics defined and agreed for the proportion of prevention activity to be tracked and reported against.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • Director of Public Health • Head of Strategic Planning, Performance and Commissioning

Risk Register - as at ??					Original Risk Score			Residual Risk Score				Risk Ownership							
Ref.	Source	Date Added	Risk Heading	Risk Description	Likelihood	Consequence	Risk Grade	Mitigation/ Management Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Comments
01	Health Improvement Programme Manager	30.01.2024	Strategy Timeframe	With a 3 year timeframe there may be temptation to take on too many initiatives or spread resources too thin. This can dilute the focus and effectiveness of the strategy, making it difficult to achieve meaningful progress. This delay can have a cascading effects on the overall timeline and may disrupt the timely execution of prevention and early intervention efforts.	3	4	12	Consider extending to a 5 year strategy. By clearly defining the objectives and targets of the prevention strategy will provide direction and focus for the implementation efforts and help measure progress over a 5 year timeframe. Fostering a culture of continuous improvement and adaption throughout the a 5 year timeframe will enhance effectiveness.	2	2	4		Lisa Cooper		16.02.2024				
02	Health Improvement Programme Manager	30.01.2024	Scope	There is a risk that the scope of the strategy is too wide, may prove challenging to manage / control within the allotted timeframe.	3	4	12	Establish specific targets and milestones that align with the strategy priorities and actions. This will help create a sense of accountability and provide a framework for measuring progress and success.	3	1	3		Lisa Cooper		16.02.2024				
03	Health Improvement Programme Manager	30.01.2024	Stakeholder engagement	Maintaining stakeholder engagement over time can be challenging, especially if there are changes in leadership, organisational priorities or losing momentum or commitment.	3	3	9	It will be important to establish mechanisms for sustainability and ensure ongoing stakeholder involvement. Establishing effective clear communication channels throughout the strategy's implementation This can be achieved through regular meetings, newsletters, email updates etc	2	2	4		Lisa Cooper		16.02.2024				
04	Health Improvement Programme Manager	30.01.2024	Resource and funding	This strategy requires a longer term approach to embed a sustained cultural shift. There is a potential for P&EI efforts to lose focus as other things take priority. In addition in the current financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the strategy leading to delays and potential impact on cost saving projects.	4	4	16	Clearly communicate the value proposition and demonstrate the return on investment to secure continued support and funding. Establish robust performance measures to track and report on the strategy's outcomes and impact. Demonstrating tangible results and the value generated by the strategy can help justify the allocation of resources. Continuous evaluation of the strategy's effectiveness and adapt as needed to align with changing resource availability taking due cognisance of any financial constraints.	4	4	16		Lisa Cooper		16.02.2024				
05	Health Improvement Programme Manager	30.01.2024	Targetting at risk individuals / communities	The strategy may encounter challenges in accurately identifying and targeting at risk individuals and communities potentially resulting in limited reach and impact.	3	3	9	Establish partnerships and collaboration with local community organisations, social services healthcare providers etc who can provide valuable insights and resources for identifying and reaching at risk individuals and communities	3	2	6		Lisa Cooper		16.02.2024				
6	Health Improvement Programme Manager	30.01.2024	Links to other strategies	By linking the prevention and early intervention strategy with other strategy's, the attention and resources dedicated specifically to P&EI may diminish. Linking them without careful consideration can lead to conflicting goals and priorities resulting in efficiencies and confusion. Linking with other strategies that have different areas of focus may result in a lack of expertise or understanding in implementing effective P&EI approaches.	3	3	9	Clearly defined objectives of the prevention and early intervention strategy and ensure they align with the other strategies. Identify the specific expertise and knowledge required for the P&EI strategy. Provide training and support to those involved in implementing P&EI approaches to ensure they have the necessary skills and understanding.	2	2	4		Lisa Cooper		16.02.2024				
7	Health Improvement Programme Manager	30.01.2024	Technology	Over reliance on digital / technology may lead to decreased emphasis on other prevention interventions. Not everyone may have equal access to digital / technology which can create disparities in prevention efforts. Digital technology may encounter technical issues, limitations or the pace and scale of advancement may be delayed.	4	3	12	It will be important to maintain a balanced approach for our prevention efforts. It will be crucial to ensure digital solutions are accessible to all individuals regardless of their socioeconomic status or geographical location. Implementing appropriate safeguards to mitigate risks while leveraging the benefits that digital technology can offer in enhancing prevention efforts.	3	3	9		Lisa Cooper		16.02.2024				

Risk= Likelihood x Consequence		Increasing likelihood					Overall Risk Score	
		Remote (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)	P x I	Score
Increasing consequence	Extreme (5)	5	10	15	20	25		
	Major (4)	4	8	12	16	20	15 to 25	High Risk- Unacceptable risk to be eliminated
	Moderate (3)	3	6	9	12	15	8 to 14	Moderate Risk- Undesirable risk to be avoided
	Minor (2)	2	4	6	8	10	4 to 7	Low risk- Acceptable provided management
	Negligible (1)	1	2	3	4	5	1 to 3	Very low risk-No consideration

Probability/Likelihood Ratings

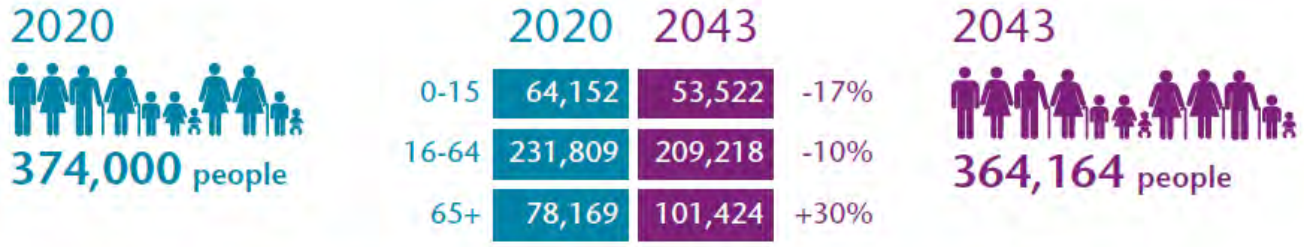
Descriptor	Unlikely	Possible	Likely	Almost Certain
Likelihood	Not expected to happen, but definite potential exists – unlikely to occur	May occur occasionally, has happened before on occasions – reasonable chance of occurring	Strong possibility that this could occur – likely to occur	This is expected to occur frequently / in most circumstances – more likely to occur than not

Impact/Consequence Ratings

Descriptor	Minor	Moderate	Major	Extreme
Project Objectives	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives
Partnerships/ Relationships	Minor effect on relationships with partners	Significant effect on relationships with key partners	Ineffective partnerships	Irreparable damage to partnership working
Service Disruption	Short term disruption to service with minor impact on supported person (or carer)	Some disruption in service with unacceptable impact on supported person (or carer)	Sustained loss of service which has serious impact on delivery of outcomes for supported person (or carer)	Disruption to service leading to significant “knock on” effect to quality of life for supported person or carer
Publicity/ Reputation	Minor effect on staff morale / public attitudes.	Significant effect on staff morale and public perception of the organisation	Public confidence in the organisation undermined	MSP / MP concern (Questions in Parliament). Court Enforcement or Public Enquiry

Equality Impact Assessment Including Children’s Rights and Wellbeing Impact Assessment (CRWIA)

Part 1: Background and Information

Title of proposal	HSCP Prevention and Early Intervention Strategy																
Brief description of proposal (including intended outcomes & purpose)	<p>Fife, like many other regions, is experiencing an aging population as shown below. This demographic shift poses challenges in terms of increased demand on health and social care services, long term care and support for older adults.</p> <div style="text-align: center;">  <table border="1" style="margin: auto;"> <thead> <tr> <th></th> <th>2020</th> <th>2043</th> <th>% Change</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>64,152</td> <td>53,522</td> <td>-17%</td> </tr> <tr> <td>16-64</td> <td>231,809</td> <td>209,218</td> <td>-10%</td> </tr> <tr> <td>65+</td> <td>78,169</td> <td>101,424</td> <td>+30%</td> </tr> </tbody> </table> <p style="color: #800080;">Projected percentage change in population by age group until 2043</p> </div> <p>As illustrated, Fife’s overall population is expected to decrease to 364,164 by 2043. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers (30% increase in those aged 65+)</p> <p>With an aging population, how health and social care is delivered sustainably may be one of the greatest challenges we face now and over the next 10 or more years. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations.</p>		2020	2043	% Change	0-15	64,152	53,522	-17%	16-64	231,809	209,218	-10%	65+	78,169	101,424	+30%
	2020	2043	% Change														
0-15	64,152	53,522	-17%														
16-64	231,809	209,218	-10%														
65+	78,169	101,424	+30%														

Looking upstream and shifting our focus towards prevention and early intervention is likely to have a key role in this. Prevention and early interventions can influence our health and wellbeing by preventing or avoiding health and social problems arising or stopping things getting worse.

Our Definitions

Prevention is about creating the conditions where people can avoid or delay the start of health or social problems by supporting them to get the information or care they need, including self-care to be healthy and independent for longer.

Early intervention is making sure people can access the care and services they need to stop things getting worse and live a good life.

This first Prevention and Early Intervention Strategy (2024-2027) was written in collaboration with partners across Fife and at a time when significant pressures are facing us all across health and social care and beyond. Transformation of our public services, health and social care has already seen diverse ways of working through integration. Continuing to shift everyone's focus to what more we can do to support prevention and early intervention will seek to improve the outcomes that matter to people, address inequalities and make the best use of all our resources including people and communities themselves.

The Prevention and Early Intervention Strategy encourages us to continue to think and act differently, so everyone can live an independent and healthier life now and in the future. Every opportunity to optimise our own health and wellbeing and that of others should be taken across the life course from pre-conception and pregnancy, through childhood and adolescence, into adulthood and into our older years.

This three-year Strategy aims to build the foundations for shifting our focus towards prevention and early intervention across the Health and Social Care Partnership to improve the lives of people now and in generations to come. Building on our existing collaborations, supporting new joint working across the whole system and involving people as active partners will support us to achieve outcomes that matter.

The Strategy will establish a framework and rationale to support a shift to embedding prevention and early intervention approaches into routine practice across services. This will target at risk groups and the whole

	<p>population.</p> <p>The strategy aligns to the Partnerships' Strategic Plan 2023 to 2026 Fife-Strategic-Plan-2023-to-2026-FINAL.pdf (fifehealthandsocialcare.org)</p>
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership - Primary and Preventative Care Services
EqIA Lead Person	<p>Lisa Cooper Head of Primary and Preventative Care Services H&SCP</p> <p>Author - Kay Samson Health Improvement Manager</p> <p>Reviewer – Susan Brechin</p>
EqIA Contributors	<ul style="list-style-type: none"> • Members of the Prevention and Early Intervention Strategy Development Group • HSCP Staff • Senior Leadership Team • Strategic Planning Group • Qualities and Communities Committee • Integration Joint Board
Date of EqIA	

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

Please refer to the HSCP Equality Impact Assessment Guidance.
 Consider proportionality and relevance (*See Page 10 of Guidance*).

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>The Prevention and Early Intervention Strategy ensures that, by working effectively with partners, staff, local communities and individuals, its implementation does not disadvantage, discriminate or have a negative impact on any individuals in Fife and challenges sources and biases towards inequality.</p> <p>Should any potential negative impacts arise, we seek to remove or reduce it by regularly monitoring implementation of this strategy.</p>

	<p>The Partnership’s equality outcomes align with our Strategic Plan and the Prevention and Early Intervention Strategy supports our equality outcomes as below:</p> <ul style="list-style-type: none"> • Respect and dignity for older people must be integral to all work • Effective involvement and engagement with communities and individuals • Responsive service delivery and excellent customer and user care
<p>Advancing equality of opportunity</p>	<p>The Prevention and Early Intervention Strategy aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day-to-day work.</p> <p>The Prevention and Early Intervention Strategy supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership’s equalities outcomes</p> <p>Through the Strategy implementation we will take steps to meet the needs of the persons who share a relevant protected characteristic, that are different from the needs of persons who do not share it.</p> <p>Through the Strategy deliverables we will continue to consult and actively seek the inclusion of third and independent sectors and other partners, to work with us to successful address the needs of the protected characteristic categories.</p>
<p>Fostering good relations</p>	<p>The Prevention and Early intervention Strategy has been developed in conjunction with stakeholders (service providers, service users and the general public) through a series of engagement activities. Their views were collated and reported in the Prevention and Early Intervention Strategy Participation and Engagement Report (PEI-Engagement-Report-Final-29092023.pdf (fifehealthandsocialcare.org)).</p> <p>The Prevention and Early Intervention Strategy will continue to consult and actively seek the inclusion of third sector and partners, to work with us to foster positive relationships.</p> <p>We will encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.</p> <p>We will highlight and promote the positive outcomes from service redesign which foster good relations in particular those which go further to include and involve individuals, families and communities.</p>

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	<p>Those experiencing socio-economic disadvantage are more likely to have poorer outcomes in the areas of work, living standards, health, justice and participation in public life. For example low income can lead to housing instability, poor nutrition and living in polluted and noisy areas.</p> <p>To support the people of Fife throughout their lives and ensure that any changes or improvements because of the shift in focus to a more preventative and early intervention approach due to the implementation of this strategy we will align to the Fife Health and Social Care Partnership Strategic Plan for Fife (2023 to 2026) five key priorities:</p> <ul style="list-style-type: none"> • Local - A Fife where we will enable people and communities to thrive. • Sustainable - A Fife where we will ensure services are inclusive and viable. • Wellbeing - A Fife where we will support early intervention and prevention. • Outcomes - A Fife where we will promote dignity, equality and independence. • Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.
Inequalities of outcome	<p>Inequality of outcomes occurs when individuals do not possess the same level of material wealth, opportunities or overall living economic conditions.</p> <p>The Prevention and Early Intervention Strategy will ensure that the people of Fife have equal access to care and services across all localities and will work to reduce disparity between localities.</p>

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

An Equality Impact Assessment is required as the Prevention and Early Intervention Strategy will potentially have an impact on the population of Fife, including all recognised protected characteristics due to the shift in focus to a more preventative and early intervention approach.

Part 2: Evidence and Impact Assessment

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

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
Age (including older people aged 65+)	<p>Prevention and early intervention can help identify and address health, wellbeing and social disadvantages before they start or before they become more severe leading to better outcomes for all ages</p> <p>Increased awareness and education about age related concerns, promoting healthy aging practices, enabling individuals to make informed decisions about their wellbeing</p> <p>Our approaches will ensure that people of all ages are supported to make informed decisions about their own health, wellbeing and social circumstances</p>	<p>Allocating resources to prevention and early intervention programmes may divert resources away from other programmes potentially impacting the availability and accessibility of services for individuals of all ages.</p> <p>There may be a risk that programmes may reinforce age related discrimination leading to unequal access to services or opportunities for older individuals</p>	<p>Promoting education and awareness about social care resources and services available to individuals and communities. This can help individuals proactively seek assistance and access appropriate support when needed.</p> <p>Implementing prevention and early intervention programmes in a way that addresses potential negative impacts ensuring equal access, respect for autonomy and protection against age related discrimination.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
			<p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people of different ages. This will enable us to identify and mitigate potential barriers people may face and consider reasonable steps to reduce or remove these.</p>	
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	Early interventions can help identify and address health conditions or disabilities at an early stage leading to improved health outcomes and functional abilities for individuals with disabilities. By addressing disabilities early on, individuals can receive appropriate support and interventions to enhance their	There is a potential that prevention and early intervention approaches may inadvertently reinforce discrimination against individuals with disabilities leading to unequal access to healthcare, education, employment or social opportunities.	Implement programmes that address potential negative impact ensuring equal access, inclusion and protect against disability related discrimination. This can be achieved through awareness campaigns and the involvement of	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>independence and participation in various aspects of life. Prevention and Early intervention approaches can help individuals access necessary support services such as assistive devices, therapies etc which can improve overall quality of life.</p> <p>This strategy can raise awareness about disabilities, promote understanding and foster a more inclusive society that values and support individuals with disabilities.</p>	<p>Resources may be diverted away from areas of disability support potentially impacting on the availability and accessibility of services for individuals with disabilities.</p>	<p>individuals with disabilities in decision making processes.</p> <p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people of different disabilities.</p>	
Gender Reassignment	<p>Early intervention can provide support and resources for individuals undergoing gender reassignment promoting positive mental health outcomes and reducing the risk of mental health issues such as depression and anxiety.</p> <p>Access to health and social care services for those who are transgender ensuring services</p>	<p>The availability and quality of support systems, including mental health services and peer support groups may vary, potentially affecting the effectiveness of early intervention programmes/services.</p> <p>The impact of the Gender Recognition Bill changes how care is provided for</p>	<p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people who are transgender.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	continue to be provided for those living as a gender different to that at birth.	those who are transitioning and may impact on the workforce who may require further training and support.		
Marital Status (Marriage and Civil Partnerships)	Individuals may experience improved mental, physical and emotional wellbeing which can positively impact their quality of life.	If prevention programmes solely target married individuals, those who are unmarried or in nontraditional relationships may feel excluded	Programmes will be inclusive, person-centred, non-discriminatory and tailored to the diverse needs of individuals regardless of their marital status. By continuing to seek active involvement in the implementation of this strategy. Discussion and collaboration with partners and community groups that have experience of engaging with married individuals and those in civil partnerships	
Pregnancy and Maternity	Prevention programmes / services can raise awareness about prenatal health, childbirth and postpartum care enabling individuals with knowledge to	If prevention and early interventions programmes are designed without considering the specific needs and circumstances of	Adopt inclusive and equitable approaches when designing and implementing programmes providing comprehensive	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>make informed decisions about their own and their babies wellbeing.</p> <p>Access to services available for pregnant and nursing people in a timely and safe manner to support the individual and their families.</p>	<p>pregnant individuals it may result in barriers to access and/or adequate support.</p>	<p>support and fostering supportive non-discriminatory environment for pregnant individuals</p> <p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experiencing of engaging with people with different pregnancy / maternity needs.</p> <p>Implement approaches in a manner that respects and safeguards the rights of individuals with the protected characteristics of pregnancy/maternity.</p>	
Race (All Racial Groups including Gypsy/Travellers)	Prevention and early intervention programmes can improve access to services for minority racial groups	If programmes are not culturally sensitive or tailored to the specific needs of different racial groups,	Implement programmes that are culturally inclusive and address the specific	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
		<p>they may not effectively address the unique challenges and barriers faced by these communities.</p> <p>Resources may not be distributed equitably among different racial groups leading to disparities in access and outcomes.</p>	<p>needs of diverse racial groups.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people of all racial groups</p>	
Religion, Belief, and Non-Belief	<p>The Prevention and Early Intervention Strategy may have a positive impact by promoting awareness, education and support for individuals who may be at risk or facing challenges related to their religion and belief / non belief systems.</p> <p>Religion and belief systems can provide individuals with a sense of purpose, community and support which can contribute to their overall wellbeing and resilience.</p>	<p>Potential negative impact can arise if interventions /approaches are not implemented carefully or they infringe upon individuals' rights to freedom or religion and belief.</p> <p>Implementation of interventions/approaches in a way that restricts religious practices and beliefs can undermine individuals' autonomy and freedom of expression. This can lead to feelings of marginalisation, discrimination and loss of</p>	<p>Ensure that prevention and early intervention approaches are implemented in a respectful and inclusive manner, respecting individuals' rights to freedom of religion and belief.</p> <p>Approaches should be developed in consultation with religious communities and leaders, ensuring that they respect and uphold</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
		cultural or religious identity. If approaches are not implemented with cultural sensitivity and respect for diverse religious beliefs, they can inadvertently perpetuate stereotypes or biases. And can hinder their ability to freely practice their beliefs and participate in society.	individuals' rights to freedom of religion and belief. By taking a collaborative and inclusive approach the potential negative impacts can be minimised and the interventions can be more effective with diverse religious communities Discussion and collaboration with partners and community groups that have experience of engaging with people of different religious and belief systems	
Sex (Women and Men)	This Strategy can promote gender equality and promote equal opportunities for males and females fostering a more inclusive society. By implementing preventative and early intervention measures	This Strategy may inadvertently reinforce traditional gender roles and stereotypes inadvertently reinforcing gender stereotypes.	Need to consider the diverse experiences and needs of men and women ensuring measures are inclusive, tailored and sensitive to the diverse needs and experience of both men and women.	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	can help raise awareness about gender-based violence and provide support to both men and women who may be victims. This can contribute to reducing violence and creating safer environments for all. Approaches can help challenge societal norms that perpetuate gender inequalities and can lead to greater gender equality and empowerment for both men and women	In some cases some approaches may stigmatise individuals based on their gender this can occur if certain behaviours or characteristics are disproportionately targeted.		
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	<p>The Strategy can help raise awareness about the unique challenges faced by individuals with different sexual orientations. It can promote understanding, empathy and acceptance within communities.</p> <p>Prevention and early intervention efforts can provide targeted support services that address the specific needs of individuals with different sexual orientations. This can include mental health</p>	<p>This Strategy may inadvertently stigmatise or discriminate against individuals based on their sexual orientation.</p> <p>If the strategy does not consider the unique cultural and social factors that influence the experiences of individuals with different sexual orientations it may fail to effectively meet their needs.</p>	<p>Discussion and collaboration with partners and community groups that have experience of engaging with people of different sexual orientation.</p> <p>The Strategy promotes inclusivity, is respectful and does not inadvertently perpetuate discrimination or harm.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	support, counselling, education and resources tailored to their experiences.			

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

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	<p>Early intervention can help identify and address issues before they escalate ensuring that armed forces personnel receive the necessary support at an early stage.</p> <p>The strategy can support armed forces personnel during their transition from military to civilian life this could include assistance with job placements, education, housing and access to healthcare services helping to ease the challenges often faced during this transition period.</p>	Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services.	<p>Discussion and collaboration with partners and community groups that have experience of engaging with people and families serving in the armed forces and veterans.</p> <p>The Armed Forces Covenant places specific requirements on the Integration Joint Board/Health and Social Care Partnership which should be considered prior to any proposed changes.</p>	
Carers	Prevention and early intervention efforts can help identify and address potential issues before	The responsibility of providing care, even with prevention and early	Discussion and collaboration with partners and community groups that	

	<p>they escalate. Reducing the overall burden on carers. By intervening early, care givers may have access to resources, support services and information than can assist them in managing their care giving responsibilities more effectively. This can lead to improved wellbeing and reduced stress levels for carers. Additionally prevention and early intervention measures can contribute to better health and social care outcomes for the individuals being cared for as well as fewer instances of crisis or emergency situations resulting in a more stable care giving environment.</p>	<p>intervention measures in place, can still be demanding and time consuming. Carers may experience increased stress, fatigue and emotional strain as they navigate the challenges of care giving. The availability and accessibility of preventative and early intervention approaches may vary depending on location and resources. Carers in underserved areas or with limited access to support may face additional difficulties in accessing the necessary assistance</p>	<p>have experience of engaging with paid and unpaid carers to ensure their voice is heard.</p> <p>While preventative and early intervention approaches can offer significant benefits to carers by reducing the overall burden and improving outcomes. It is important to acknowledge and address the potential challenges and limitations that carers may encounter in their care giving journey</p>	
<p>Looked After Children and Care Leavers</p>	<p>Prevention and early intervention efforts can help identify and address issues in the lives of looked after children (LAC) and care leavers at an early stage. By intervening early these individuals may receive the necessary support, resources and services to address their specific needs. This can lead to improved outcomes such as better educational attainment, enhanced</p>	<p>The process of intervention and support can sometimes be intrusive or disruptive to their lives, especially if it involves changes in living arrangements or separation from familiar environments This can cause additional stress and emotional upheaval for these individuals.</p>	<p>It is important to consider and mitigate any potential negative impacts to ensure that these individuals receive appropriate support and achieve positive outcomes.</p> <p>Discussion and collaboration with partners and community groups that have experience of</p>	

	<p>emotional wellbeing and increased stability in their lives. Additionally, prevention and early intervention can help prevent the escalation of problems that may arise in the lives of LAC and care leavers. By addressing issues early on such as trauma, mental health concerns or difficulties in transitioning to independent living these individuals may have a better chance of overcoming challenges and achieving long term outcomes</p>		<p>engaging with LAC and Care Leavers</p>	
<p>Privacy (including information security, data protection, and human rights)</p>	<p>Prevention and early intervention measures can help identify and address potential risks or issues before they escalate potentially safeguarding individual's privacy and protecting their personal information. By intervening early, we can implement security measure and protocols to ensure the confidentiality, integrity and availability of sensitive data reducing the risk of data breaches.</p> <p>Prevention and early intervention can support timely identification or violations of human rights. By proactively addressing issues such as discrimination or abuse,</p>	<p>The collection and processing of personal data for prevention and early intervention purposes may raise concerns about the privacy and consent of individuals. It is crucial to continue to ensure that data is collected and used in a transparent and lawful manner with appropriate safeguards in place to protect individual's privacy rights.</p>	<p>There is a need to strike a balance between the benefits of prevention and early intervention and the potential impact on individual's rights. It is essential to ensure that any intervention or actions taken respect individuals autonomy, dignity and human rights. It is crucial to implement appropriate safeguards, transparency and accountability measures to mitigate potential negative impacts and uphold individual's rights.</p>	

	we can then take necessary actions to protect individuals' rights and ensure their wellbeing			
Economy	<p>Prevention and early intervention efforts can lead to cost savings in the long run. By addressing issues early on, such as through preventative healthcare measures or early intervention programmes for at risk individuals, the need for more expensive treatments or interventions later may be reduced. This can result in lower healthcare costs and a more efficient allocation of resources.</p> <p>Prevention and early intervention can contribute to increased productivity in the workforce. By promoting healthy behaviours and addressing potential health or developmental issues early, individuals may be better equipped to participate in the labour market and maintain employment. This can lead to higher workforce participation rates, reduced absenteeism and increased productivity, ultimately benefiting the economy</p>	<p>The upfront costs associated with prevention and early intervention programmes can be significant, requiring investments in infrastructure, training and resources particularly in resource constrained environments.</p> <p>The economic benefits of prevention and early intervention may not be immediately realised, as they will require long term and sustained efforts. This can be challenging to garner financial support for initiatives, potentially hindering their implementation or expansion.</p>	<p>While prevention and early intervention can offer economic benefits in terms of cost savings and increased productivity, it is important to consider the upfront costs and long-term nature of these efforts. Balancing the short-term economic considerations with the potential long-term benefits is crucial in assessing the overall impact on the economy.</p>	

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Input from members of the Prevention and Early Intervention Strategy Development Group	Meeting minutes
Engagement with the people of Fife	Participation and Engagement Report
Knowledge and experience of strategy core group members	
Evidence gaps	Planned action to address evidence gaps

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

The Prevention and Early Intervention Strategy can have both a direct and indirect impact on young people’s rights. Directly it aims to identify and address issues that may infringe upon their rights such as abuse, neglect or discrimination. By intervening early, it seeks to prevent these rights violations from occurring or escalating. Indirectly, the strategy can promote and protect young people’s rights by creating supportive environments, providing access to education, healthcare and social services and fostering their overall wellbeing. Ultimately, the goal is to ensure that young people’s rights are respected, protected and fulfilled through proactive measures.

Part 3 – Children’s Rights & Wellbeing Impact Assessment

Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)	Strategy covers all Articles
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<p>What impact will the policy/procedure/strategy/practice have on children's rights?</p>	<p><input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neutral</p>
<p>Will there be different impacts on different groups of children and young people?</p>	<p>Yes, the impacts of prevention and early intervention strategies can vary across different groups, including children and young people. This is because individuals within these groups may have unique needs, circumstances and vulnerabilities that require tailored approaches. For children and young people, prevention and early intervention services/programmes can have significant positive effects on their development, wellbeing and future outcomes. By addressing issues early on, such as mental health concerns, educational difficulties or behavioural problems, we can provide timely support and interventions that can prevent these issues from escalating or becoming more severe. However, it is important to consider that different subgroups within the children and young people population may require specific attention. Factors such as socioeconomic status, cultural background, disability or experiences of trauma can influence the effectiveness of prevention and early intervention measures. Tailoring interventions to meet the unique needs of these subgroups can help ensure equitable outcomes and address any disparities that may exist.</p>
<p>What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?</p>	<p>Time is needed to build this momentum for change and to create structures that make it easier for people to consider prevention and early intervention approaches.</p> <p>To maximise the impact of prevention and early interventions for children and young people, it will be crucial to consider their diverse needs and involve relevant stakeholders, including parents, caregivers, educators and community organisations. Collaboration and co-ordination among stakeholders can help create comprehensive and targeted approaches that address the specific challenges faced by different groups within this population. It is possible to modify interventions to minimise negative impacts on children to promote their overall wellbeing.</p>

<p>How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?</p>	<p>The Strategy is taking a life course approach whereby preventative and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). This approach considers which interventions, service, resources are best used to maintain or improve the health and wellbeing for people at different ages and stages in their lives. Successfully intervening at an early age can have a positive impact across a persons' whole life.</p>
<p>How will the policy/procedure/strategy/practice promote the Rights of the Child?</p>	<p>The prevention and early intervention strategy plays a crucial role in promoting the rights of the child. By identifying and addressing issues at an early stage, this Strategy aims to ensure that children's rights are protected and upheld.</p> <p>A few ways in which prevention and early intervention can promote the rights of the child:</p> <ul style="list-style-type: none"> • Prevention and early intervention efforts focus on identifying and addressing risk and vulnerabilities that children may face. By intervening early, we can protect children from harm, abuse, neglect and exploitation, ensuring their right to be safe and secure. • Early intervention programmes can include educational support and interventions to address learning difficulties or development delays. By identifying and addressing these challenges early on we can ensure that children have equal access to education and support their right to education. • Prevention and early intervention programmes can empower children by involving them in decision making processes that affect their lives. By giving children a voice and considering their perspectives, we promote their right to participate and be heard. <p>Overall, the Prevention and Early Intervention Strategy aims to create a supportive and protective environment for children, ensuring that their rights are respected, protected and fulfilled.</p>

Have you engaged with children & young people in the development of this policy/procedure/strategy/practice?	<input checked="" type="checkbox"/> Yes – Please complete Part 4
	<input type="checkbox"/> No – please explain why

- Please record the evidence used to support the children’s rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people’s views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
Participation and engagement as part of the strategy development	Participation and Engagement Report
Evidence gaps	Planned action to address evidence gaps

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

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

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
	We ensured children and young people had an understanding of their rights with regards prevention and early intervention by undertaking awareness activities about the importance of prevention and early intervention to them. We used various mediums such as online surveys, presentations and attendance at community roadshows and events. In addition a range of promotional materials and communications were developed to support attendance at these engagement activities:	

		<ul style="list-style-type: none"> • At the Adam Smith 300th Birthday Event there were large groups of school children (primary age and secondary school) who got involved with the flowers and leaves tree to give us feedback. • We undertook three visits to People First which is Lived Experience Group of people with learning disabilities which included young adults. • We interacted with four events across Fife as part of National Play Day where we had over 50 postcards completed - these included parents and grandparents of young children as well as the children • Postcards encouraging engagement were left at community centres as part of the summer school programme. • An easy read version of the consultation was developed.
2.	A chance to be involved	<p>Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?</p> <p>To help young people understand what was being presented to them we employed effective communication and engagement methods such as visual aids and interactive content and activities to convey in a more engaging manner which aimed to capture and maintain the attention of young people. We partnered with organisations whose service users were young people and where the environment was familiar. We also used anonymous methods for engagement such as online survey or use of postcards. In addition an easy read version of the consultation was developed.</p>
3.	Remember it's my choice	<p>How did you make sure you gave children and young people choices?</p> <p>We offered a range of options and topics for discussion giving children and young people choices to enable them to participate such as anonymous survey, individual conversations at local roadshows and attendance at a variety of young people focused events. We created an environment that encouraged young people to actively participate and ensured there was access to relevant information.</p>
4.	Value Me	<p>How did you make sure that children and young people know their views have been taken seriously and have made an impact?</p> <p>We established an environment where young people felt comfortable expressing their views without judgement. We encouraged open dialogue and active listening to their perspectives. We provided various options for young people to share their views such as surveys, short written feedback via anonymous postcards or online feedback.</p>
5.	Support Me	<p>How did you identify and overcome any barriers to participation?</p> <p>We recognised that there may have been barriers for participation so we attended other services who provided support to children and young people so they could be supported to participate within a familiar environment and within services that have a focus in working with children and young people.</p>

6.	Work Together	How well did working together achieve aims of participation?
	We used open communication, encouraged sharing of ideas and used interactive activities with the young people that enhanced engagement which resulted in the young people participating in the consultation.	
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
	Share / provide access to the Participation and Engagement Report as well as ongoing involvement of children and young people as the strategy progresses over the next three years. Ongoing feedback from children and young people allows us to help young people develop a better understanding of their rights and enable them to actively participate in prevention and early intervention initiatives	
What impact has the engagement/participation made?		
Participation and engagement had a positive impact by increasing awareness, fostering ownership, improving reach and accessibility with individuals being more informed about the prevention and early intervention strategy and the potential benefits to individuals and communities' health, wellbeing and social circumstances.		

Part 5: Recommendations and Sign Off

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

Recommendation	Lead Person	Timescale
1. This EQIA should be reviewed regularly and following a significant change relating to the strategy. In addition, consideration of any evidence gained through strategy implementation / tests of change and / or evidence gaps.	Lisa Cooper Head of Service Primary and Preventative Care Services	After 3 years
2. The Prevention and Early Intervention Strategy will consult and actively seek guidance from specialist organisations working within these protected characteristics. Contact should be made with appropriate third sector and other organisations to identify groups who can provide	Tracy Harley Service Manager Participation and Engagement	Ongoing participation and Engagement

subject matter expertise on mitigating the negative impacts of change		
3. Each of the seven localities in Fife have their own unique profiles and characteristics. Any service changes must address inequalities and improve health and wellbeing outcomes across these communities.	Jacque Stringer Service Manager Locality/Community Led Support	Ongoing
4.		
5.		

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

Date completed:	Date sent to Compliance Team: FOI.IJB@fife.gov.uk
Senior Officer Name:	Designation:

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2024.001
Date checked and initials	CH/AS 24/01/2024



Prevention & Early Intervention Strategy 2023-2026

Participation & Engagement Feedback Report

Ann Kerr, Participation & Engagement Officer

29th September 2023

Version: Final



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1. Introduction

The Prevention & Early intervention strategy is being developed as one of the nine transformational strategies underpinning the Fife Health & Social Care Partnership (HSCP) Strategic Plan 2023-2026.

A key part of prevention and early intervention is to build the capacity of individuals, families, and communities to secure the best outcomes for themselves. It is about moving from intervening when a crisis happens towards building resilience and providing the right level of support before problems materialise.

The strategy is looking to establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and in routine practice in the services they deliver and commission. The Strategy is dependent on five priorities which have been identified through a development group; one of which was engaged upon during the Strategic Plan engagement process.

Priorities				
We will ensure inclusive and equitable access to care across Fife	We will improve data collection and management, ensuring that our resources are deployed effectively	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations	We will assess existing service provision and identify both current requirements	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers

The Fife Health and Social Care Partnership’s Participation and Engagement Team supported the Prevention & Early Intervention working group through engagement activities to deliver on agreed engagement objectives.

These were:

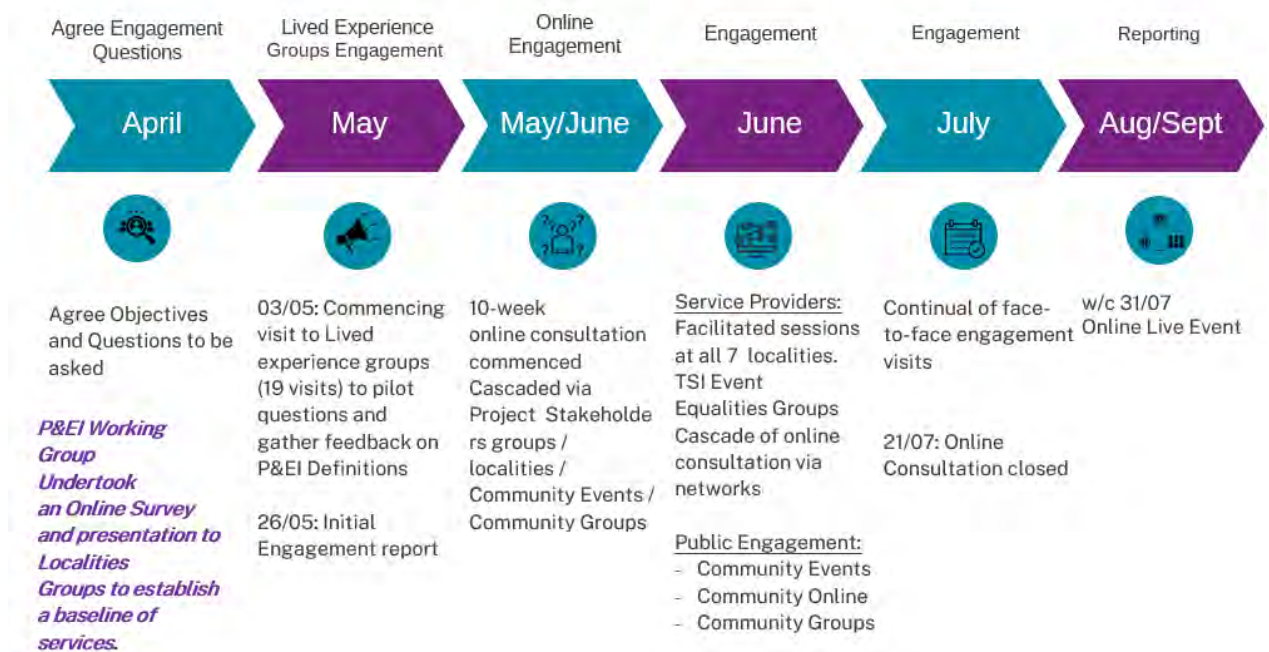
- ✓ Define the definitions of Prevention & Early Intervention and support all key stakeholder groups to better understand these.
- ✓ Inform the public, service providers, operational staff, and all other key stakeholder groups within all ranges of the life cycle approach, around the priorities that have been established for the draft Prevention & Early Intervention Strategy
- ✓ Gather feedback on what would help service users and service providers to achieve these priorities.



2. The Engagement Timeline

The participation and engagement timeline ran from April 2023 to August 2023.

P&E Timeline for Prevention & Early Intervention





3. Stakeholder Engagement

3.1 Designing the Consultation

The engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023.

Phase One:

Aimed to gather feedback on the draft definition for 'Prevention' and 'Early Intervention' and to influence the format and questions for the full consultation.

Phase Two:

Aimed to seek stakeholders' views on **'what constitutes a good life'**, **'what support they need to deliver this'** and **'what would make it easier for them to improve their own health and wellbeing'**. In addition, participants were asked several agree/disagree questions with the option to comment further in relation to the draft strategy vision, mission, goals, and priorities.

The full consultation questionnaire can be viewed [HERE](#)

3.2 Engagement Methods

We engaged with a range of stakeholders through a range of planned online and face to face engagement activities:

- Online Consultation via MS Forms was developed for all stakeholders.
- Presentations with 'breakout' sessions were developed for Service providers within H&SC, NHS and Third sector/Voluntary organisation.
- Online Live Events were developed and held for Service users & Service providers.
- Community Roadshows and Events were scheduled to obtain Service user's feedback.

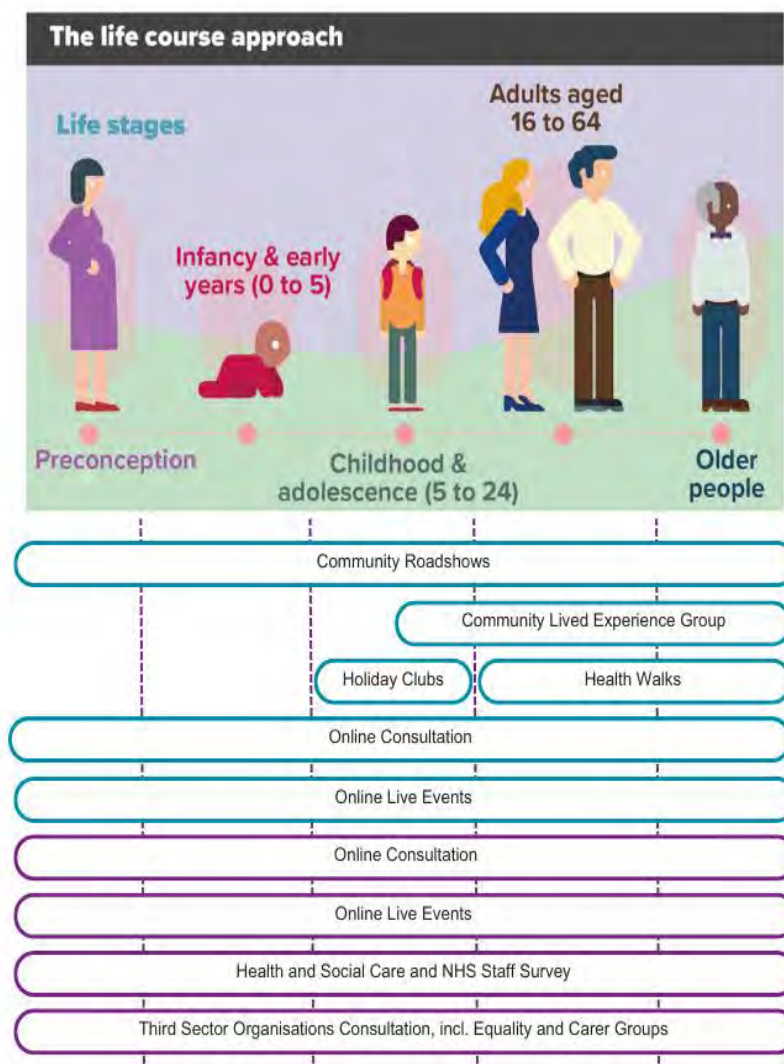


A range of promotional materials and communications were developed to support attendance at these engagement activities:

- An easy read version of the consultation was developed.
- Posters and Postcards were produced to promote the online engagement activities and additionally participants were offered the opportunity to submit their views through a Quick Response (QR) Code. A QR Code is a machine-readable optical image (square two-dimensional barcode) that when scanned directs the user to the online engagement.
- A website page [Prevention and Early Intervention Strategy | Fife Health and Social Care](#) was created promoting the consultation and live online events.
- The engagement opportunity was added to an online Consultation Diary, hosted on the Fife Council website.
-



3.3 Who did we Engage with?



For further information about each of the groups identified in the above diagram please refer to Appendix 2.

Numbers Engaged	Receive or Use Service	Service Providers	Total
Phase 1	104	403	507
Phase 2	168	193	361
Online	55	49	104
Easyread	6	2	8
Online Event	1	0	1
Postcards	0	0	134
Total	334	647	1115

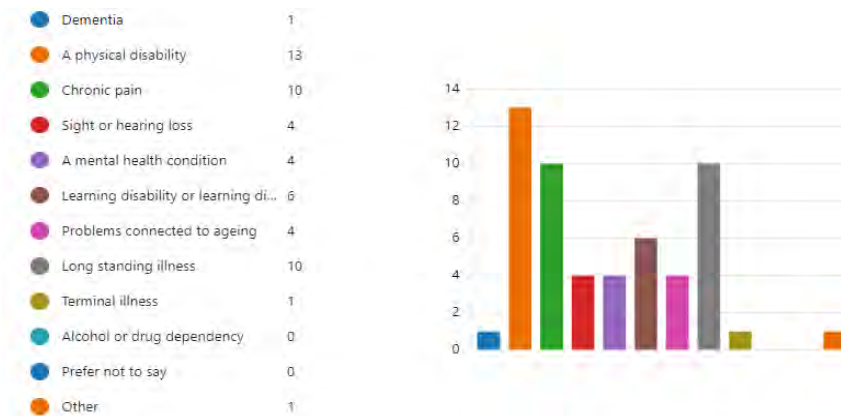


Service Users

Face to face participation and engagement activity was undertaken across Fife, with a particular focus on the protected characteristics as set out in the [Equality Act 2010](#).

From those that chose to participate in the online consultation and who answered the optional equalities questions:

- 19% described their sexual orientation as Gay/Other/Prefer not to say with the remaining 81% as Heterosexual/Straight
- 56% recorded None as their religion with the next highest being 17% as Church of Scotland
- 31% described themselves as having a disability.



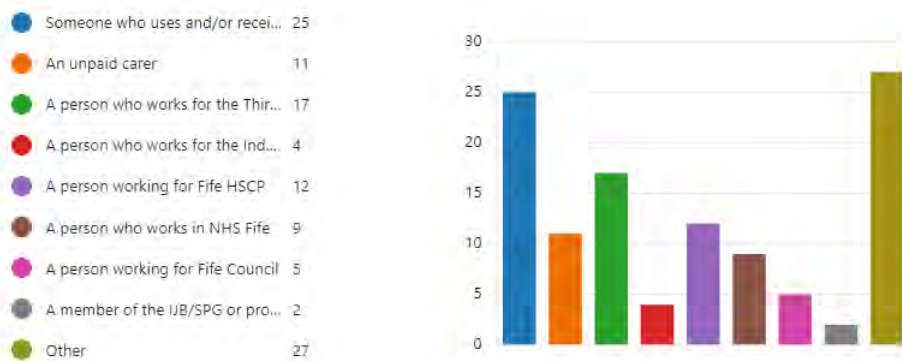
Service Providers

We engaged with the following service providers through face-to-face engagement activity:

- Operational Staff within HSCP and NHS
- HSCP Locality Planning Groups
- Third Sector Interface
- Fife Council Dunfermline City Conference
- Equality Group Providers

We shared the online consultation with 240 organisations (Appendix 2), who support service users to improve their Health & Wellbeing through Prevention & Intervention.

From the 112 responses received online, representation from both service users and service providers were categorised as;





4. Consultation Summary

4.1 Phase One

We asked:

Stakeholder views on the draft definition for Prevention and Early Intervention, to gauge an understanding of their interpretation

Individual discussions across the system

- Over 20 individual discussions across a variety of services/strategy leads enabled us to gain insight on the potential benefits of the Strategy to them and how they see the shift in focus to prevention and early intervention will shape their working practices.
- Meeting with these key individuals also enabled us to understand their perspective, identify linkages and collaborative opportunities as well as collecting case studies on prevention and early intervention in action.

Service Providers Survey:

- Focus/direction – *Help to focus on this way of working. Able to contribute to shift in emphasis and resources.*
- Reduce impact on services/improve health and wellbeing – *It would also empower our client group to take responsibility for their own health and wellbeing.*
- Awareness/engagement – *It would help us raise awareness with the public around what resources they already have themselves to self-manage.*
- Partnership/workforce – *Provide a framework for services to interlink their work to improve patient/public health outcomes.*
- Digital/technology – *Might assist us in developing new technology to support prevention and early intervention.*

The following key themes were identified for consideration by the health and social care partnerships Extended Leadership Team (ELT):

ELT Session (Feb 23)

- Everyone's business/collective responsibility.
- Communication (start discussions: teams/others/service developments/make connections/what more can be done)
- Aspirational: transform people's lives/empower people
- Commitment: changes on how to target deliver services
- Acknowledgement: complex/wide range/underpins a lot of our work

When concluding Phase One, we could see the diversity of perspectives. It is evident that people's understanding of prevention and early intervention varies, reflecting the concept of prevention and early intervention in different contexts is complex.

The overall feedback during phase one highlights that **Prevention** is seen as proactive measures taken to avert potential problems before they occur. **Early intervention**, on



the other hand, was perceived as timely actions aimed at addressing issues in their initial stages to minimise harm and promote positive outcomes.

In terms of prevention, participants emphasised the importance of early detection and prompt action, and easier access to community supports and appointments in early intervention efforts with a commitment to shift resources.

The responses highlight that individuals' definitions are influenced by their experiences, backgrounds, and professional fields. Healthcare and social care professionals, and communities have their own perspectives on what constitutes prevention and early intervention.

In conclusion, the feedback highlights the need for ongoing dialogue and collaboration among stakeholders in the prevention and early intervention arena to ensure a holistic inclusive approach that considers various points of view and promotes the well-being of individuals and communities.

From the Phase One Feedback we:

We will use the feedback received from a variety of stakeholders including the public to help us shape the Prevention and Early Intervention definitions and to support a wider consultation.



4.2 Phase Two

We asked: What constitutes a good life?

From 156 responses, the following key themes were identified:



"Being healthy, pain free and able to live life to the full. Being able to do all the things you want to do without having to think about it."

"Able to live an active life with sufficient resources and good health."

"Stable mental health"

"To be free to make your own choices, to be in a position and able to make decisions and informed ones very importantly."

In Conclusion

The feedback from participants, when asked what constitutes a good life, provides insights into what they believe constitutes a good life. There is no one-size-fits-all definition. Individual perspectives vary, however, common themes emerged, emphasising the importance of good mental health, personal fulfilment, feeling valued, meaningful relationships, good health, sense of purpose and free to make own choices. These findings are a reminder that in pursuit of a good life everyone's journey is their own.

It is evident that a good life is a multifaceted concept, encompassing not only physical well-being but also emotional, social, and psychological aspects. Participants emphasised the importance of autonomy, meaningful relationships, mental health support, and access to quality healthcare as key components of a good life.



We asked: What support they need to deliver this?

Question 1 - What does the Fife Health & Social Care Partnership need to do to make sure you can achieve this?

From 152 responses, the following key themes were identified:



“Referral to the right place and when I need it.”

“Make services highly visible, easy to navigate, local.”

“Often people are unsure what is available to them, so it is good to ensure there are means for people to become informed.”

“I believe ensuring services are available when people have low to medium needs which need to be met, is essential to preventing high end needs and a crisis point being reached.”

“For health and care providers to make sure I am involved in discussions and decisions about me and my health.”

In Conclusion

From the feedback shared, individuals seek personalised and holistic approaches from health and social care providers. They are looking for services that prioritise face to face supports that allow people to access supports in their local community, preventive care, mental health support, and inclusivity, considering person centred needs and preferences. Participants also stressed the significance of easier access to services, transparent communication, and a person-centred approach in their interactions with healthcare and social care professionals.



Question 2 - What could you do to help maintain and improve your own Health & Wellbeing?

From 105 responses, the following key themes were identified:



“Reduce weight, create better lifestyle, eat more healthy, regular exercise, explore local groups.”

“Keeping active and eating well but also planning for older age.”

“Look after myself physically and psychologically to eat well, exercise and be able to sort out issues that cause the balance to falter.”

“Not put so much pressure on myself, speak to others experiencing similar issues.”

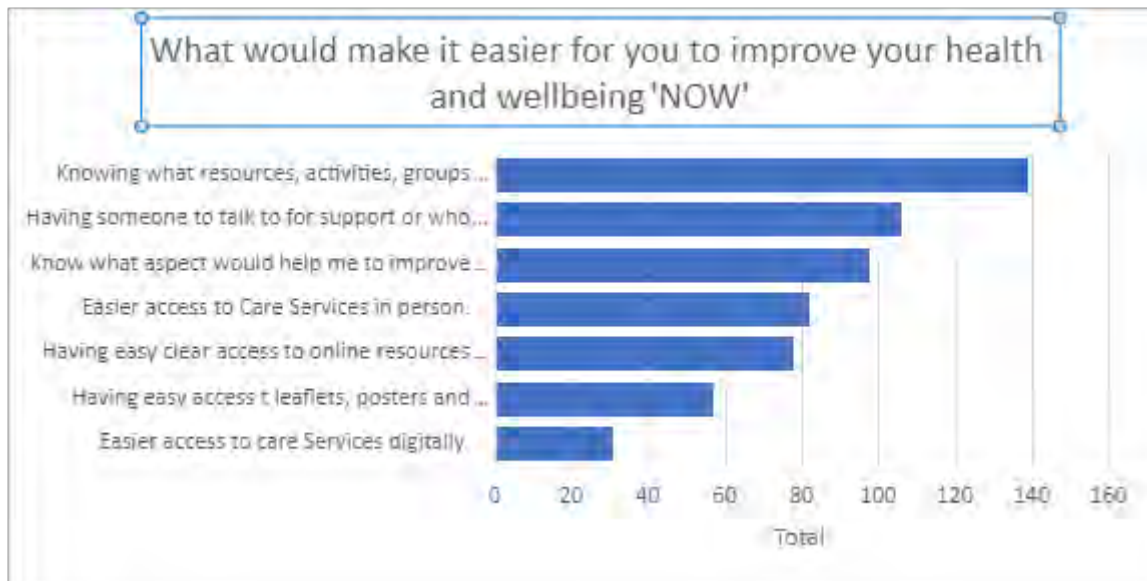


We asked:

What would make it easier for them to Improve their own Health and Wellbeing?

Question 1 - Participants were asked to identify the top 4 things that they feel 'would make it easier to improve their health and wellbeing' **at the present time**.

From 244 responses, the following key themes were identified:



- **'Knowing what resources, activities, groups are available in my local area and how I can access these'** and **'Having someone to talk to for support and could guide them in the right direction'**, were the top 2 key themes identified.
- When asked whether they preferred **'resources digitally or physically'**, a greater percentage indicated they would **prefer digital resources**.
- This contrasted with **'access to care services'** where a greater percentage indicated they would **prefer to access care in person**. With **'access to care services digitally'** scoring the lowest within this question.



Question 2 - Participants were asked to identify the top 4 things that they feel ‘would make it easier to improve their health and wellbeing’ in the future.

From 104 online responses, the following key themes were identified:



- **‘Knowing what resources, activities, groups are available in my local area and how I can access these’** and **‘Easier access to Care Services in person’**, were the top themes identified.
- When asked whether they preferred **‘resources digitally or physically’**, a greater percentage indicated they would **prefer digital resources**.
- Comparing the answers between **‘at the present time’** and **‘in the future’**: **‘Knowing what resources, activities, groups are available in my local area and how I can access these’** is the top key theme identified across both questions and **‘access to care services digitally’** scoring the lowest across both questions.
- When people were asked the **‘in the future’** question at face-to-face engagement during Phase One, a common response was **‘I do not know what I will need in the future’**.

In Conclusion

It will be crucial for ongoing engagement with the public in conversations about their health and well-being, particularly in the context of an ageing population. There will be a need to engage in dialogue which is age-specific with messaging that highlights the benefits of proactive self-care. This might include community workshops on healthy ageing, disseminating informative pamphlets, and leveraging digital platforms for health and self-care tips. Creating a supportive environment that aims to allow people to empower themselves to take charge of their health will contribute to a healthier ageing population.



From this Feedback we:

We will use the feedback to inform the Prevention and Early Intervention strategy and delivery plan.



We asked: For feedback on the Draft Prevention and Early Intervention Strategy **Vision, Mission and Goals**


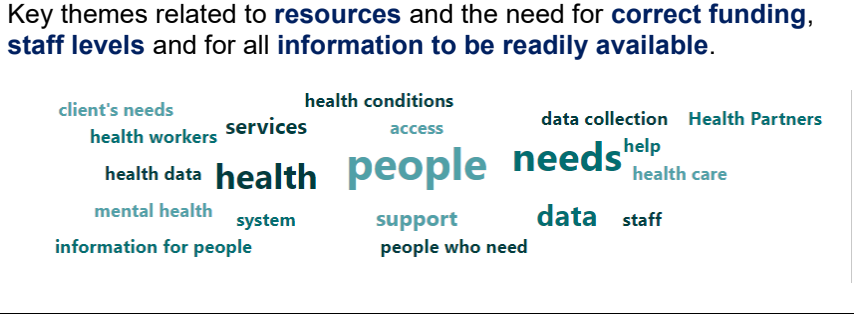

From those who responded via MS forms, Easy Read and those who attended online events, the following feedback was received:

We asked for Feedback on the following		Responses
VISION	To enable everyone living in Fife to have the same chance of getting the best care or support they need whatever their age. Prevent or limit problems arising so their lives will be healthy and independent for longer	96% agreed with the vision. 2% disagreed. 2% were unsure
MISSION	To build a culture of prevention involving all partners across Fife including communities and individuals, so we are as good at preventing health and social care needs as we are at treating them	93% agreed with mission. 4% disagreed. 3% were unsure
GOALS	To enable people to access health and social care when and where they need it. <ul style="list-style-type: none"> work together to proactively prevent, reduce, and delay people becoming patients. support earlier detection to improve overall quality of life. ensure everyone has the opportunity to take control of their own health. ensure everyone has the same chance of living well and independently for longer. support people to achieve the highest level of independence that they are able to 	96% agreed with the goals. 2% disagreed. 2% were unsure
SHARED PURPOSE	To enable everyone in Fife to access what they need to keep them healthy and well to avoid the need for health or social care or services	90% agreed with the shared purpose. 5% disagreed. 5% were unsure



We asked: For feedback on the Draft Prevention and Early Intervention Strategy **Priorities**

From those who responded via MS forms, Easy Read and those who attended online events, the following feedback was received:

Priority Area		Responses	Key Themes
PRIORITY 1	We will ensure inclusive and equitable access to care across Fife.	90% agreed with Priority 1 3% disagreed. 7% were unsure	Key themes related to changes/enhancement of services . 
PRIORITY 2	We will improve data collection and management, ensuring that our resources are deployed effectively.	85% agreed with Priority 2 5% disagreed. 10% were unsure	Key themes related to resources and the need for correct funding, staff levels and for all information to be readily available . 
PRIORITY 3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	84% agreed with Priority 3 3% disagreed. 13% were unsure.	Key themes related to effective communication, promotion and easy access to resources and the need to educate the general population on how to eat healthily , have a good physical and mental wellbeing . A further key theme was education in the early life course stages particularly with teenagers. 



Priority Area		Responses	Key Themes
PRIORITY 4	We will assess existing service provision and identify both current requirements.	84% agreed with Priority 4 4% disagreed. 12% were unsure	<p>Key themes related to provision of services and the need for these to focus on prevention, as well as cross sector working.</p>
PRIORITY 5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	83% agreed with Priority 5 7% disagreed. 10% were unsure.	<p>Key themes related to requirements for a cultural shift with sufficient resourcing being available and effective promotion and communication to support health education.</p>

From this Feedback we:

We will reflect the feedback received on the Priorities, Vision, Mission and Goals in the Prevention and Early Intervention Strategy.

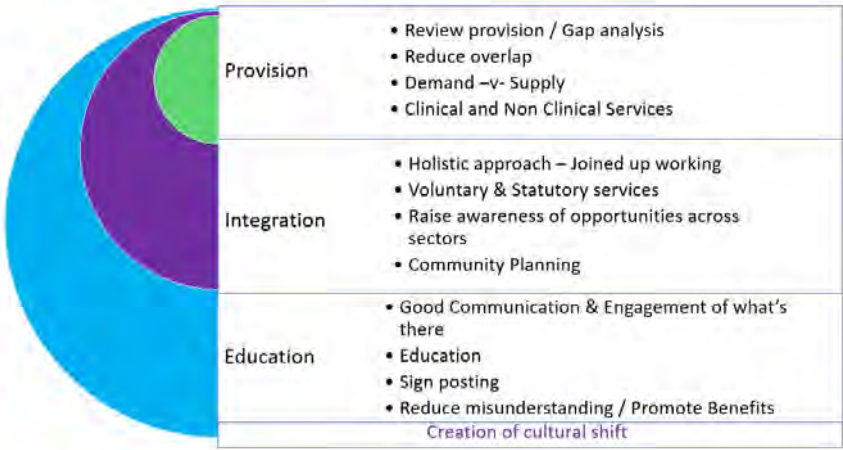


We asked: Service Providers what Prevention and Early Intervention do you currently offer?

Responses revealed that there are a significant range of services that are currently provided by NHS, H&SCP and Third Sector that provide Preventative and/or Early Intervention approaches that help improve people’s Health & Wellbeing. These would appear to cover a broad range across the life course.

We asked: Service Providers what Prevention and Early Intervention opportunities are there?

Opportunities identified by service providers can be categorised into the 3 themes below, with provision of services requiring a review to identify opportunities, greater collaboration between all services to provide the right service with clear leadership, communication and education being the key enabler to create the cultural shift.



In Conclusion

The responses from service providers regarding what they offer did show their commitment to healthier communities. These providers demonstrated a dedication to addressing potential issues at their root and working to facilitate positive outcomes for individuals and communities. As the partnership continues to evolve the prevention and early intervention strategy requires everybody's collaborative efforts will play a crucial role in mitigating challenges and promoting well-being, leading to healthier resilient communities.

From this Feedback we:
We will use the feedback to influence the design of the Prevention and Early Intervention Strategy 2023 – 2026.



5. Conclusion

The consultation included significant engagement from a wide range of stakeholders highlighting the willingness of everyone to help shape the Prevention & Early Intervention Strategy.

One of the key requirements from service users was the need to be able to access services, both clinical as well as general activities to improve their health and wellbeing. There is a perception that services are not easily available however the engagement with service providers identified that preventative and early identification is already an integral aspect within a lot of services, but this does not resonate with the public perception of those who have responded to this consultation. This could indicate a potential gap in communication and education, not just of what services are available to service users but amongst service providers to enable greater collaboration in providing a comprehensive approach.

Overall, the public and staffing groups agreed with the proposed vision, mission, goals, and priorities with the key themes being the need for a cultural shift with sufficient resourcing being available and effective promotion and communication to support health education across all stages of the life course.

Feedback from participants to understand their definitions of prevention and early intervention, we can see the diversity of perspectives within this area reflecting the concept in different contexts and settings is complex.

The overall feedback highlights that Prevention is seen as proactive measures taken to avert potential problems before they occur. Early intervention was perceived as timely actions aimed at addressing issues in their initial stages to promote positive outcomes and minimise harm.

It is evident that a good life is multifaceted, encompassing not only physical well-being but also emotional, social, and psychological aspects. Participants emphasised the importance of autonomy, meaningful relationships, mental health support, and timely access to quality healthcare as components of a good life.

Participants who responded are looking for services that prioritise preventive care, mental health support, considering person centred needs and preferences. Participants also stressed the significance of easier access to services, and knowing what is available, and a person-centred approach in their interactions with healthcare and social care professionals.

The responses from service providers regarding what they offer showed their commitment to prevention and early intervention approaches to fostering healthier communities. These providers demonstrated a dedication to addressing potential issues at their root causes and facilitating positive outcomes with and for individuals and communities. As the partnership evolves the prevention and early intervention strategy their collaborative efforts will play a crucial role in mitigating challenges and promoting well-being.



The feedback also highlights the need for ongoing dialogue and collaboration among all stakeholders to ensure a holistic inclusive approach that considers various viewpoints and promotes the well-being of individuals and communities with a key focus on ensuring inequalities to be made more explicit.

Ongoing engagement with the public in conversations about their health and well-being, particularly in the context of an ageing population will be crucial moving forward. From the feedback received we can see that people who responded do not necessarily know what they need to help them stay healthy and well in the future. There will be a need to engage in dialogue which is age-specific with messaging that highlights the benefits of proactive self-care. This might include community workshops on healthy ageing, disseminating informative pamphlets, and leveraging digital platforms for health and self-care tips. Creating a supportive environment that aims to allow people to empower themselves to take charge of their health will contribute to a healthier ageing population.

The overall feedback will be utilised to shape the delivery plan for the prevention and early intervention strategy ensuring its effectiveness and alignment with stakeholders' feedback and needs.

Further information, including opportunities to get involved, is available on our website: www.fifehealthandsocialcare.org/get-involved

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views to help shape the Prevention & Early Intervention Strategy 2023 – 2026.



Appendix 1: List of contacted stakeholders

Community Needs	Service Provider	Third Sector	Care Homes
Community Voice	Head of Primary and Preventative Care Services	Abbeyfield Kirkcaldy Society Ltd	Abbeyfield Society
FC Community Engagement	Clinical Director – Community Dental	Abbeyview Day Centre	Al HSCP Care Homes
NHS virtual Group	Director, Fife Psychology Service	Aberdour Day Care Association	Abbotsford Care
FC Peoples Panel	Health Promotion Service Manager	Adapt (FASS/FCDS)	Holmes Group
Public Representative	Team Manager Strategic Planning	Age Concern Cupar	Fairfield Care
Carers Representative	Consultant Sexual Health	Arden House	HC One
	Head of Pharmacy	Asian Older People Group	Holmes Group
	Education Fife Council	Auchtermuchty Midday Club	Patricia Payne
Integrated Communities	Clinical Services Manager -Care Close to Home	Auchtermuchty Old Peoples Welfare	Holmes Group
Fife Centre for Equalities	Older People's Services	Autism in Fife	Four Season
Transgender Fife	Digital Programme Manager	Care & Share Companionship	Tamanna Anjum
Fife International Forum	Communications Advisor	Castle Furniture	Avondale Care Scotland
Dementia Friendly Fife	Team Manager Strategic Planning	Citizens Advice Rights Fife	Holmes Group
Al-Anon Family Groups	Participation & Engagement Manager	Continuing Care North East Fife	Barchester
Bluelight	Associate Medical Director	Couple Counselling	HC One
Dunfermline Camera Club	Finance	Cruse	Boleize / Care Concern
Dunfermline Central Mosque and Islamic Centre	Education and Children's Services	Dalgety Bay Day Care Association	Kingdom Homes
Fife Breastfeeding Mums	Head of Nursing	Day Centre Services Ltd	Boleize / Care Concern
Fife Gingerbread	Consultant Public Health (secondary Care)	Defence Medical Welfare Service (DMWS)	Carnegie Care
Fife Pride	FVA Projects and Communications	Demantia Services Development Centre	Kingdom Homes
Fife Women's Aid	Speech and Language Therapy	Disabled Persons Housing Service Fife	Kingdom Homes
Impact Funding Partners	Clinical Service Manager	Dunfermline Advocacy	Caring Homes
Leonard Cheshire Services (Fife)	Realistic Medicine Project Manager	Enable	Balhouse
Loch of Shining Waters	Clinical Services Manager	ENERGI	Gibson Trust
Pink Saire	Health Improvement Programme Manager	Express Group	Ewan McGregor
Victim Support Fife And Central	Lead Pharmacist – High Risk Pain Management	Fife Alcohol Support Service	Pauline Wilson
SAMH	Interim Clinical Service Manager	Fife Boomerang	Boleize / Care Concern
Lochgelly Lunches	Primary & Secondary	Fife Carers Centre	Enhanced Care
NHS Fife Virtual Group	Fife Psychology Service	Fife Circles Network	Boleize / Care Concern
Equalities Forum	Associate Medical Director	Fife Day Care Services Ltd	Mealmore
Fife Carers Centre	Head of Nursing	Fife Employment Access Trust	Leonard Cheshire
Fife Independent Sector	Public Health	Fife Rape & Sexual Assault centre	Mealmore
Fife Voluntary Action	Speech and Language Therapy	Fife Shopping & Support Services	St Philips Care
Fife International Forum	Clinical Services Manager	Fife Voluntary Action	Fairfield Care
Friendship Group	Head of Pharmacy	FIRST	Avondale Care Scotland
People First	Lead Pharmacist – High Risk Pain Management	Food Train	HC One
SAMH Sunflower	GPs Cluster group	Frontline Fife	Holmes Group
Equalities Centre	Dentistry	Homelands Trust	Four Season
MH Lived-Experience Group	Optometry	Homestart Glenrothes	Beechwood Care/Rosturk Group
The Wells	Health Promotion	IncludeME	Holmes Group
FSLT Carers Groups	Complex and Clinical Care Services rep Social Work	KASP (Kingdom Abuse Survivors Project)	Boleize / Care Concern
STAND (Striving for a new day)	Health Visitors	Kindred Advocacy	Nicole Heim
People First	Community Paramedics	LEAD - Scotland	Karen Reid
Disability Fife	Community Nursing	Link Living	Rosturk Group
RNIB	Community Mental Health	Marie Curie	Jan McIntosh
Fife Advocacy Forum	Life Stages	NHS Fife Addiction Services	Holmes Group
Fife Care Providers Forum	Prae Conception / Maternity	North East Fife Befriending Project	Kennedy Care
FAMIS	Education and Children's Services	Nourish	Avondale Care Scotland
The Autism Network	Infancy & Early Years (Health Visitors)	Pain Association Scotland	Holmes Group
Later Life Choices Glenrothes	Education (Pam Colcum)	Penumbra	Rosturk Group
Fife Chinese Older People	HV/School Nursing Rep	People First	Caring Homes
Deaf Blind Scotland	Clinical Services Manager -Care Close to Home	Phoenix Futures	Central Healthcare
Alzheimer Scotland	Older People's Services	Quarries	Acra Care - Fergus Thain
Equal Voice in Central Fife	Life Curve	Restoration Fife	Caring Homes
		Royal Voluntary Service	HC One
Linked Strategies & Projects		Sacro	D & J Anderson
High Risk Pain Management: Lead Pharmacist		Safe Space	Holmes Group
Housing Strategy		Samaritans Dunfermline	Irene Bright
Carers Strategy		Samaritans Kirkcaldy	Beechwood Care/Rosturk Group
Primary Care		SAMH	
Distressed Brief Intervention project		Scottish Care	
TSI - Commissioning Services		Scottish Drugs Forum	
		Scottish Horticulturists Association	
		Seesooze	
		Slinthmigo & District Lunch Club	
		Support in mind Scotland	
		Talk Matters	
		Wheatley Care (Formerly Barony)	
		We are with You (Formerly Addictions)	



Appendix 2: Details of groups engaged with

Community Roadshows	Community Roadshows are interactive events and displays held across Fife which are open to the public to mingle for either a specific theme or to bring the community together.
Community Lived Experience groups	Lived experience groups are specially formed for group of individuals who have the same experience / condition. They provide individuals the opportunity to come together and socially / support each other. These include by way of example, Dementia, Adults with learning disabilities, socially isolation.
Holiday Clubs	Specially organised activities that are run throughout the school holidays to support parents and children. There are a wide range of activities held within all Localities that will suit the whole family and are often free.
Café Inclusive	Cafe Inc is a free lunch club where families or individuals, of all ages, can sit down to a hot meal or soup and a sandwich or pick up a cold packed lunch to take home. There are over 50 locations across the region with no need to book, no criteria and free for all.
Health Walks	Health Walks are a free local led walks that are suitable for suitable for most people, even if you have a long-term health condition such as Dementia or Cancer. There are 16 health walks each week across Fife, led by a trained team of Volunteer Walk Leaders with over 300 people attend.

**Fife Health
& Social Care
Partnership**



Fife Health and Social Care Partnership Prevention and Early Intervention Strategy 2023-26

Phase 2 Consultation Feedback Report

Author: Tatiana Zorina

Date: 29 March 2024

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Introduction

The development of the first Prevention and Early Intervention (P&EI) Strategy for Fife has been supported through an extensive stakeholder engagement programme across Fife's communities. This has been carried out in two phases. Phase one resulted in feedback that shaped components of the draft strategy.

The P&EI strategy focuses on identifying and addressing potential health and social care risks and challenges, before they escalate, by tackling social disadvantage; promoting health and wellbeing; and enhancing the overall quality of life for individuals and communities in Fife. The Strategy is designed to integrate and work alongside existing strategies associated with the partnerships [Strategic Plan 2023 – 26](#). Its goal is to enhance and complement existing strategies, ensuring a comprehensive and coordinated approach which maximises the effectiveness of all strategies involved. Through a multi-faceted approach, the Fife Prevention and Early Intervention Strategy strives to create a safer, healthier and more resilient environment for all residents in Fife.

The objective of the second phase of consultation was to share the Draft Prevention and Early Intervention Strategy with all relevant stakeholders and to seek respondents' views towards the following components of the strategy:

1. Our Vision and Mission Statement
2. Our Wellbeing Pledge
3. Prevention and Early Intervention Strategy Principles
4. Our Five Priorities for 2024-27

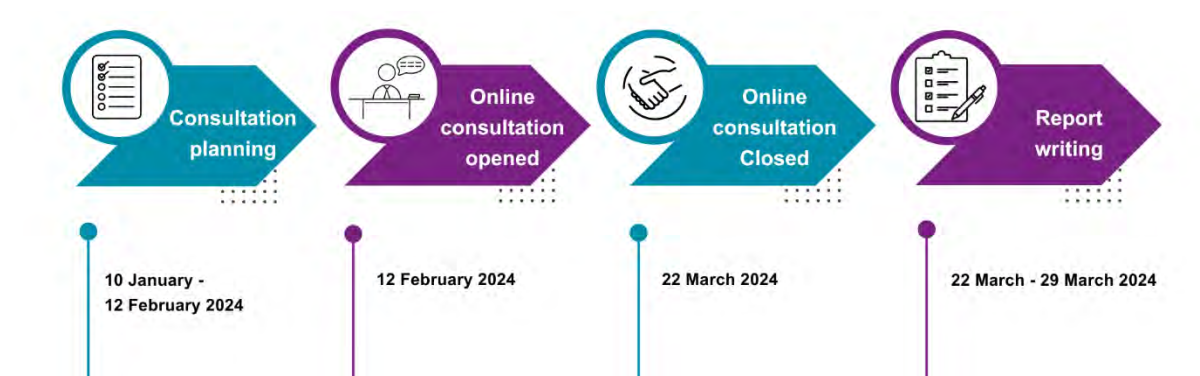
This report is a summary of the phase two feedback that has been received during the 6-week consultation period.



Engagement Timeline

Stakeholder Engagement took place over a 6-week period, from 12 February to 22 March 2024, online.

The Engagement Timeline below shows the key dates for phase two of the consultation period.



Engagement Methods

Due to the Phase One engagement being carried out over an extensive period with people having face-to-face opportunities to get involved, it was agreed that Phase Two engagement would be available as an online survey via MS Forms. Paper copies of the consultation were available upon request, and an Easy Read Version of the consultation was produced.

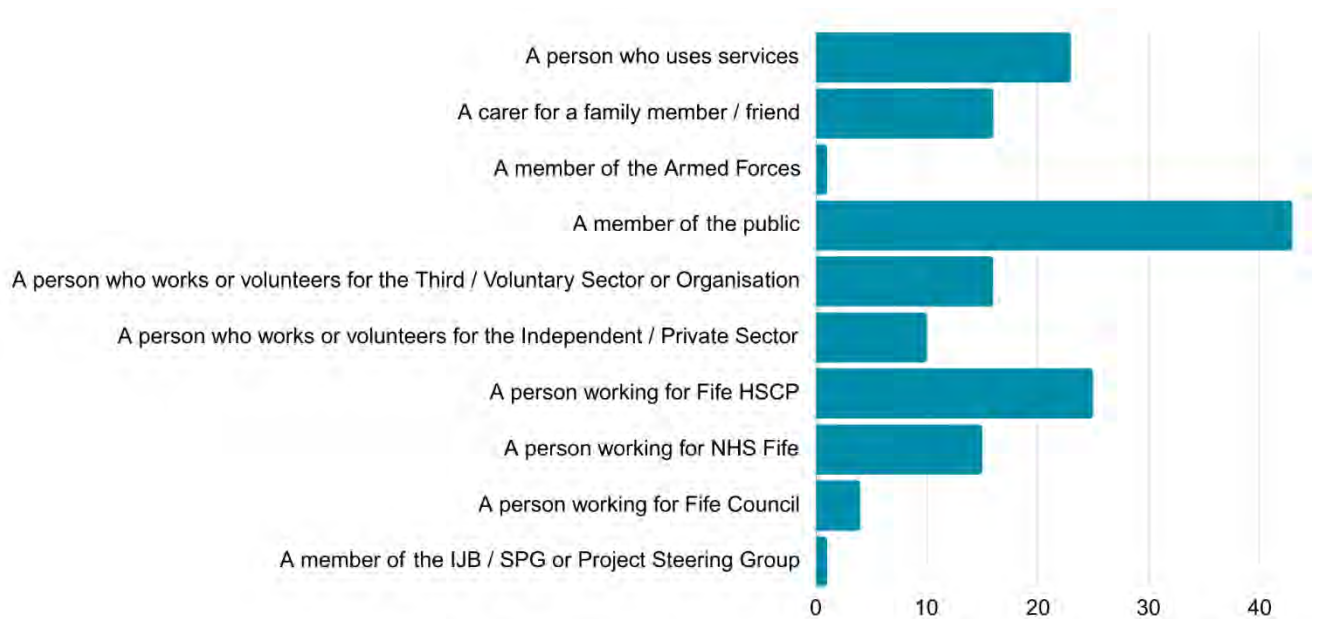
The Easy Read Format has been requested by one organisation; nil completed easy read forms were received.

The opportunity to complete the consultation was promoted via a variety of methods, these included:

- Staff Virtual Notice Boards
- NHS Fife – Participation and Engagement Directory
- Fife Council – Peoples panel
- Equality Groups across Fife, via the Fife Centre for Equalities
- Social Media
- Internal Weekly Staff Briefings

Engagement Reach

The consultation received 154 responses from various stakeholder groups, the highest response from members of the public (43 responses), with the second highest response being from those identifying as employed by Fife HSCP (25 responses) and the third highest response from those who use services (23 responses).



Responses to the consultation has been received from all 7 localities across Fife's communities, with the highest response rate of 25% being from the North East Fife (38 responses), and lowest response rate of 5% from Levenmouth Locality (8 responses).



Key points from the equalities data are summarised below (data is set out diagrammatically in Appendix 1):

64% of overall respondents completed the equality and diversity section of this consultation paper.

Age

49.5% those completing the equalities section identified as being 65 and over (50 responses), with the lowest number of less than 1% being from 18-24 (1 response) and 25-34 (1 response) age groups.

Gender

61% of respondents identified their gender as female (52 responses) and 34% as male (34 responses), with 3 respondents selecting 'prefer not to say' and 2 respondents selecting 'identity is not listed' option.

Sexual Orientation

81% have identified as straight/heterosexual (81 responses), compared to those who identify as asexual (5 responses), gay man (3 responses), lesbian (2 responses), bisexual (1 responses) and gender fluid (1 responses).

Ethnicity

95% of respondents identified as white Scottish or other British (90 responses), with only one respondent identifying as from other ethnic group, and four selecting 'prefer not to say' option.

Religion and Belief

53% of those who completed the form identified themselves as not having a religion or belief (52 responses), while other 23% identified with Church of Scotland (23 responses), 10% selected 'other Christianity' option (10 responses), Roman Catholic (7 responses) and Sikh (1 response).

Disability

47.5% of respondents identified as having a disability (47 responses), where almost the same number 45.5 % of respondents said they do not have a disability (45 responses); other 7% choose 'prefer not to say' option (7 responses).

Pregnancy and new parents

None of the respondents identified as being pregnant or breastfeeding.

Engagement Feedback

Vision and Mission Statement

Our Vision

To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.

Our Mission

To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.

The above statements were designed with people across Fife, during previous engagement. Respondents were asked if they agreed with these statements as part of Phase One engagement. During Phase Two engagement, we asked respondents if there is anything missing from these statements. This question has received 63 further comments.

44% of those who provided further comments, supported the vision and mission statements, with one saying: *"Nothing missing - I feel these statements capture necessary elements"*.

There are few suggestions being made towards changing some of the wording and making language simpler and "user friendly".

Prevention and Intervention Strategy Wellbeing Pledge

"We want to empower the people of Fife to take proactive steps to maintain their own health and wellbeing and help others."

More than 50% of respondents who have commented on the pledge, highlighted their support for the wellbeing pledge, with one respondent stating:

“The wellbeing pledge demonstrates a partnership approach and commitment from both Fife HSCP and the community.”

Comments were also made, that access to GP, support, and services locally - are current issues that hinder the aim of the early prevention and intervention.

“This read well and show that we each have a role, both personally and in our community. Unfortunately, the balance of power is such that many feel they have limited ability to make change. If you can't readily see a GP without being in a crisis it does reduce the realistic opportunities to prevent or manage ill health.”

Prevention and Early Intervention Principles

The Prevention and Early Intervention principles have been developed in line with three of the key Strategic Priorities identified within the Strategic Plan 2023 – 2026. The strategy suggests that these principles will be embedded across the workforce and prevention and early intervention activity.

The majority (more than 50%) of those who responded to the consultation show their support for the principles. Comments also highlighted the potential challenging journey in achieving them in line with the difficult economic landscape and an ongoing difficulty with care staff recruitment locally and nationally.

“I agree with the principles they should be perfectly adequate if fully implemented.”

“Health and Social Care services seem to be stretched ever thinly so how can this be achieved.”

“Yes, this will require employing more people to work in the community.”

Prevention and Early Intervention Strategy Priorities for 2024-2027 were identified during the development of the Health and Social Care Partnerships Strategic Plan and will support achievement of our vision and our strategic priorities (Full diagrammatical data per priority is presented within Appendix 2).

Priority 1 – We will ensure inclusive and equitable access to care across Fife.

51% of respondents said that nothing is missing from this priority, where 25% were unsure.

Although the majority of respondents agreed with this priority, comments suggest it might not be achievable due to lack of resource (financial and human). Significant number of respondents (more than 50%) strongly agree with the care at home element of this priority.

24% of respondents commented on aspects that they thought were missing from this priority, for example:

“I think that there is perhaps something missing around how people will be enabled to live at home...”

“Where will we be in 2027 - would be helpful to include something for the rest of the population living at home without a long-term condition...”

“People need to know how to access the support that is available.”

Priority 2 - We will improve data collection and management, ensuring that our resources are deployed effectively.

55% of respondents said that there was nothing missing from this priority, however 18% disagreed with that and 27% weren't sure; those that thought there was something missing made further comments. Most of the comments suggest that ongoing recruitment issue can hinder achieving this priority, some mention the need for more staff to support this priority and to ensure it is achieved.

“No details on how you calculate your resources to meet demand.”

“Early intervention will require more medical staff, what is being done to achieve this?”

“Will this put even more pressure on community groups? Will it increase the workloads of Pharmacists?”

Priority 3 - We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.

Majority, or 55% of those who shared their views have agreed with this priority and said they have nothing to add; while 15% of the respondents said there is something missing in this priority and provided further comments. Some comments suggests that the “Life course approach” term is too jargonistic and highlighted the need to explain what that means (use of plain language).

“Just not clear what a life course approach is”.

There were also many supporting statements, for example:

“To make it even better, could add more emphasis on health at all life stages, ensure digital tools are easy for everyone to use, kind of cradle to grave thinking that can increase collaboration with different community sectors, particularly schools”.

Priority 4 - We will assess existing service provision and identify both current and future requirements.

Although majority of the respondents (56%) support this priority, more than half of the comments focused on current budget constraints, highlighting that to achieve this priority there will be cost implications and how this might be possible/impossible within an already difficult financial situation. Respondents agree that feedback is very

important, but some asked for clarity on how the feedback will be used, especially negative feedback.

“There have been services that identified as required and highlighted for years in Five with no movement forward to make that happen.”

“How is this going to be funded? especially the current requirements that are not being fulfilled.”

Priority 5 - We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.

59% respondents said that they do not see anything missing from this priority, with almost a third (32%) of respondents adding extra comments.

Respondents expressed concerns around the timescale of this priority, with one respondent stating: *“I have spent 40 years teaching health and lifestyle choices, how will you make a difference in 3 years?”*. Another added: *“Health promotion has been addressed for many years but, has a long way to go in terms of achieving successful outcomes. Often, poor attitudes towards good health are embedded in people’s lives and certain localities (communities) e.g. drugs, alcohol, smoking, access to healthy eating etc. How can this be targeted successfully?”*

Comments were made to suggest that access to leisure facilities should be more accessible to more people to enable this priority to be achieved; as well as promoting other support options to those who require help to support themselves.

“I do think it is important to highlight support in the self-care as otherwise it just reads like you will leave people to get on with it. I think this perpetuates a narrative that you won’t be seen or supported you’ll just be told you are the problem...”

Final comments

At the end of the consultation, respondents were asked if they would like to add any further comments towards the Draft of the Prevention and Early Intervention Strategy. (Appendix 3 - detailed statistical data). Almost quarter of comments (23.9%) were in relation to access to primary care, in particular access to GP and other primary services, like dentistry. One said: *“We desperately need to improve the GP service and to make better use of local hospitals and health centres for outpatient appointments”*, with other respondents echoing. Almost 17% of respondents commented how community care can play a big role in achieving this strategy and its priorities and principles; with a further 17% saying that we need to have better communication with public and amongst our services.

“Ensure that all agencies and the public are aware of services offered.”

“I wonder how you engage with the wider public to help meet these priorities, people need to take more ownership of their own health and make changes to diet and lifestyle so that they can live healthier lives and not develop long term conditions. I think this will be key to achieving these priorities.”

12% of respondents said that education is important in prevention and early intervention, and that education should start from early age – “*all children at school should have in their curriculum how to manage your life, budgeting, consideration of others, respect in relationships, personal responsibility to society and self-care...*”.

Just over 11% of respondents raised implementation concerns around how realistic it is to deliver on the priorities of this strategy with limited resources; with almost 6% specifically highlighting funding as a major barrier.

“If it all works- great. But having gone through great difficulties in getting Social Care support for my 100-year-old mother, you will understand that I am sceptical about what you hope to achieve. I hope it materialises.”

“This strategy and approach are very important in terms of being able to manage healthcare going forwards, but trying to implement the priorities in this strategy in the current financial climate and in the timeframe outlined feels extremely ambitious.”

Conclusion

In conclusion, the feedback from the consultation process for the Draft Prevention and Early Intervention Strategy has highlighted the importance of the prevention and early intervention work within health and social care services. The majority of respondents agree that preventative work can support the public to live healthier and independent lives longer in their own homes.

The current difficult economic landscape of the sector was highlighted by respondents throughout this consultation, with the main focus being implementation concerns. However, many focused-on the importance of this work.

The collective vision and mission statements, as well as the wellbeing pledge have been developed with the people of Fife and improved through ongoing public engagement, emphasising the overwhelming support for the prevention and early intervention work in Fife.

Effective communication that is universally understood and prioritising education will be essential for achieving desired results outlined in the strategy. When developing the delivery plan to accompany the strategy, feedback from respondents told us it is important to them to ensure clear and accessible communication channels and terminology. This will ensure that stakeholders at all levels understand the strategy's objectives, processes, and expectations.

Through this consultation, it is evident that the draft of the first Prevention and Early Intervention Strategy has significant public support, showcasing the desire for a shift of resources to community-based services to support the prevention and early intervention focus.

As the partnership moves forward, guided by this and previous consultations, it aims to deliver on the proposed vision 'To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer'.

One individual praised the draft strategy, stating: *"I think this is an excellent piece of work and it reads well in simplistic terms for the general public to understand."*

Next Steps

1. This report will be presented to the Fife HSCP Integration Joint Board (IJB) along with the Draft of the Prevention and Early Intervention Strategy on 26 July 2024. Thereafter the report will be published on FHSCP Website for public members to view.
2. The strategy will inform the accompanying delivery plan, which will also be published on the [Fife HSCP website](#) along with the final Strategy document.
3. This feedback provides valuable insights from those who responded to the consultation about their views regarding the needs, preferences and concerns of people who use services and those who provide services, helping the partnership to tailor the Strategy and its delivery plan based on respondents' views about what would better meet the needs of the people of Fife.
4. The feedback will also be utilised to shape the Strategy delivery plan ensuring it effectiveness and alignment with stakeholders' feedback.

During analyses of the feedback to the consultation, some themes emerged in relation to recruitment challenges and terminology used in the draft strategy.

Life Course Approach terminology

The feedback throughout consultation on the PE&I Strategy has highlighted the necessity for clear and simple language avoiding jargon. This feedback will directly influence our strategy. For example, communications based on this feedback will be implemented to better align with the public's understanding of terms like 'life course'.

The Life Course Approach is a framework that considers individuals' health and well-being throughout their entire lives, from infancy to old age. This approach recognises that early experiences and exposures can have long-term effects on health outcomes.

Communication with public representatives

Currently the FHSCP is working towards establishing new HSCP Fife-wide Public Engagement Forum. This forum will serve as a platform for diverse voices to be heard, ensuring that decisions are informed by a wide range of experiences and needs. Additionally, all services will commit to actively listening to and acting upon feedback from service users.

Ongoing budget constraints

The health and social care sector is facing financial challenges and at Fife HSCP we have developed [a plan](#) that will support the sustainability of Fife HSCP by meeting both the short term and the medium-term financial challenges, through commitment to supporting our workforce to continue to deliver high quality, best value services to the people of Fife.

Recruitment challenges & Services

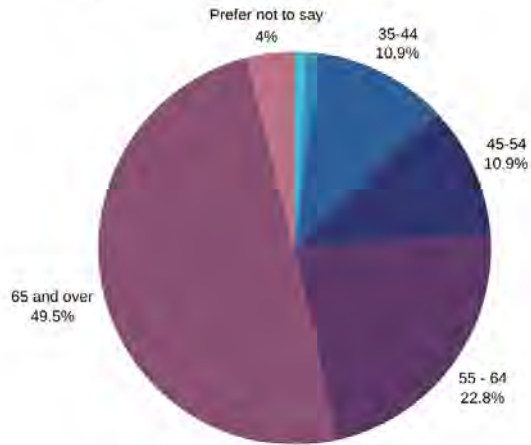
The Partnership has taken note of significant feedback through this consultation regarding perceived gaps in services and challenges in workforce recruitment. In response, a comprehensive partnership workforce strategy and annual delivery plans have been developed to address these concerns. [workforce strategy](#). This strategy aims to enhance workforce recruitment and retention efforts through focusing a range of actions that ensure we Plan, for, Attract, Train, Employ and Nurture our potential and existing workforce. By implementing this strategy, the Partnership continues to make progress towards achieving Mission 25, which seeks to establish us as one of the best-performing Partnerships by the year 2025.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the Partnerships first Prevention and Early Intervention Strategy 2024 – 2027

Appendices

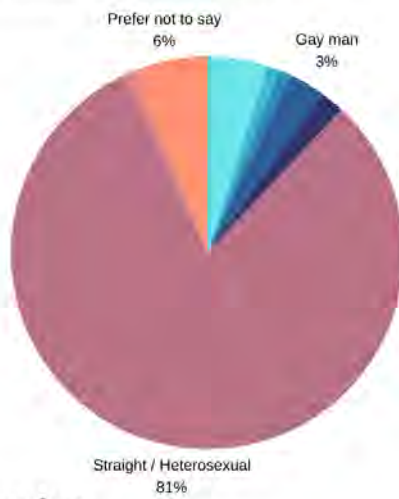
Appendix 1

Age



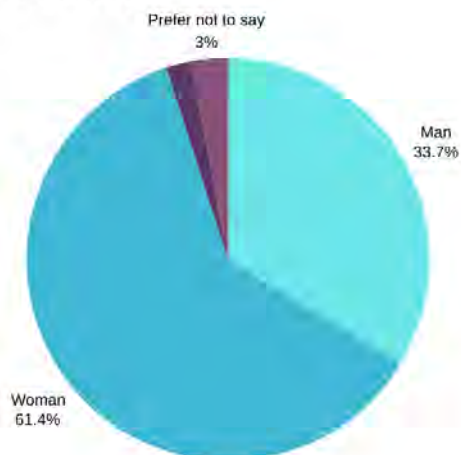
Under 18	0
18-24	1
25-34	1
35-44	11
45-54	11
55 - 64	23
65 and over	50
Prefer not to say	4

Sexual Orientation



Asexual	5
Bi-sexual	1
Fluid	1
Gay man	3
Lesbian	2
Pansexual	0
Queer	0
Straight / Heterosexual	81
Identity not listed	1
Prefer not to say	6

Gender



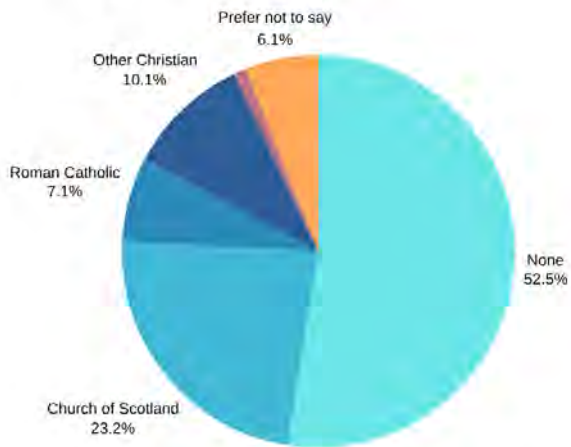
Man	34
Woman	62
Trans-man	0
Trans-woman	0
Non-binary	0
Identity not listed	2
Prefer not to say	3

Ethnicity



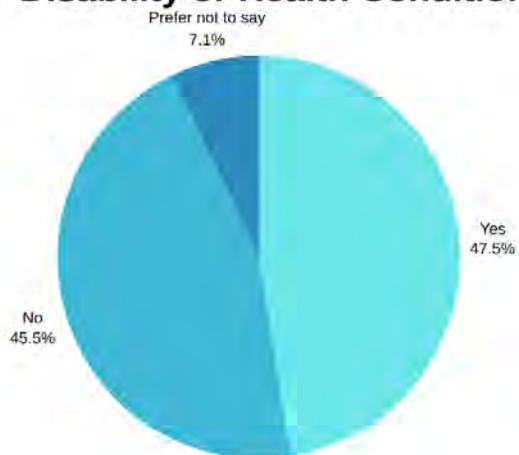
White	94
Mixed or multiple ethnic groups	0
Asian, Scottish Asian or British Asian	0
African, Scottish African or British African	0
Caribbean or Black	0
Other ethnic group	1
Prefer not to say	4

Religion or belief



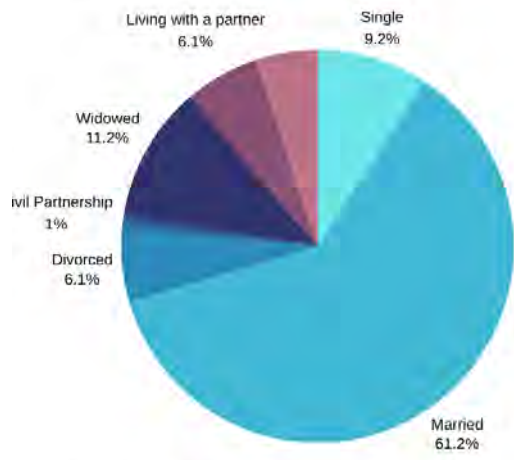
None	52
Church of Scotland	23
Roman Catholic	7
Other Christian	10
Muslim	0
Hindu	0
Buddhist	0
Sikh	1
Jewish	0
Pagan	0
Prefer not to say	6

Disability or Health Condition



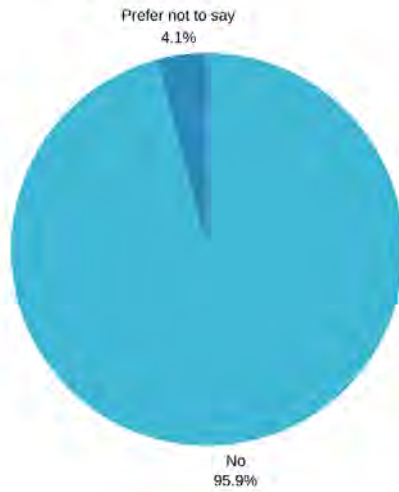
Yes	47
No	45
Prefer not to say	7

Relationship Status



Single	9
Married	60
Divorced	6
Civil Partnership	1
Widowed	11
Separated	0
Living with a partner	6
Prefer not to say	5

Maternity



Yes	0
No	94
Prefer not to say	4

Priority 1

The changes we need to make

We will ensure inclusive and equitable access to care across Fife.

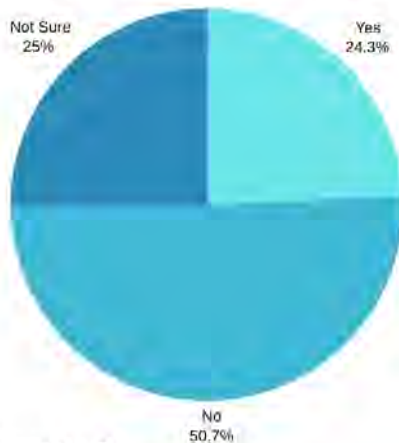
What will success look like?

More support available with personalised support to prevent escalation of need as the first line of prevention.

Where we want to be in 2027

People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.

Is there anything missing from this priority?



Yes	37
No	77
Not Sure	38

Priority 2

The changes we need to make

We will improve data collection and management, ensuring that our resources are deployed effectively.

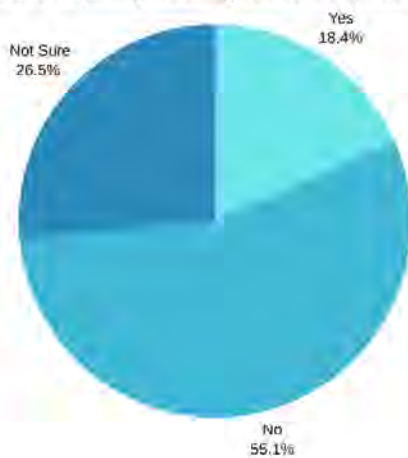
What will success look like?

An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.

Where we want to be in 2027

An improvement in health and wellbeing outcomes for the people in Fife.

Is there anything missing under this priority?



Yes	27
No	81
Not Sure	39

Priority 3

The changes we need to make

We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.

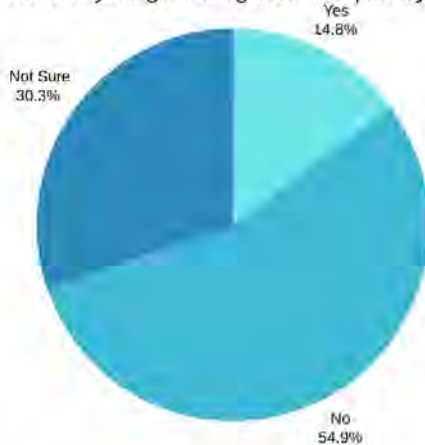
What will success look like?

Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.

Where we want to be in 2027

An integrated, person-centred, life course approach is embedded across Fife.

Is there anything missing from this priority?



Yes	21
No	78
Not Sure	43

Priority 4

The changes we need to make

We will assess existing service provision and identify both current and future requirements.

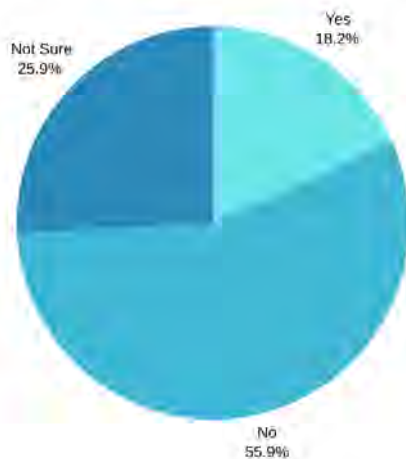
What will success look like?

Completion of a gap analysis, and improved range of service interventions available.

Where we want to be in 2027

Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.

Is there anything missing under this priority?



Yes	26
No	80
Not Sure	37

Priority 5

The changes we need to make

We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.

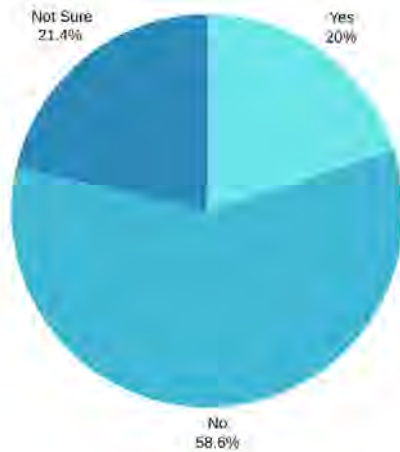
What will success look like?

Increased opportunities for people to improve their knowledge and understanding of health and lifestyle choices, leading to more positive outcomes.

Where we want to be in 2027

Preventative care is fully embedded in care services across Fife.

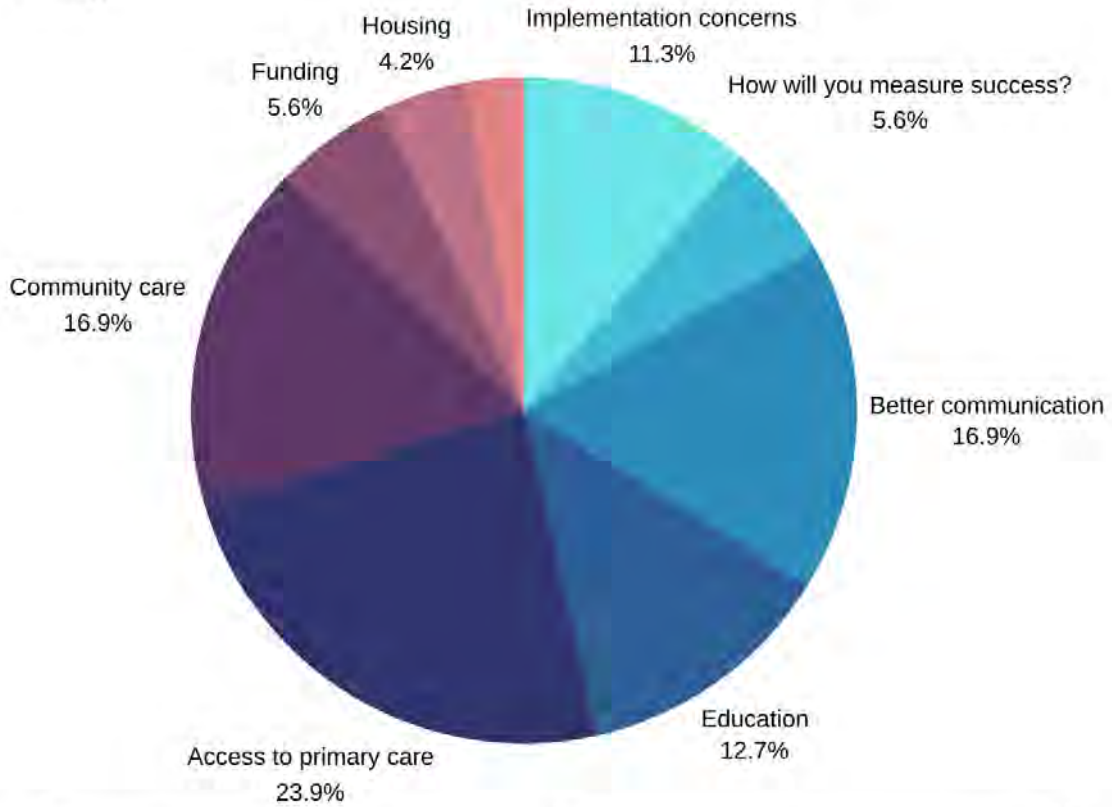
Is there anything missing from this priority?



Yes	28
No	82
Not Sure	30

Appendix 3

Is there anything else you would like to share with us that would be relevant to the Prevention and Early Intervention Strategy?



Implementation concerns	8
How will you measure success?	4
Better communication	12
Education	9
Access to primary care	17
Community care	12
Funding	4
Housing	3
Death and dying	2



Prevention and Early Intervention Strategy

Prevent, Reduce and Improve

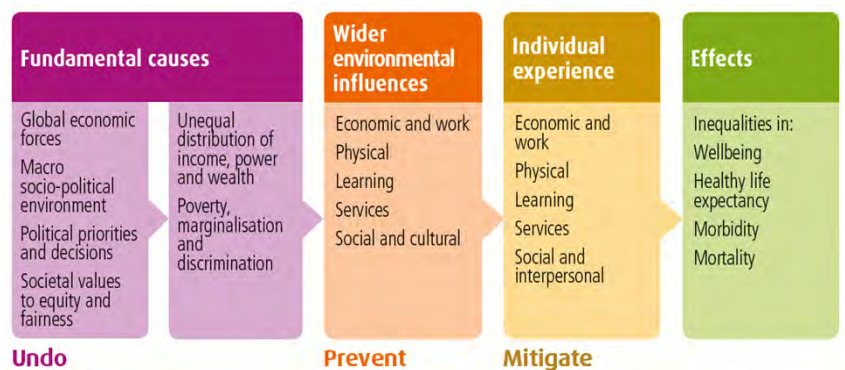
www.fifehealthandsocialcare.org

Introduction

Welcome to Fife's Prevention and Early Intervention Strategy 2024 – 2027. This document sets out how we will develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with our vision and strategic priorities in our published Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. Changing attitudes, behaviours and practices within a community or organisation takes time and consistent effort. Shifting focus to prevention and early intervention approaches will impact positively on reducing health inequalities by addressing root causes and providing timely support to individuals and communities at particular risk.

Health Inequalities can stem from a variety of root causes, including socioeconomic factors, access to healthcare services, education levels, environmental factors and individual behaviours. Socioeconomic status, in particular, plays a significant role in determining an individual's access to resources such as quality healthcare, nutritious food, safe housing and education. Individual behaviours, such as smoking, poor diet, lack of exercise, and substance use, can also contribute to health disparities. Addressing these root causes require a comprehensive approach that includes policy changes, community interventions and individual behaviour modifications.



Ref: Health Inequalities theory of causation, Public Health Scotland

We believe that by fostering a culture that values prevention and early intervention it is possible to truly deliver upstream prevention and early intervention efforts while being fully cognisant of the current and projected financial and resource pressures.

The burden of illness and early death can impact individuals, families, communities, healthcare systems and society as a whole. More than a quarter of all deaths in Scotland are potentially avoidable. Individuals who experience illness or premature death may suffer physically, emotionally and financially affecting their quality of life and wellbeing. Families of those affected may experience emotional distress, financial strain, and disruption in their daily lives. Communities may face decreased productivity and social challenges as a result of illness and early death. Healthcare systems may be burdened with increased demand for services, higher costs and challenges in providing quality care to those in need. Society as a whole may experience reduced economic growth, increased inequality, and strained social services due to the burden of illness and early death.

There is significant potential to reduce the burden of illness and early deaths in Fife. Addressing these issues requires a coordinated effort across multiple sectors to improve health outcomes and reduce impact of illness and premature mortality. Actions that will prevent ill-health are supported by a growing body of economic evidence demonstrating they are cost-effective. In this time of current projected financial and resource pressures it is even more important that we have a strategy to focus our approach in Fife, deliberately embedding prevention and early intervention in everything we do.

By investing time and effort in preventative measures and early interventions we believe we can reduce the need for costly critical services in the future leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently in line with the national wellbeing outcomes of integration.

This strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife.

This Strategy will begin to support a culture of prevention and early intervention across Fife where every conversation counts and can support us to **PREVENT, REDUCE and IMPROVE** health and social disadvantage.

Background and Context

The **Prevention and Early Intervention Strategy** is identified as one of the H&SCP Strategic Plan’s nine transformational Strategies.

This Strategy has been designed as a cohesive framework that links with our other key transformational strategies. It is expected these strategies will include specific areas of prevention and early intervention activities unique to their individual area within both their strategy documents and delivery plans.



The aim of this Strategy to support the embedding of prevention and early intervention approaches across all other relevant plans and strategies thus creating a holistic approach that will lead to improved health outcomes for individuals and communities.

Our vision for the Prevention and Early Intervention Strategy 2024 – 2027 is closely aligned to the Health and Social Care Partnership Strategic Plan’s Vision of supporting the people of Fife to live independent and healthier lives for longer.

Our mission is to support the delivery of the Prevention and Early Intervention Strategy 2024 -2027

Our Vision

“

To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.

”

Our Mission

“

To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.

”

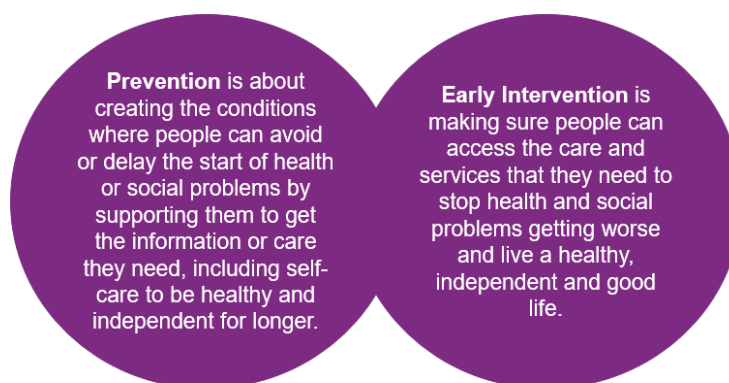
Our five Prevention and Early Intervention priorities were identified during the development of the Health and Social Care Partnerships Strategic Plan and will support achievement of our vision and our strategic priorities.

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2027
1	We will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
2	We will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
4	We will assess existing service provision and identify both current and future requirements.	Completion of a gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and avoidable risk factors, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.

What do we mean by Prevention and Early Intervention

There is no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it means for this strategy we felt it important to be aware of what the public understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this strategy has allowed us to agree these broad consensus definitions that we will use in our strategy.



To note; the transformational strategies of the H&SC strategic plan will have a more focused definition of prevention and early intervention specific to the outcomes in each of their strategies.

While prevention and early intervention are closely linked, it is possible to have prevention strategies without early intervention. Ideally a comprehensive approach would include both to address issues holistically. By combining prevention efforts to reduce the occurrence of problems and early intervention measures to address them promptly, a more comprehensive and effective approach can be achieved.

Prevention: aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and risk factors, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early Intervention: involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

This first three-year Strategy will aim to begin to create the conditions we need to support a shift in focus towards more prevention and early intervention activity. Implementation will be considered beyond 2027 to support the change becoming an integral part of the system. Time is needed to build this momentum for change to create the structures that make it easier for people to consider prevention and early intervention.

Why invest in Prevention and Early Intervention?

How health and social care is delivered sustainability may be one of the greatest challenges we face now and over the next 10 years or more. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations. Investing in prevention and early intervention approaches can lead to cost savings, improved societal outcomes and a more resilient and prosperous economy in the long term.

Good health and wellbeing can allow people to more easily play an active role in their communities and the economy. In turn, this promotes prosperity and enables individuals, communities and society to flourish. The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention measures, such as our diet or health behaviours, for example how much exercise we take. Our health is also determined by conditions in which we grow up, live and work. These include our education, employment, income, access to healthcare, social networks, housing and broader socio-economic, cultural and environmental factors.

Prevention and early intervention approaches can influence our health, wellbeing and social circumstances (such as poverty, loneliness and social isolation) by preventing or avoiding problems arising or stopping things getting worse. By addressing issues early on such as mental health concerns, substance use or educational challenges individuals are more likely to reach their full potential and contribute to the economy.

We can influence our population's health, wellbeing and social circumstances by ensuring access to quality health and social care; supporting people to adopt behaviours which support good health and wellbeing such as limiting alcohol and drug use, good diet and physical activity. Social and economic factors and the physical environment are equally important and therefore wider collaboration across the whole system, health and social care, third and independent sectors is needed to continue to support our population and to improve overall quality of life.

Causes of Health Inequalities

In our early years we know that one in four children in Fife live in poverty which affects opportunities for health, learning and development from birth onwards, which can have lifelong consequences. Around 20% of primary one aged children in Fife are obese with rates highest in areas of deprivation. Children and young people can also be affected by homelessness with an estimated 2000 people currently homeless in Fife.

It is increasingly recognised that these disadvantages start **before** birth and accumulate throughout life leading to intergenerational poverty, reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

It is also recognised that housing has a critical role by providing a stable foundation for individuals, families and communities, promoting positive environments and facilitating timely support and interventions. Housing programmes and initiatives can offer targeted support and resources to vulnerable populations such as homeless individuals, at risk youth or families experiencing housing insecurity.

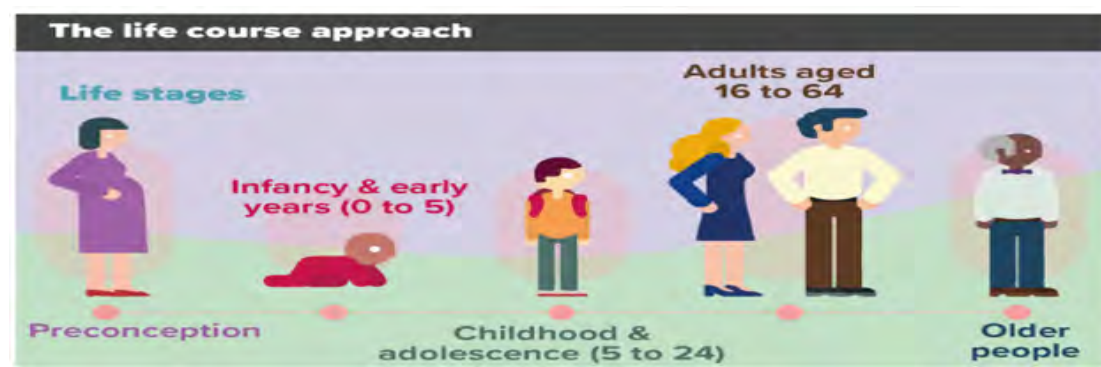
What we have been doing so far

It is important to recognise that Fife's prevention and early intervention journey doesn't start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.

We also acknowledge that there are a range of **core** preventative initiatives aimed at promoting public health and wellbeing. These initiatives may include but are not limited to: immunisation programmes, weight management interventions for obesity, Hep C elimination, smoking cessation, health visiting pathways, oral health improvement, social support services etc.

Prevention and Early Intervention Approaches

Our approach to prevention and early intervention in Fife adopts the **Life Course Approach**.



The World Health Organisations definition of this is: *'A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time'*.

Why a life course approach?

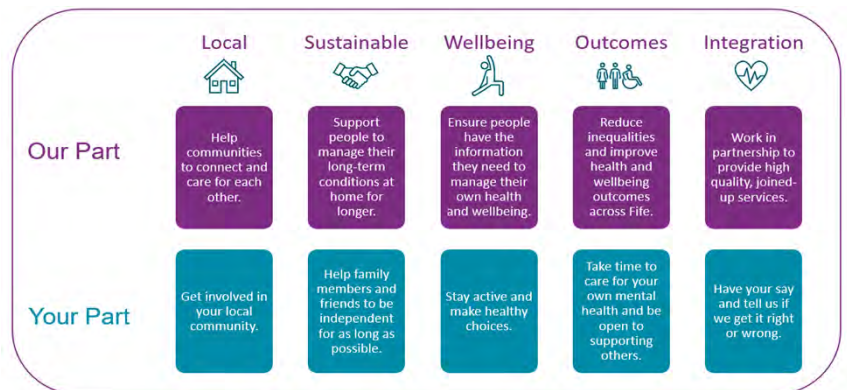
Prevention and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact on an individual's life. This life course approach considers which interventions, services or resources are best used to prevent ill health, maintain or improve the health and wellbeing for people at different ages and stages in their lives.

Successfully intervening at an early age can have a positive impact across a person's whole life. How and where we address risk factors for disease (tobacco use, harmful use of alcohol, lack of physical exercise, unhealthy diet, social isolation or air pollution) or deliver large prevention programmes (immunisation and cancer screening) will be different at each life stage. People are also more likely to need support to prevent or limit health or social disadvantage arising at specific times of transition in their lives. For example after pregnancy or childbirth, becoming unemployed, when relationships breakdown, or bereavement, when admitted or discharge from hospital, or when attending emergency care, being liberated from prison, or becoming homeless. We can take account of this when planning prevention and early interventions.

Our Wellbeing Pledge Approach

To support the delivery of the Prevention and Early Intervention Strategy, our Wellbeing Pledge has been developed in line with our Strategic Priorities, the Wellbeing Pledge is both our commitment to and our ask of the people of Fife.

**Adapted with permission from South Ayrshire Health and Social Care Partnership*



It is important to emphasise the collaborative nature of the partnership between organisations, individuals and communities involved. By highlighting the shared responsibility and commitment to wellbeing, we can work together towards a common goal. This can involve open communication, mutual respect, and a collective effort to support each other in achieving optimal wellbeing. By fostering a sense of unity and team work, the "us" component of the pledge can strengthen relationships, promote accountability and enhance overall wellbeing outcomes for all involved.



We want to enable the people of Fife to take proactive steps to maintain their own health and wellbeing and help others.

We refer within the Strategy to 'self-care' as an approach for individuals to maintain their own health and wellbeing. It involves recognising one's own needs

and taking steps to meet them in a healthy and sustainable way. Self-care activities can vary widely and may include practices such as exercise, healthy eating, getting enough sleep, engaging in hobbies or activities that bring joy, setting boundaries, seeking support from others and practicing mindfulness or relaxation techniques. By incorporating self-care into one's routine, individuals can better manage stress, burnout, and improve overall quality of life.

Enabling individuals to take proactive steps to maintain their physical, mental and emotional wellbeing will prevent, reduce or improve the onset of new or more serious health issues or crisis.

Partnership's Locality Planning Approach

An important part of Fife Health and Social Care integration was the creation of localities, bringing decision making closer to communities.

Localities provide one route, for communities and professionals to take an active role in, and provide leadership for, local planning of health and social care service provision.

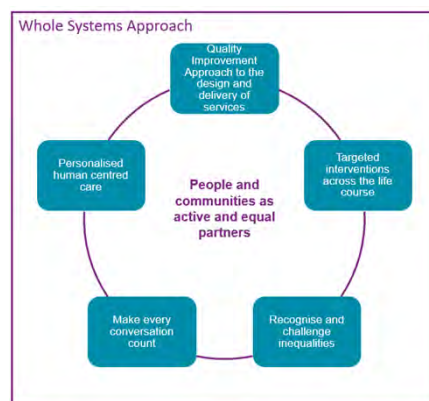
The locality planning approach will support the delivery of the Prevention and Early Intervention Strategy through: targeted interventions, collaborative working, robust communication and engagement activity, supporting and enabling better care co-ordination and building on existing relationships with our third and independent sector partners.



Whole System Approach

A whole system approach to prevention and early intervention involves a comprehensive co-ordinated effort across various sectors and stakeholders to address issues at their root causes and intervene early to mitigate potential negative outcomes. This approach recognises that prevention and early interventions are more effective and cost efficient than addressing problems at later stages.

By involving social care in our strategy, we can effectively identify and address the social, economic and environmental determinants of health. Social care professionals can help individuals and families navigate difficulties, build resilience and access the support they need to prevent further problems. Overall, social care is essential for addressing social inequalities, promoting wellbeing and ensuring individuals and communities have the necessary support to thrive.



In addition Fife's third and independent sector organisations are driven by a mission to address social disadvantage and improve the wellbeing of individuals and communities. These organisations work closely with communities, individuals and other stakeholders to develop targeted intervention and support systems. They may provide educational

programmes, awareness campaigns, support services, counselling, mentoring and advocacy programmes to individuals at risk or in need of assistance. By leveraging their expertise, community connections and resources these organisations contribute to a holistic approach that addresses social challenges at their roots.

Relative Contribution to Health from Modifiable Factors



Marmot’s eight principles towards improving population health and wellbeing identifies that Health and Social Care provides access to quality care and can influence risk factors (such as alcohol, drug use, sexual activity, unhealthy diet and lack of physical activity) which account for 20% and 30% respectively of how we can support independent healthier lives. However, the remaining determinants of health lie outside health and social care, which is why we need to and will work closely and in partnership with other sectors such as housing and education to deliver care that matters to people.

(Ref: Bookse etal, 2010 and Kings Fund – A vision for population health (used for illustrative purposes)

By adopting a whole system approach to prevention and early intervention, stakeholders can work together to create a more proactive and responsive system that promotes well being, reduces the burden on individuals and communities and improves long term outcomes.

Challenges

We recognise that we face many challenges in delivering proactive and effective approaches to prevention and early intervention in Fife. This diagram shows the key challenges highlighted throughout our research and engagement activity



Enablers

The diagram below shows the identified enablers that will support the overall delivery of prevention and early intervention in Fife.



- Locality groups can ensure that people who use health and social services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care
- A diverse and engaged workforce can bring fresh perspectives and innovative ideas to the table and effectively support the implementation of this strategy

- Effective communication will maximise opportunities for people at every life stage to access the right care, at the right time and in the right place to maintain good health and wellbeing.
- Digital solutions can give people the skills to manage their own health and wellbeing and gain an insight into the conditions and circumstances that can affect their own health and wellbeing at an early stage.

Actions

To meet our identified challenges and achieve our vision, mission and priorities within the Prevention and Early Intervention Strategy, the following actions have been identified and are covered in more detail within our Delivery Plan.

Note: Person centred care is an approach to health and social care that prioritises the needs, preferences and experiences of individuals receiving care. It recognises that each person is unique and should be treated with dignity, respect and empathy.

Monitoring and Review

The Prevention and Early Intervention strategy will have an approved high level **Delivery Plan** that sets out how and when key deliverables will be delivered.

An underlying action plan will support the strategy deliverables by providing a detailed roadmap outlining specific tasks, timelines and responsibilities needed to achieve the desired outcomes. By breaking down the overall deliverables into actionable steps, the action plan helps to ensure clarity, focus, and accountability throughout the implementation process.

The reporting process will include quarterly reporting to the Strategic Planning Group to enable effective performance monitoring. Regular reporting of progress will be reviewed by the relevant committees and boards and will feed into the HSCP's Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

Medium-Term Financial Strategy

The Prevention and Early Intervention Delivery Plan will be developed in accordance with the Partnership's Medium-Term Financial Strategy and the funds that are made available to meet our statutory obligations in relation to service provision and performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care. This Strategy will also contribute to achievement of the measures within the Medium-Term Financial Strategy including:

- Best value and working within the resources available.
- Whole system working to build strong relationships with our partners.
- Technology first approach to enhance self-management and safety.
- Commissioning approach and developing third and independent sectors.
- Transforming models of care to support people to live longer at home, or in a homely setting.

Actions

- Awareness raising and culture change
- Workforce training
- Communications plan
- Health Promotion plan
- Person centred care
- Ongoing participation and engagement
- Use all data and feedback to inform decisions
- Map needs, services, assets and opportunities
- Anticipate who needs support and when
- Design and deliver care/services with people
- Tools and information to support self-care
- Whole system collaboration
- Leadership and coordination to drive change

Anticipated Outcomes

P&EI is embedded into workforce practices
Demonstrate increased activity and improved outcomes in collaboration with other strategy workstreams

Governance and Planning

The governance and planning for the delivery of the Prevention and Early Intervention Strategy is complex. The statutory responsibility for the strategic planning, commissioning and oversight of delivery for prevention and early interventions lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. Through the governance structure effective oversight of implementation of the Prevention and Early Intervention strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Meeting:	Staff Governance Committee
Meeting Date:	03 September 2024
Title:	Primary Care Improvement Plan – MoU2 Annual Progress Update
Responsible Executive:	Lisa Cooper, Head of Primary and Preventative Care Services
Report Author:	Fiona Duff, Primary Care Programme Manager

Executive Summary

This report is being brought to the meeting's attention to provide an annual progress update on the Primary Care Improvement Plan (PCIP).

- The Primary Care Improvement Plan is in the delivery phase of the programme.
- Two main resource constraints to progressing as initially intended remain - funding and a readily available workforce.
- The Primary Care Directorate of Scottish Government have issued directions for 2024/25 stating funding will remain as expected.
- Exploration of baselining the full Primary Care Improvement Fund in 2026/27 will commence.
- Boards/HSCPs are advised to continue to prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met while maintaining and developing other MoU services.
- Local mitigation has focussed on review of current delivery models to reshape the workforce already funded to deliver the PCIP, with the intention to meet a position of parity and sustainable delivery across all general practices in Fife, whilst continuing to deliver the full MoU intention for pharmacotherapy and CTAC.
- Recent objective is to explore fair population access to services irrespective of whether the service is physically sited within general practice.
- There is a level of PCIP services in place at either cluster or practice level, though significant gaps remain across Fife.
- A new timeline has been established and approved by the Leadership of the GMS; March 2026, has been agreed as the target for achieving delivery of the plan for Fife.
- A comprehensive deep dive report regarding primary care risks was conducted in September 2023, effective mitigation and monitoring providing a moderate/reasonable level of assurance to the Governing Committees.

This report is intended to assure members of the current position and inform of the work being progressed together with the commitment to continue to strive to meet the intention of the GMS Contract via the PCIP in 2024-2025, whilst assuring members that actions are being taken to mitigate the Reasonable/Moderate levels of risk acknowledged by the Governing Committees and note delivery of these will be closely monitored.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive

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

- Safe
- Effective
- 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 report is being brought to the meeting's attention to provide an annual progress update on the Primary Care Improvement Plan (PCIP) which underpins the General Medical Services component of the Primary Care Strategy and is in alignment with the Memorandum of Understanding 2 (MoU2), together with local key priorities and next steps for delivery of the PCIP in Fife. The committee is asked to take assurance from the actions being progressed to achieve implementation of the plan and that this is being driven in a collaborative, equitable and beneficial manner to deliver the best possible outcomes for the population of Fife.

2.2 Background

The Primary Care Improvement Plan (PCIP) was created as a derivative of the 2018 General Medical Services (GMS) Contract Offer. The PCIP sets out the direction of travel locally, whilst the Contract and subsequent MoU2 provide the overarching framework for primary care reform nationally.

In 2023 an updated plan for Fife progressed through governance groups and committees, with key feedback and comment captured to support continuous development and improvement as the plan progressed.

When presented to a Committee of the Integrated Joint Board, there was discussion of the risks being carried by the GMS Implementation Group (GMS IG) regarding equitable delivery of PCIP services across Fife in line with resources available. The Committee considered the report and suggested further work was required to provide a level of assurance in regard to the mitigations required to manage this risk and directed further work to review the PCIP. This paper advised the outcome of the work progressed to

provide assurance regarding effective planning to deliver the PCIP within resources available.

Additionally, a comprehensive deep dive report regarding primary care risks was conducted in September 2023, effective mitigation and monitoring providing a moderate/reasonable level of assurance to the Governing Committees.

2.3 Assessment

The Primary Care Improvement Plan is in the delivery phase of the programme; as is the case across all Boards and Health and Social Care Partnerships (HSCPs), and across Scotland as a whole, the delivery schedule in Fife slipped significantly during the global pandemic. Furthermore, two main resource constraints in progressing - funding necessary to deliver in line with projections and readily available workforce, have existed since initiation of the plan. Both of which are closely dependent upon each other.

National Funding Position (NFP) Update

On 5 July 2024, the Primary Care Directorate of Scottish Government issued a letter to NHS Board Chief Executives and Integrated Authority Chief Officers, detailing the 2024-25 Primary Care Improvement Fund (PCIF) allocations.

Reaffirming the intention of the PCIF allocation as “an earmarked fund which should be used to support the implementation of PCIPs and should not be used for other purposes” the letter explains the allocation for most Boards will be provided in a single payment tranche this year as opposed to dividing over two tranches as in previous years. Furthermore, exploration of baselining the full PCIF in 2026/27 will commence, with an interim pledge to consider baselining of the Vaccination Transformation Programme element prior to this. Funding will once again be allocated based on NRAC shares and adjusted in line with baselined pharmacy funding, while Agenda for Change uplifts for all Integrated Authorities will be provided in a separate allocation once pay negotiations have concluded. The NHS Fife 2024-25 allocation following adjustment, to remove baseline pharmacy funding of £521,800, will be £12,695,176.

Boards/HSCPs are advised to continue to “prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met while maintaining and developing other MoU services (i.e. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.”

Additionally, advice is given that “where necessary, continue with local transitional arrangements with practices from within the existing PCIF envelope on the condition that there must be a clear plan for how that MDT support will be delivered on a long-term and sustainable basis.” In 2023/24 following local negotiation Fife remunerated transitional payments from within the PCIF allocation as recompense in absence of full delivery of Pharmacotherapy and Community Treatment and Care (CTAC) Services. Negotiations will continue for 2024/25 following the national funding position advised to boards within the NFP update.

Mitigation has focussed on review of current delivery models to reshape the workforce already funded to deliver the PCIP, with the intention to meet a position of parity and sustainable delivery across all general practices in Fife, whilst continuing to deliver the full MoU intention for pharmacotherapy and CTAC. Recent objective is to explore fair population access to services irrespective of whether the service is physically sited within general practice, ensuring any change remains person-centred, safe, and effective.

Moreover, actions within the updated 2023 plan for Fife, have held a continuous focus for the GMS Implementation Group Leadership, although multifaceted, progress has been made across all actions and will continue to be made throughout 2024 (appendix 1).

In demonstration of the commitment to deliver the PCIP objectives in Fife, a new timeline has been established and approved by the Leadership of the GMS; March 2026, has been agreed as the target for achieving delivery of the plan for Fife.

Although recognising this endpoint is aspirational, high-level milestones are in place, which the services are detailing and shaping to allow for measurement of progress. Consideration has also been given to external influences with the potential to alter the trajectory of the schedule, such as revised Scottish Government direction, confirmed national direction for pharmacotherapy, or advanced learning from the four PCIP Demonstrator sites.

Nevertheless, it was deemed important to set clear parameters locally to enhance accountability and transparency in our actions and intentions (appendix 2).

Workstream Updates

Pharmacotherapy:

Pharmacotherapy is either physically or virtually active in all 52 general practices. The implementation of Medicine Management Support Workers (MMSW) and a full career progression pathway has significantly improved recruitment and retention within the service. In recent months there has been successful recruitment of pre-registration pharmacy technicians, four of which have come via the MMSW pipeline. Several pharmacists have also recently qualified as Independent Prescribers. This qualification is imperative to the clinical role of pharmacists, enabling them to work more autonomously in the delivery of pharmacotherapy and enhancing patient care.

The Fife team are participating in a Health Improvement Scotland (HIS) Collaborative sprint in September, working closely with the four demonstrator sites - Ayrshire and Arran, Lothian, Borders, and Shetland - to establish a test of change in Fife. Planning is progressing to utilise team skill mix in a hub base model to support one cluster, with the aim to free up pharmacists to work more clinically.

The NFP update stipulates the interdependences between all three levels of pharmacotherapy require focus on the delivery of the pharmacotherapy service as a whole; the team are currently exploring level three delivery and working to commence implementation of this across Fife, thus coalescing all levels to meet current direction, with the caveat that confirmed endpoint delivery of pharmacotherapy has yet to be established nationally and therefore a timeframe for cessation of transitional payments cannot be accurately forecast.

Community Treatment and Care:

Community Treatment and Care (CTAC) have an aspect of service level activity access across all 52 general practices. The NFP reaffirms CTAC services should continue to be designed locally; with continuation of partnership working with the Community Immunisation Team (CIS) (formally the Vaccination Transformation Programme), CTAC are taking a systems leadership approach to design and implementation. With a focus on staffing across peak delivery times for vaccinations, a new 8-month CTAC, 4-month CIS delivery model has been developed to strengthen capacity and resilience within both services. CTAC are also working to develop clinical hubs to increase capacity and access across localities, learning from the successful hub models within CIS. An entry level role for newly qualified nurses has also been established, further cementing the relationship between both services.

CTAC is currently delivering approximately 86% of the MoU2 requirement, with the progressive synergy work with the CIS, it is anticipated that delivery of CTAC will reach 100% within this financial year, thus removing the requirement to continue transitional payments for this component of delivery.

The Vaccination Transformation Programme:

Now fully transitioned and merged with the Covid vaccination programme to become the Community Immunisation Service. The service continues to be monitored through the governance of the Community Immunisation Services Programme Board and GMS IG with ongoing oversight provided in the continuing delivery of the travel health component via service level agreement with community pharmacy.

Additional Professional Roles:

The aspiration of additional professional roles was to provide services for groups of patients with specific needs that can be delivered by other professionals as first point of contact either in practice or in the community setting. Mental Health Nursing and Musculoskeletal Physiotherapy workstreams both set out with the intention of practitioners being sited directly in practice, however ongoing difficulties in both funding and workforce availability, has led to the necessity to review these models.

The Primary Care Mental Health Nursing (PCMHN) resource provides access across all clusters, with approximately 67% of the intended service in place; staff may cover up to three different practices across the working week; with no backfill cover for planned or unplanned absence, no resource recognition across areas of increased demand, and a restricted 42-week cover, consistent, equitable service delivery is unattainable.

As options to move to a full hub delivery model will not improve capacity issues, the PCMHN team have been asked to consider a hybrid model of delivery, between current in-practice provision together with cluster hub provision.

The Musculoskeletal Physiotherapy workstream has approximately 54% of the intended service in place, covering 26 of 52 general practices. With a resource in each of the seven clusters, three clusters have full provision and thus access for all practices within the cluster.

With the current model resource, staff can realistically cover a maximum of three different practice locations within the working week, however, no backfill together with a restricted 42-week cover, impacted by lack of an available suitably qualified workforce nationally to allow the service to grow, keeps the service vulnerable to destabilisation.

GP representatives have been receptive to considering a change of model and have directed further work to agree model redesign within the available resource.

In Hours Urgent Care:

The In Hours Urgent Care (IHUC) workstream has approximately 78% of the intended model in place across 25 of 52 practices, with Advanced Nurse Practitioners (ANPs) covering up to four practices each.

To improve stability and sustainability and in order to improve recruitment and retention, the service has proposed that a hub model, comprising of three centres across Fife, mirroring current Out of Hours Urgent Care Services – East, Central and West, be employed to provide urgent on-the-day support for all practice patients. This would allow seamless 24-hour urgent care provision for the Fife population.

IHUC services elsewhere in Scotland are beginning to adopt this model of delivery; the FIFE IHUC service will work with the HIS Collaborative to test whether such a model would succeed in Fife. Currently the team is working with cluster quality leads to identify which of the three centres would be appropriate for a test of change.

The GMS leadership, including GP representatives are receptive to exploring this change to delivery.

Community Link Workers:

The Community Link Worker (CLW) workstream has 100% of the intended model in place. The PCIF funded component provides for three Fife Forum Local Area Coordinators, commissioned as part of a wider Service Level Agreement (SLA) with Fife Council. However, this accounts for only 5% of the CLW workforce in place, the remainder being provided from other funding streams including Action 15, the mental health services fund. Link Life Fife providing 95% of cover has strengthened the overall model, with referral via SCI Gateway now established across all 52 general practices.

The SLA with Fife Forum is to be renewed at the end of this financial year, within this year closer alignment to GMS IG together with monitoring of activity will provide assurance that this resource continues to represent the requirement of CLWs within the PCIP, at which point the service is expected to be fully transitioned to business as usual.

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

Primary Care has a central role in providing and coordinating care around the needs of local communities and making sure the care provided is the right care for an individual and is sustainable. The ongoing work through the Primary Care Improvement Plan is focussed on sustainable value-based care.

Realistic Medicine creates joint partnerships in care between the patient and the health professional, the additional MDT services within the PCIP provide strong foundations in the quality of this approach. With recognition of a finite resource, ensuring the most appropriate use of the resource together with equipping patients with the necessary knowledge and understanding of new pathways to care management, including the promotion of preventative and self-directed care, is pivotal in progression of a sustainable plan.

Each of the PCIP services hold continuous quality of care as a priority and will clearly identify areas of negative impact in any proposal presented. Any redesign of models will also be accompanied by robust assessment to meet sustainable, high-quality delivery and ensure the principles of Realistic Medicine is carried throughout.

2.3.2 Workforce

The workforce has stabilised across pharmacotherapy and is beginning to do so within CTAC services.

A subgroup of the GMS Leads Group has been stepped up to support learning across all workstreams in the hope of improving recruitment and retention.

In-service workforce surveys have captured a level of disconnection from the practice environment with staff expressing discouragement at the gaps in delivery and at the lack of

progress to roll out services as intended. Solutions being sought would aim to increase the benefit of working within a team environment, sharing knowledge and skills, and having readily available access to peer support.

Improved staff experience can only lead to improved delivery of care, the driver for redesign may be in reaching parity of access but secondary to this is a workforce that feels involved, respected, and valued.

The overall activity being undertaken, provides good evidence of robust workforce planning, and any redesign of models will be formed in partnership, in line with the NHS Scotland Staff Governance Standard, ensuring the workforce is involved and concerns are acknowledged and addressed. Workforce risks and issues will be captured within the testing of new delivery models with appropriate mitigation put in place.

2.3.3 Financial

Realising full delivery of CTAC services will remove the current requirement for transitional payments of this MoU2 component; pharmacotherapy transitional payments may be able to be lessened or removed if an acceptable level of service can be agreed and achieved locally whilst national direction remains outstanding.

Redesigning delivery models within the current funded envelope to provide equity of population access will prevent further spend in the siting of services within general practice.

2.3.4 Risk Assessment / Management

Several high-level risks are being carried by the GMS Implementation Group. Principally, GP stakeholders remain concerned regarding lack of fair equitable share of the services within the primary care improvement plan. This has been cited as failure to deliver on the GMS Contract.

“There is a risk that due to insufficient funding and lack of available workforce, services will not be rolled out and delivered equitably across all general practices, resulting in Fife failing to implement the direction of MoU2.”

Additionally, IJB hold the following Strategic Risk:

“There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.”

Whilst NHS Fife hold the following wider primary care Corporate Risk:

“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.”

Scored at ‘a reasonable level of assurance’ the IJB are satisfied that although some areas of concern remain, the controls, actions and assurances provided are reasonable in relation to management of this risk.

NHS Fife provides a similar score expressed as a ‘moderate level of assurance’ in that although there remains a moderate amount of residual risk, there is sufficient assurance that controls upon which the organisation relies to manage the risk are suitably designed and effectively applied.

In response work to provide the two legal components of the Contract – pharmacotherapy and CTAC – is taking priority. Nonetheless, the other in-depth work to explore new delivery

models to improve sustainability and implement parity is vital to delivering the full plan for Fife.

Moreover, GP representatives within GMS Leadership, have very recently presented alternate mitigation, with suggestion of a further option to redesign. An action has been taken for the GP Subgroup to consider this proposal from GP reps to review overall provision of non-legal components to provide every practice/cluster what is suitable to their requirements. This is at a preliminary stage and feedback will be provided to the group for further consideration.

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

Delivering sustainable primary care services that are considerate of the most effective use of our resources, siting them in a way that positively contributes to local communities, whilst preserving quality standards, links closely with NHS Fife's commitment as an anchor institution to protect resources for the health of future generations.

An EQIA will be completed and accompany any test of change conducted due to implementation of PCIP, with clear consideration of avoiding a worsening of health inequalities through decreased access to services.

2.3.6 Climate Emergency & Sustainability Impact

Critical to the ethos of the PCIP is to realise improved and visible efficiencies in service delivery. Some of this will occur through the positioning of services centrally or as community hubs reducing the number of places the workforce and people are required to travel to. An increase in virtual working within the pharmacotherapy department has vastly reduced travel amongst the team and as such offsets the carbon footprint of patients travelling for care.

Repositioning of services closely considers access via public transport, to further support the reduction of individual private vehicles being required in transport of the patient population.

An improving digital environment across all services is also resulting in a decrease in use of paper-based records.

2.3.7 Communication, involvement, engagement and consultation

The addition of a new step in the governance route between the workstreams and the GMS IG, has significantly improved collaboration across the PCIP. With operational leads and stakeholders coming together to explore issues, share solutions, provide constructive challenge, advice, and guidance; as the working partner of the GMS IG, The GMS Leads Group is bringing a collective voice in the direction of travel for Fife, whilst providing assurance of attention to due diligence.

Communications have been improved across the wider stakeholder group, with the issuing of the quarterly PCIP newsletter, 'Let's Connect' to all 52 general practices; with over 200 views for each of the two newsletters issued to date, an average of two views per practice can be assumed.

Public facing communications are drawing from other local and national messages around the *right care, right place* missive and include stakeholder awareness of other routes of care for their patients to access. Future messaging will bring more of a focus to the changing face of modern general practice and explain new pathways on the patient journey.

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.

- GMS Implementation Group, 30 July 2024
- SLT – Business, 05 August 2024
- EDG, 15 August 2024
- Primary Care Strategic Oversight Group, 16 August 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

Assurance - assure members of the current position and inform of the work being progressed together with the commitment to continue to strive to meet the intention of the GMS Contract via the PCIP in 2024-2025.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Primary Care Improvement Plan: Action Tracker

Appendix 2 – Primary Care Improvement Plan: Revised timeline with high-level milestones

Report Contact(s):

Fiona Duff
Primary Care Programme Manager
Email fiona.duff2@nhs.scot

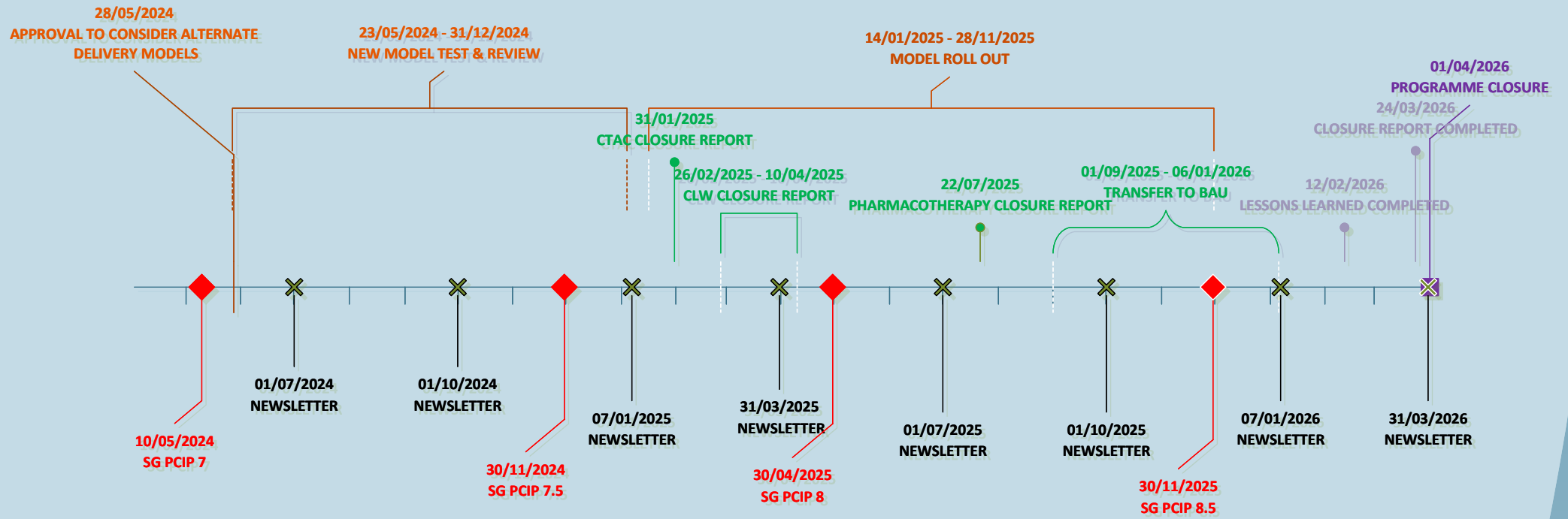
Primary Care Improvement Plan Action Tracker

OBJECTIVE	ACTION	EVIDENCE
<p><i>Stabilise the workforce for services already in place to provide consistency in service delivery together with better integration and improved coordination ensuring the patient experience is one of quality. Work towards completion of the MoU2 priorities with services fully embedded, resilient, and sustainable within primary care. Deliver a workforce model in alignment with the HSCP workforce strategic priorities</i></p>	<ul style="list-style-type: none"> • Confirm the level of services in place across each practice/ cluster. 	<p>Mapping of service level directly in each practice in progress, completed at cluster level.</p>
	<ul style="list-style-type: none"> • Establish root cause of inconsistencies in service delivery ensuring solutions to manage these. • Maximise recruitment & training opportunities. • Maintain focus on high-quality, safe, and effective person-centred delivery. 	<p>Recruitment and retention issues which are multifaceted are impacting consistent delivery; SLWG convened to support learning and shared solutions towards improvement.</p>
	<ul style="list-style-type: none"> • Explore and implement solutions to provide backfill. • Review service delivery models to maximise effectiveness and efficiencies. • Review original benchmarking and agree projections for the future in partnership. 	<p>Each service is reviewing original requirements and considering changes to current models to support the identification of any potential to provide increased equity of service delivery whilst improving continuity within the existing funding and workforce resource.</p>
<p><i>Improve frequency, quality, and channels of communication with all stakeholders. Share decisions, progress, and challenges in the implementation of the PCIP and encourage active constructive dialogue. Connect and communicate with patient groups/ service users to support understanding of the modernisation of general practice and what to expect when accessing primary care. Understand the impact of the changes for both the workforce and the patient group being solution focused to any areas of unintended negative impact.</i></p>	<ul style="list-style-type: none"> • Develop a robust Fife wide communication and engagement plan. • Communicate targeted and more effective messages. • Incorporate mechanisms for routine updates to general practice and support a reciprocal information flow between key stakeholders. • Create communication tools to reach a wider audience. • Identify key messaging and appropriate media delivery platforms to share information. 	<p>Full Communications plan approved and in place. GMS Leads Group established and meeting bi-monthly to ensure improved collaboration across all workstreams, management of actions and preparation of reports into the GMS IG for increased efficiency in decision making. Stakeholder newsletter 'Let's Connect' now in place and issued quarterly to increase awareness of implementation, including challenges and progress.</p>
	<ul style="list-style-type: none"> • Conduct a full EqIA across the entirety of the implementation of the PCIP. • Link with localities to ensure regular updates on progress and encourage active dialogue. 	<p>Programme level EqIA on hold until full understanding of delivery changes via the model reviews. Each workstream will provide an EqIA to accompany any test of change and to support decision on subsequent roll out. Representation at all 7 localities groups via the Project Management Office.</p>

Primary Care Improvement Plan Action Tracker

<p><i>Enhance the effectiveness and realise efficiencies of the workstreams by recognising commonalities for co-delivery together with optimisation of the skill mix, capability, capacity, and roles of the PCIP workforce.</i></p>	<ul style="list-style-type: none"> • Deliver against CTAC and CIS synergies to support CTAC to full transformation. • Explore shared resource and co-location opportunities. • Optimise pathways in and between services for improved transitions of care. • Build and nurture partnerships to maximise reach. • Deliver efficiencies where coproduction opportunities exist. 	<p>Focus on staffing across peak delivery times has led to a new 8-month CTAC, 4-month CIS recruitment model being developed.</p> <p>Exploration of management of share appointment scheduling is underway.</p> <p>Consideration of sharing hub accommodation is underway as part of the reshaping of delivery models.</p>
	<ul style="list-style-type: none"> • Produce effective methods of reporting 	<p>Reinstatement of workstream level governance groups is gradually underway.</p> <p>Flash reports are now in place, providing bi-monthly updates to GMS Leadership groups.</p> <p>Performance level data reliant on GPIT system extraction remains an issue but is being monitored by the digital team.</p>

PCIP Proposed Timeline



Meeting: Staff Governance Committee

Meeting Date: 03 September 2024

Title: Integrated Performance & Quality Report

Responsible Executive: Margo McGurk, Director of Finance & Strategy

Report Author: Susan Fraser, Associate Director of Planning and Performance

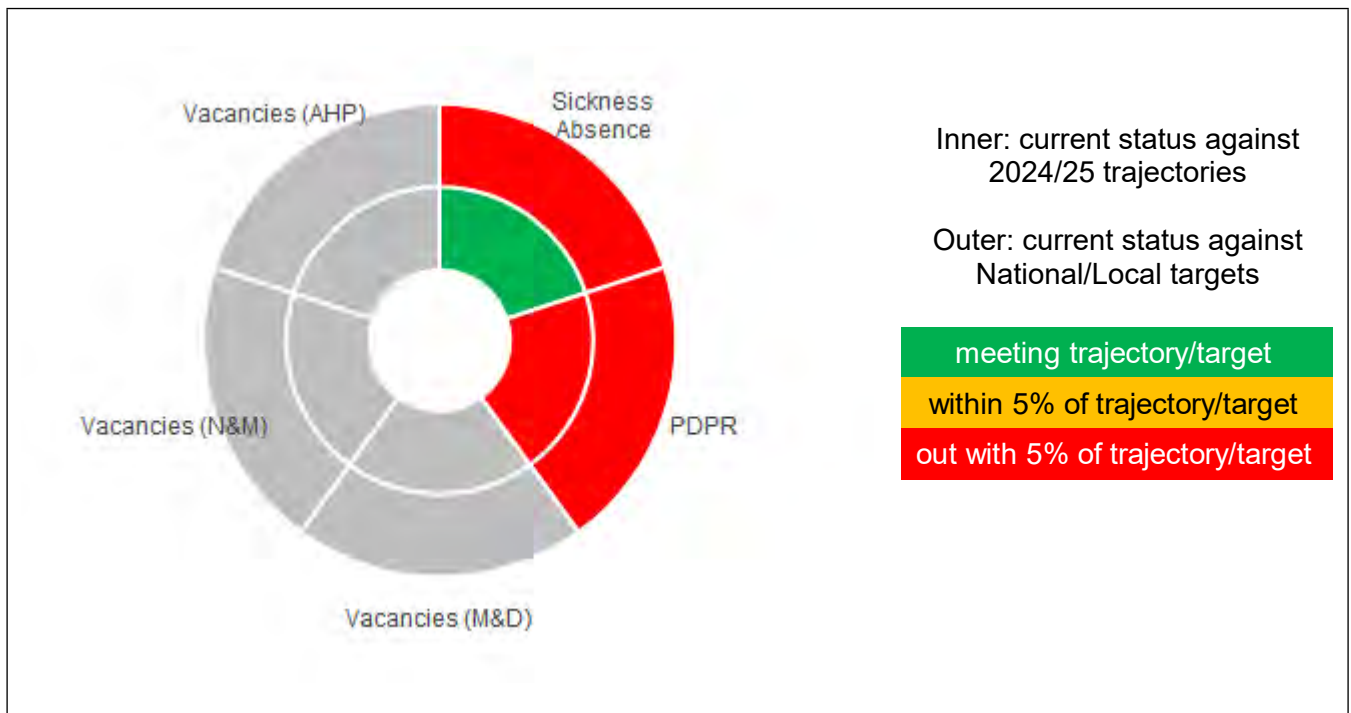
Executive Summary

There are five metrics reported to Staff Governance Committee via the IPQR. of which, 3 (relating to Vacancies) have no defined trajectory/target.

- Sickness Absence is currently achieving trajectory but not meeting target.
- PDPR compliance is currently not achieving trajectory/target.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

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

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

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

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

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

2. Report Summary

2.1 Situation

This report informs the 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 March 2024 for Vacancies; end of June 2024 for Sickness Absence; and end of July 2024 for PDPR.

2.2 Background

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

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.

New measures included this month and onwards are related to Public Health Screening and Child Health with work to continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics:

Public Health & Wellbeing

- Breast and Bowel Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Infant Feeding
- Child Developmental Concerns

Highlights of July 2024 IPQR

A summary of the status of the Staff Governance metrics is shown in the table below.

Measure	Current Position	Reporting Period	Planned Trajectory	Current Status	Target
Sickness Absence	7.17%	Jun-24	8.00%	Achieving Trajectory	6.50%
PDPR	44.5%	Jul-24	47.5%	Not Achieving Trajectory	60.0%
Vacancies (Medical & Dental)	19.5	Mar-24	-	-	-
Vacancies (Nursing & Midwifery)	165.1	Mar-24	-	-	-
Vacancies (AHPs)	27.4	Mar-24	-	-	-

The RAG displayed in Assessment & Performance Exception Reports

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the	There is sufficient assurance that	There is some assurance from the	No assurance can be taken from 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.	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.	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.	information that has been provided. There remains a significant amount of residual risk
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2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the Position at July IPQR has been made available for discussion at the meeting on 03 September 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 15 August 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Discussion** – For examining and considering the implications of the matter.

3. List of Appendices

The following appendices are included with this report:

- IPQR Position at July 2024 SG v1.0

Report Contact(s):

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at July 2024
Produced in August 2024

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

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

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. 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. Performance RAG is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target. All charts with SPC applied will be formatted consistently based on the following;



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

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
13 August 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		

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

Movement Key	
▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

Summary Statement on Risk Profile

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

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

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

B. Indicator Summary

Quality & Care			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	LAER/SAER	% Actions Closed on Time	37.8%	52.2%	▼		Inpatient Falls	7.38	7.44	◆		Pressure Ulcers	1.20	1.52	▲		
	Ligature Incidents (Mental Health)		0.71	0.33	▼		Incidents of Restraint (Mental Health)	10.7	12.0	▲		Incidents of Physical Violence (Mental Health)	13.55	10.22	▼		
	Incidents of Self Harm (Mental Health)		0.89	0.82	▼		SAB HAI	24.5	16.7	▼		C Diff HAI	7.0	6.7	◆		
	ECB HAI		24.5	20.0	▼		S1 Complaints Closed in Month on Time	59.5%	68.9%	▼		S2 Complaints Closed in Month on Time	20.5%	21.4%	▼		
Operational Performance			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Emergency Access	A&E	75.3%	74.4%	▲		Delayed Discharges (Standard)	Acute/Comm	46	55	▲		Cancer	31-day DTT	95.0%	96.1%	▼
	ED	68.2%	66.4%	▲	MH/LD			7	9	▲	62-Day RTT			71.1%	73.6%	▼	
	Patient TTG	% <=12weeks	45.4%	47.1%	▼		New Outpatients	% <=12weeks	41.6%	40.9%	▲		Diagnostics	% <=6weeks	62.8%	59.9%	▲
		>52 weeks	642	642	◆			>52 weeks	4970	4845	◆			>26 weeks	50	44	▼
Finance			Current	Change				Current	Change								
	Revenue Resource Limit Performance	(£17.207m)					Capital Resource Limit Performance	£1.274m									
Workforce			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Sickness Absence		7.17%	7.11%	◆		Personal Development Plan & Review		44.5%	43.5%	▲		Vacancies	Medical & Dental	6.2%	7.5%	▲
		Nursing & Midwifery	3.8%	4.6%	▲												
		AHPs	3.7%	4.7%	▲												
Public Health & Wellbeing			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Smoking Cessation	40% Most Deprived	285	255	▲		Alcohol Brief Interventions	120%	120%	◆		Mental Health Readmissions within 28 days	3.6%	2.4%	▼		
	CAMHS		70.8%	86.0%	▼		Psychological Therapies	67.8%	70.9%	▼		Drugs & Alcohol	93.1%	83.8%	▲		
	Breast Screening		73.4%	—			Bowel Screening	66.2%	—			AAA Screening	87.3%	86.8%	▲		
	Childhood Immunisation	6-in-1 @ 12 months	95.1%	94.9%	▲		Childhood Immunisation	MMR2 @ 5 years	85.7%	89.6%	▼						
	Infant Feeding		31.6%	30.5%	▲		Child Development		18.4%	15.1%	▲						

Key

- Improved performance from previous month
- No significant change from previous month
- Reduction in performance from previous month

C3. Workforce

To improve staff experience and wellbeing 2 2 - - - ◀▶ Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	7.17%	Month Jun-24	8.0%	6.5%	○	◆	▼		● YE May-24
Personal Development Plan & Review (PDPR)	44.5%	Month Jul-24	47.5%	60%	●	▼	▲		●
Vacancies (Medical & Dental)	6.2%	Quarter Mar-24			●	▲	▲		●
Vacancies (Nursing & Midwifery)	3.8%	Quarter Mar-24			●	▲	▲		●
Vacancies (AHPs)	3.7%	Quarter Mar-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

7.17%

Trajectory achieved as of Jun-24

Data Analysis

Sickness absence increased from 7.11% in May-24 to 7.17% in Jun-24.

Short-term absence increased from 3.20% in May-24 to 3.44% in Jun-24, with a decrease in long term absence from 3.91% to 3.72%.

Most sickness absence episodes and hours lost related to mental health related reasons for absence (amounting to 27.5% of all absences).

HSCP has an absence rate above 7%, with Community Care above 9% and Complex & Critical Care above 8%, as is the Medical Directorate.

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

Achievements:

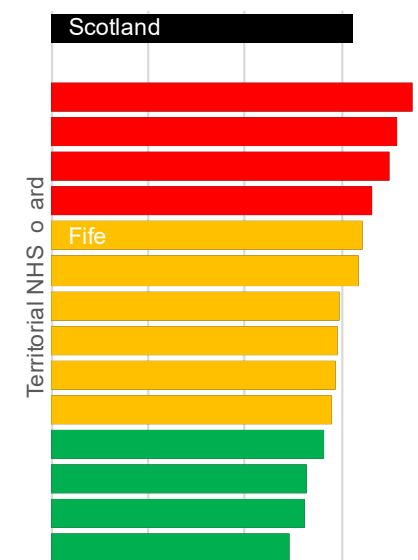
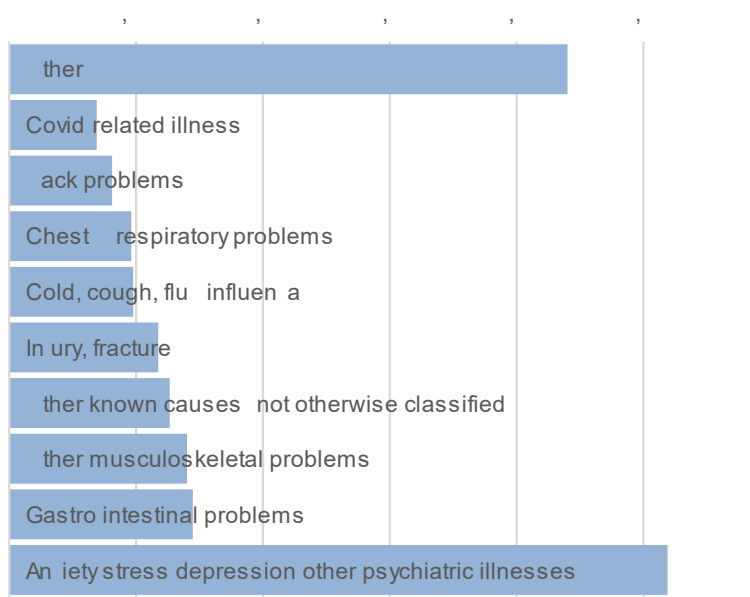
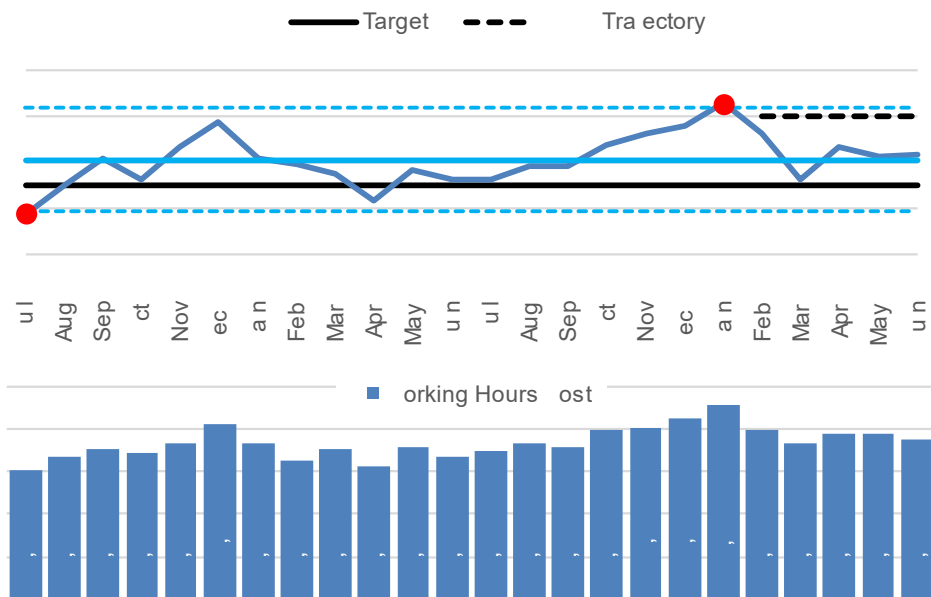
- The newly formed Attendance Management Group have now met, agreed on group membership, have developed their Terms of Reference, as well as an action plan with short-, medium- and long-term activity.
- Promotion of the Attendance Management Training to the appropriate audience.
- Implementation of a Neurodiversity Passport to support managers and neuro diverse staff.

Future/On-going:

- H&SCP colleagues have completed a multifactorial review with recommendations. This requires further analysis to explore the benefits to share approach across the system for all services to use as appropriate.
- Benchmarking with other Boards on their approaches to establish any learning.
- Reviewing the purpose of the Attendance Management Panels, considering their focus and purpose.

Challenges:

- Reviewing 'catch all' absence coding descriptors on SSTs.
- Consideration of the Ageing workforce and working longer, with complex health needs.
- Workforce pressures associated with RiWW.





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

44.5%

9



To achieve trajectory as of Jul-24

Data Analysis

Compliance was 44.5% in Jul-24, an increase of 1.0% from the previous month and an increase of 4.1% on the same month in 2023.

To meet the locally agreed trajectory of 47.5% for July, 282 additional reviews would have been required to be completed, 60% is to be achieved by Mar-25.

The number of reviews held in Jul-24 increased by 8% to 295 from 273, so far in 2024/25 there have been 1434 reviews held compared to 1287 in same period in 2023/24.

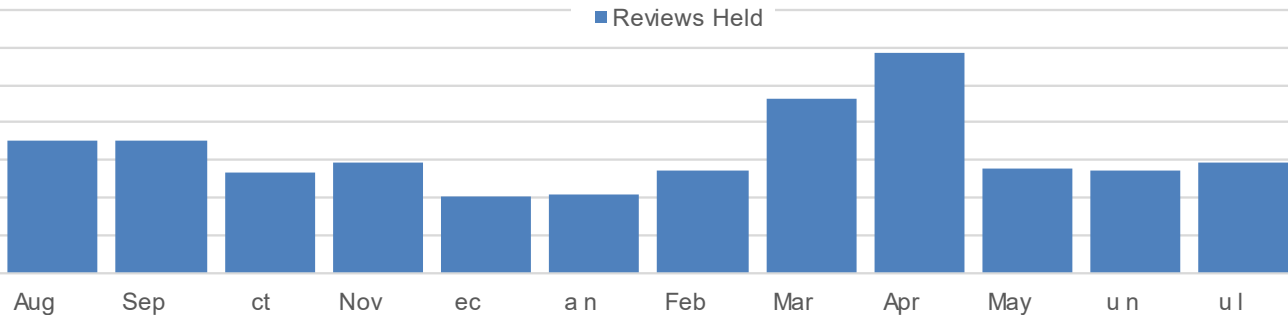
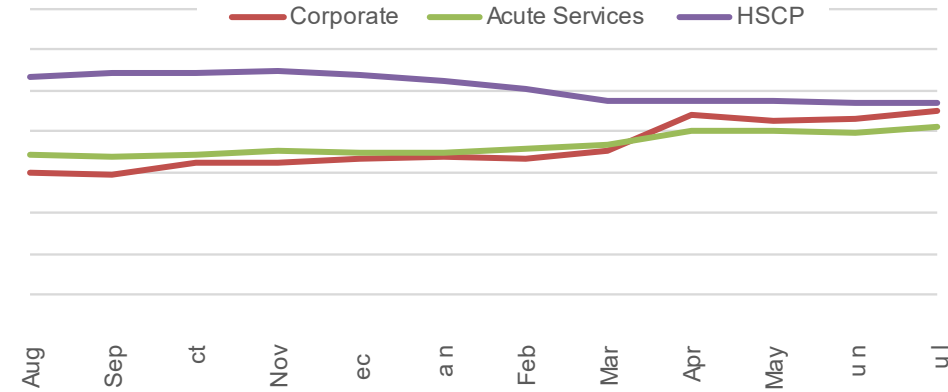
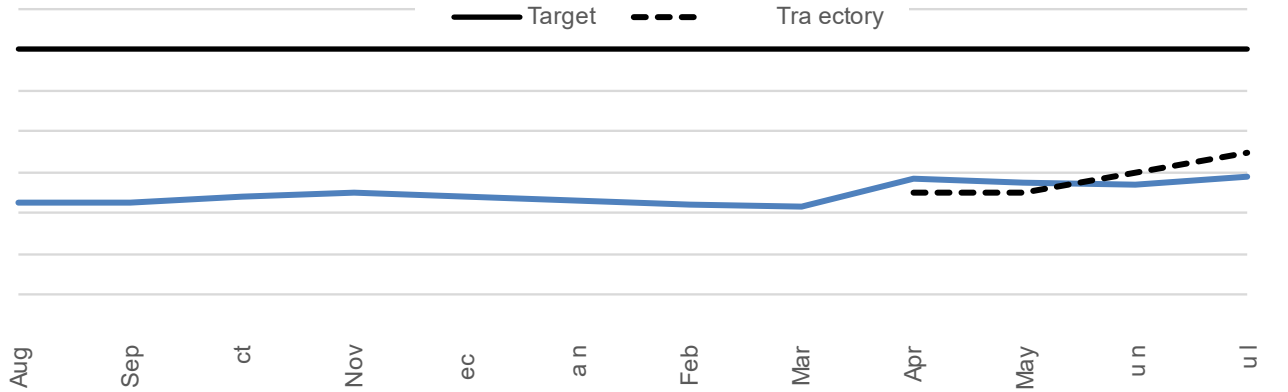
Compliance was highest in HSCP at 47.2%, Primary & Preventative Care has highest compliance within the Partnership with 53.8% with Complex & Critical Care lowest at 40.2%. Corporate Services compliance is 45.0%, an increase of 1.8% from month prior and 15.5% higher than year previous, with Acute Services 41.1%. Surgical Directorate have now achieved over 51% compliance with Medical Directorate at 26.0%.

Achievements & Challenges

The Interim Learning and Development Manager now attends APF, SGC and the Acute Services Division & Corporate Directorates LPF to support adoption of good practice and encourage managers across all directorates to drive up the attainment of PDPR across the year ahead.

Engaging with managers and teams at a local level will support development of individualised team improvement plans and support achievement of the 60% compliance level by end March 2025.

C3. Workforce





Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	6.2%
Nursing & Midwifery (N&M)	3.8%
Allied Health Professionals (AHPs)	3.7%

Medical & Dental WTE vacancies saw a decrease from the Dec-23 figure to 19.5 in Mar-24. The largest number of vacancies falls within a single area of General Psychiatry at 8.

There is a national challenge to recruit permanent staff into Psychiatry. A Short Life Working Group, led by the Clinical Director, Complex & Critical Care has been set up to consider how permanent medical staff can be attracted to work in NHS Fife, with a comprehensive multi-faceted action plan

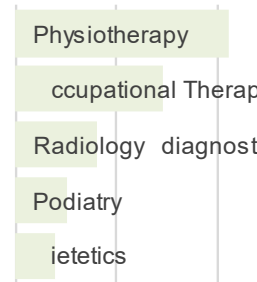
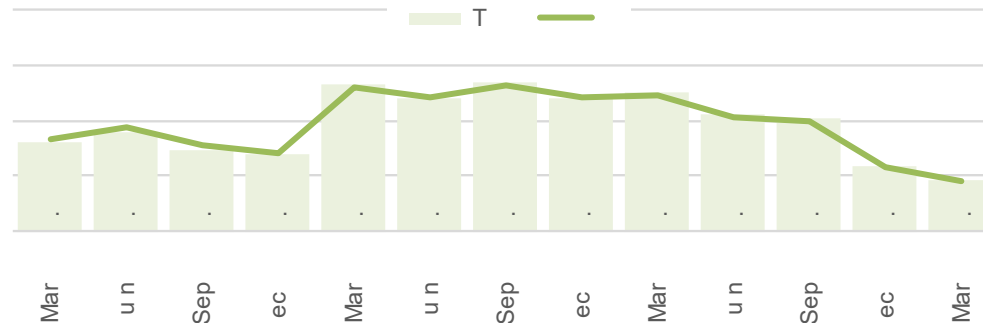
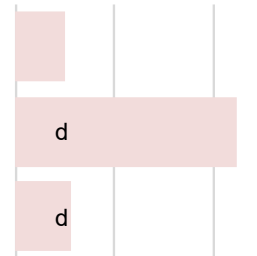
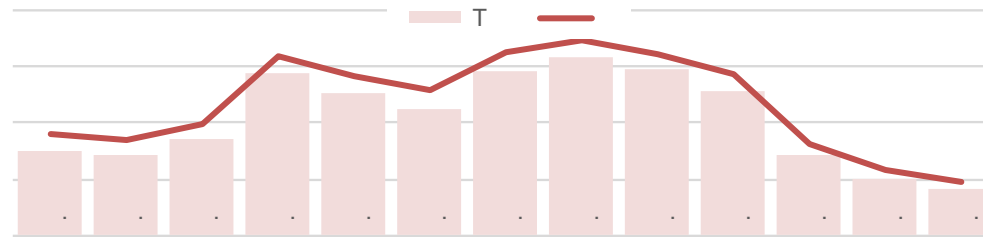
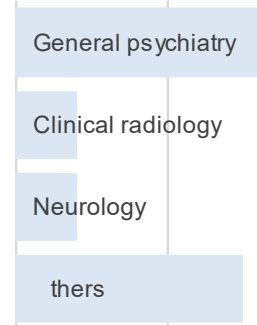
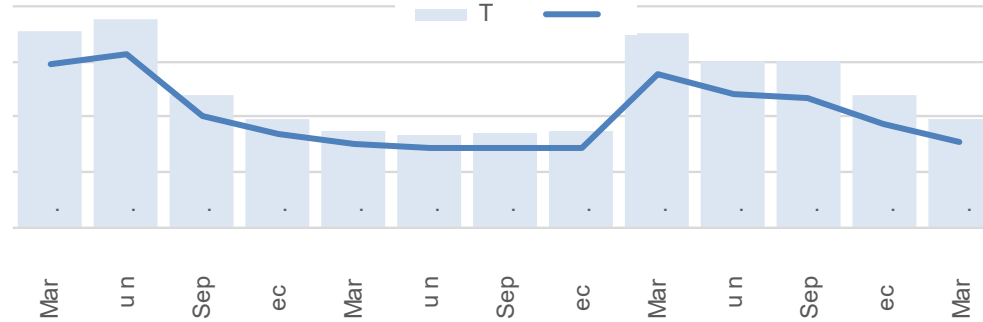
Nursing & Midwifery WTE vacancies have seen a decrease for this reporting quarter dropping from 201.2 WTE to 165.1 WTE. 82.7% of vacancies are for qualified staff Bands 5 to Band 7+.

Recruitment to Band 5 registered nursing posts continues to be challenging. Efforts to recruit newly qualified Band 5 nursing staff continue and NHS Fife has recruited 202 Student Nurses (159.84 wte) across all service areas and these new staff will take up post in September 2024.

To address the shortfall in nursing staff, NHS Fife has augmented our nursing workforce by introducing Band 4 Assistant Practitioners and realigning the skill mix.

AHP WTE vacancies have reduced to their lowest level since Mar-22 (27.4 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

There is a national shortage in most AHP professions with recruitment to Physiotherapy and Occupational Therapists roles being particularly challenging. To address this, Physiotherapy and Podiatry have opted into the Funded Places Scheme and have permanently recruited those that qualified and have current trainees they hope to recruit to permanent positions. In addition, work on education and learning frameworks to attract new talent is progressing.



Mar

Meeting:	Staff Governance Committee
Meeting Date:	3rd September 2024
Title:	iMatter 2024 Campaign
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Interim Learning & Development Manager

Executive Summary

- Purpose of report is to inform Staff Governance Committee (SGC) of iMatter 2024 outcomes and next steps planned to increase employee engagement and experience.
- The 2024 iMatter questionnaire was launched in NHS Fife on Monday 17th June and closed 3 weeks later on Monday 8th July.
- Engagement level this year reached 64% showing a decrease of 2% on 2023. This engagement levels exceeds that of the national outcome of 58%.
- From a total of 11,959 participants over 948 individual teams, 7683 individuals responded to the questionnaire invite.
- 266 teams recorded a 100% response rate with 367 teams recording less than 25% engagement.
- The employee engagement index (EEI) score for 2024 is 76, a decrease of 1 compared to 2023.
- The overall experience of working for NHS Fife and the HSCP remains the same as 2023 at 7.0.
- All NHS Fife and HSCP teams who met the required threshold for participation have now received their team reports.
- Out of 211 teams who have four team members or less, there were 88 teams that did not receive an individual team report due to failing to meet the 100% response rate required for teams of this size.
- All teams, including those who did not receive an individual team report, are now being encouraged to complete their Team Action Planning stage within the 8-weeks following the date team reports were made available within their Directorates.
- A number of key activities are now in place to support Team Action Planning and include the Executive Director Group role modelling an effective approach, whilst raising awareness of the importance and value of these conversations and the provision of online information sessions to directly support managers.
- The 8-week deadline for teams ends on either 3rd for fully electronic Directorates or 16th September for mixed Directorates where one or more participants engaged in the questionnaire using the paper-based method.
- The recording of Team Action Plans can continue beyond the 8-week deadline however, those that are entered after the given dates will not be recognised in the annual national iMatter report produced by Scottish Government.
- The report provides a Significant Level of Assurance as there is a high level of confidence that the actions in place will meet the delivery level required.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

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

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

2. Report Summary

2.1 Situation

The purpose of this report is to inform Staff Governance Committee (SGC) of the NHS Fife iMatter 2024 questionnaire outcomes and ongoing activities.

This meeting is being asked to take assurance that the next steps identified for the 2024/25 campaign aim to increase employee engagement and experience in NHS Fife.

2.2 Background

iMatter is a tool designed with staff in NHS Scotland to help individuals, teams and health Boards understand and improve staff experience. [The National Health and Wellbeing Outcomes](#), which sets out the framework for delivering services, outlines a commitment to developing a health organisational culture through staff engagement.

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

The 2024/25 questionnaire invite was issued to all NHS Fife and the HSCP employees on Monday 17th June and ran for 3 weeks, ending on Monday 8th July.

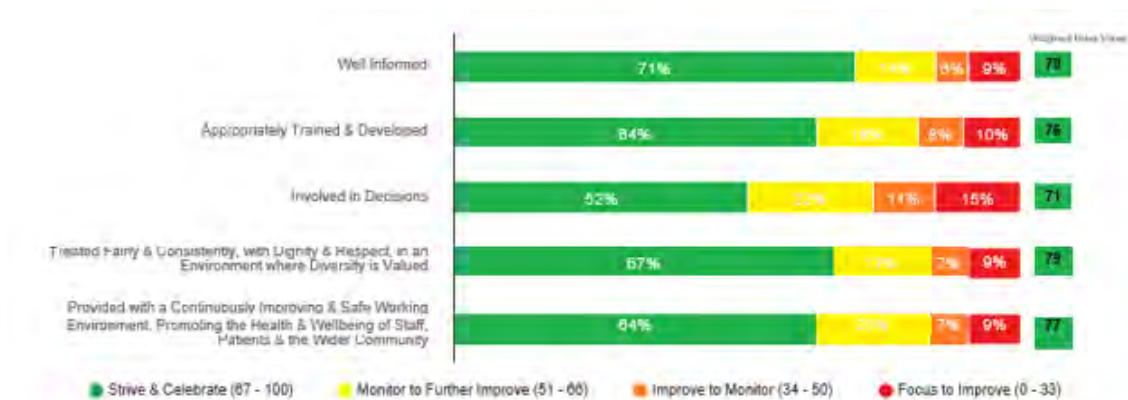
- On Tuesday 9th July, Directorates who had engaged in the questionnaire via fully electronic methods (email or SMS) received their Team and Directorate reports. All remaining Directorates received their reports on Monday 22nd July.
- We have now moved into the 8-week Action Planning phase of the survey.
- The 8-week deadline is associated to the date teams received their reports.
- For fully electronic Directorates where reports were received on 9th July, this deadline ends on 3rd September 2024.
- For all remaining Directorates where reports were received on the 22nd July, this deadline is extended to the 16th September.

Although team action plans can be recorded at any time over the next 12 months, only action plans recorded within these defined 8-week periods will be used to inform the annual national iMatter report produced by Scottish Government.

2.3 Assessment

Individual components of the iMatter questionnaire are directly associated to one of the five Staff Governance Standards and these are shown in Appendix No. 2

Team and Organisational reports reflect a Strand Score Index which shows the weighted index value of all participant responses so that individual teams and senior managers can effectively analyse performance in these areas. The 2024 Staff Governance Standards – Strand Score Index is shown below:



Engagement in the iMatter questionnaire in NHS Fife and the HSCP reached 64% showing a decrease of 2% on 2023. For the third year running, our engagement has exceeded that of the national outcome of 58%.

Key facts about the 2024 report:

Responses:

- A total of 11,959 individuals over 948 teams were invited to participate in the questionnaire this year.
- 7683 individuals responded.

- Of the 11,959 questionnaire invites issued, 11,337 were via email, 406 via SMS and 216 via paper.
- Responses returned: 7474 via email, 160 via SMS and 49 via paper.
- 266 teams recorded a 100% team response rate.
- 37 teams recorded less than 25% engagement. Of this 25%, there were 5 teams where one or more team members had the paper-based questionnaire as their preferred response method.
- There are currently 211 teams with 4 team members or less. 88 of these teams did not receive individual team reports this year due failing to meet the 100% response requirement. This equates to 9% of the teams registered this year.
- The employee engagement index (EEI) for 2024 is 76 (1 point less than in 2023).
- Overall Experience of working for Team Fife is 7.0 (the same as 2023).

The number of teams achieving EEI scores in each of the four categories is shown below:

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	751	98	6	1	91	947
Percentage of Teams	79.3%	10.3%	0.6%	0.1%	10%	100%

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

All teams are now required to agree an Action Plan with outcomes recorded in iMatter by the team manager by the dates outlined earlier in this report.

The action planning stage is the most significant stage of the iMatter survey. This stage offers teams the opportunity to discuss and identify together their own improvement plan for the year ahead. Continuing effort is required to maintain engagement levels experienced in 2023.

To support Team Action Planning, these key activities are being put in place:

- The Executive Director Group (EDG) are role-modelling, and positively pursuing, an effective Team Action Planning approach within their own respective Directorates whilst also raising the importance and value of these conversations within their services.
- The provision of online MS Team-based information sessions to support managers during the Team Action Planning process.
- Continued promotion of iMatter and the Team Action Plan requirements via all available forums including NHS Fife StaffLink and the appropriate HSCP platform, email messages direct to managers, presence at key forums (AS/HSCP LPF, APF, etc) or promotion from others where the opportunity arises.
- Service specific communications to encourage, and support areas where action planning has not been previously recorded on a service-wide basis.
- Redistribution of the iMatter manager support pack to all managers raising awareness of key documents to support Team Action Planning:

- Managers Guidance – Team Reports and Action Planning.
- iMatter Team Managers Manual (to support use of iMatter website)
- NHSScotland iMatter FAQ
- iMatter staff FAQ leaflet (for distribution in teams)
- Examples of Team Stories from 2022/23 to promote outcomes from successful engagement.
- Motivational videos from Directors promoting the value of Action Planning and the impact on individual teams, services, and the wider organisation.

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 motivated and valued workforce who are encouraged to actively improve services in their areas.

2.3.2 Workforce

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

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

2.3.3 Financial

There are no financial implications at this stage of the campaign.

2.3.4 Risk Assessment / Management

There are no significant risks identified for this stage of the campaign.

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

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

informed by national work overseen by the Scottish Workforce & Staff Governance (SWAG) group.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors Group – 15 August 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix No. 1, 2023 and 2024 Board Reports
- Appendix No.2, Staff Experience Components and association to Staff Governance Standards

Report Contact:

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



Board Report 2023

NHS Fife

Total number of respondents: 7712

Response rate

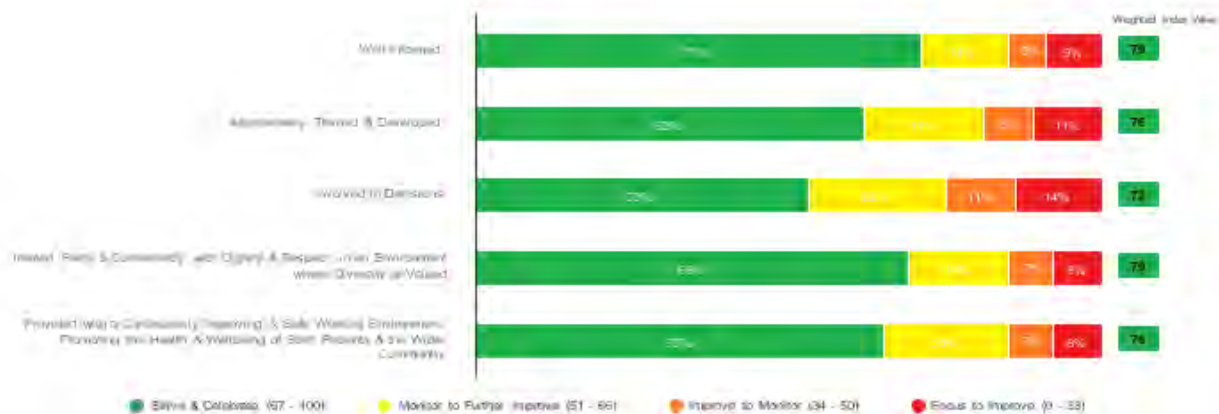


EEI



Employee Engagement Index

Staff Governance Standards - Strand Scores



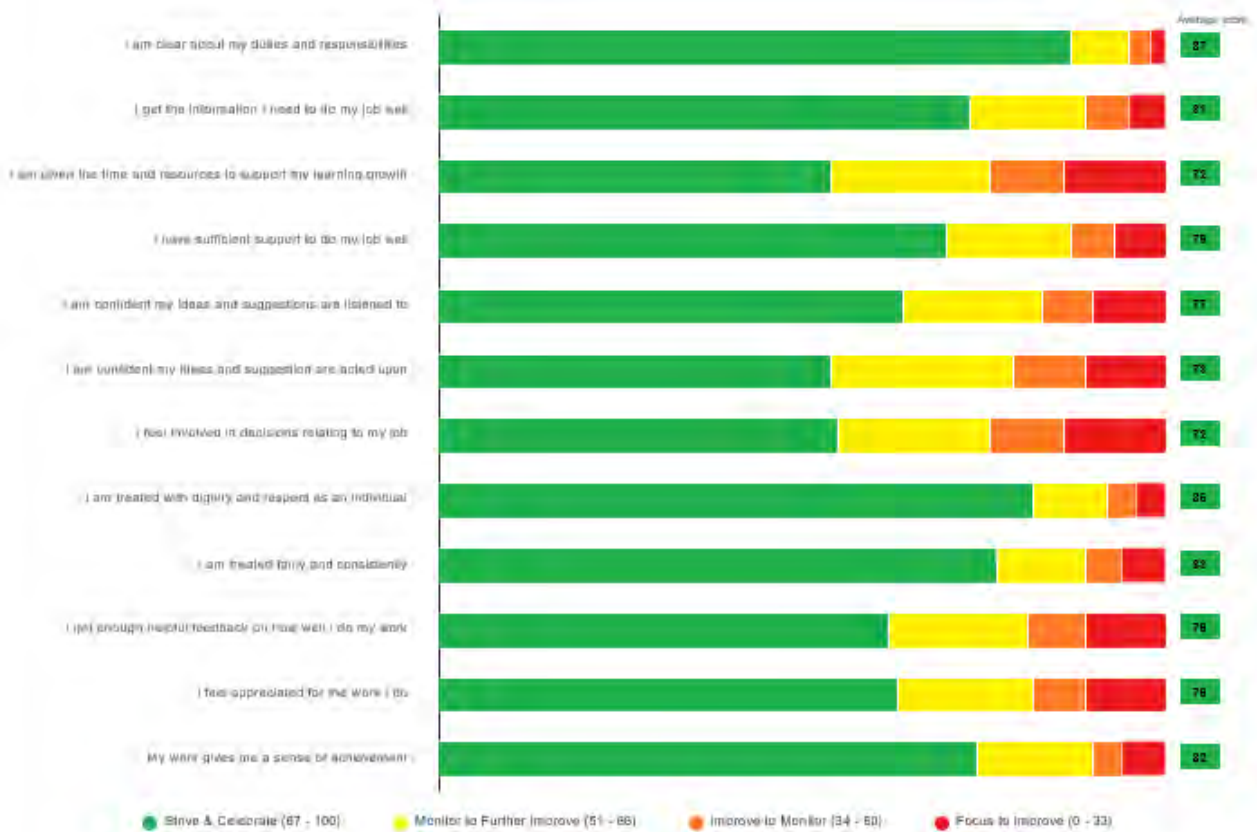
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree - Strongly Disagree) is multiplied by its number value (5-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

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

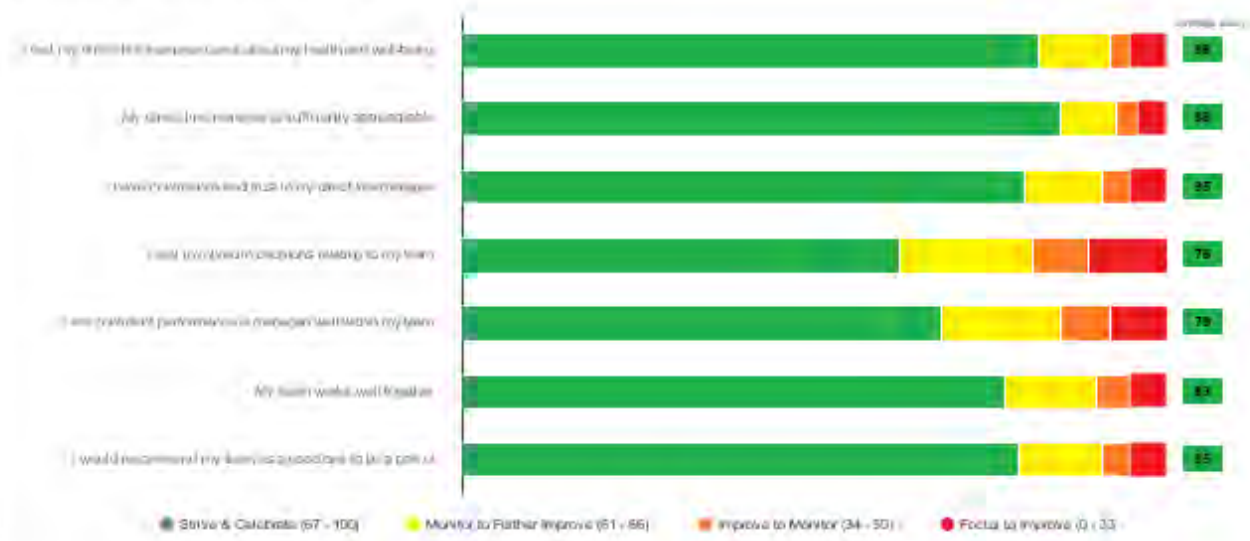
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7712



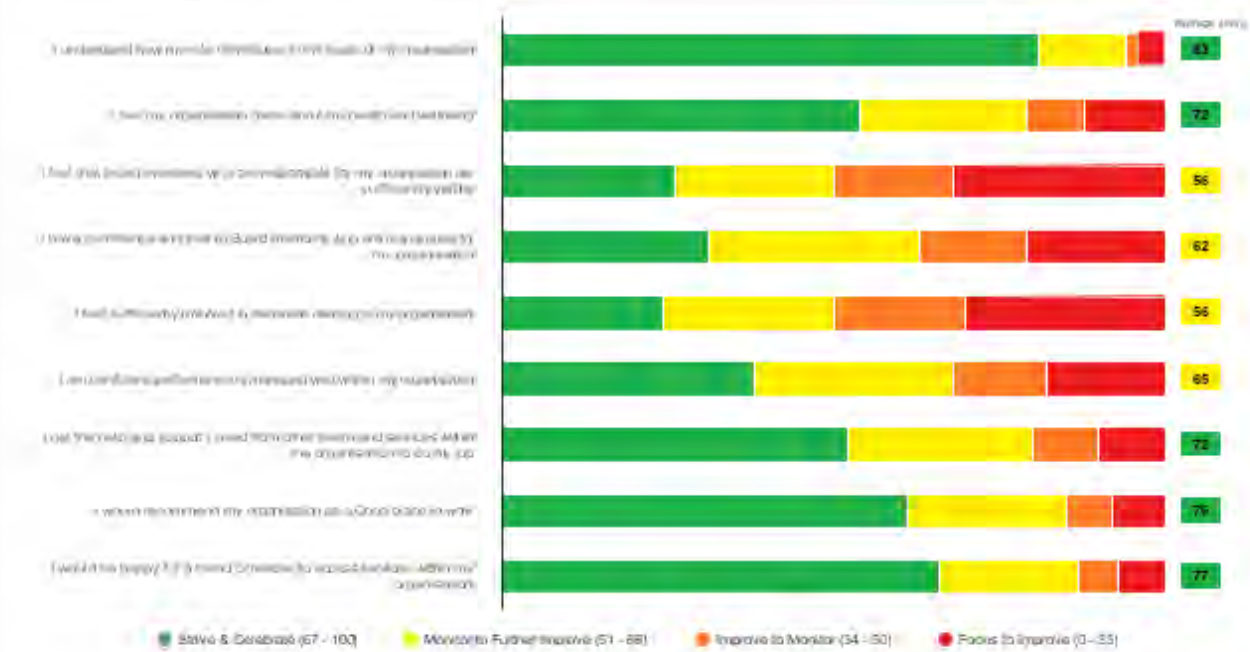
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 7712

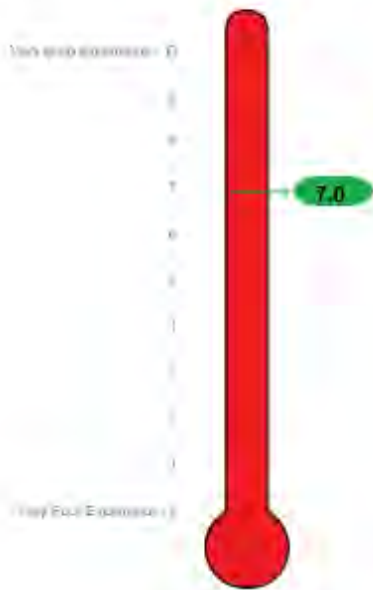


Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 7712



Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):
 Number of respondents: 7712



EEL number for teams in the same Board

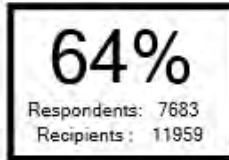
EEL Threshold	(87-100)	(61-86)	(54-60)	(0-53)	No report	Total
Number of Teams	753	88	0	1	61	944
Percentage of Teams	79.8%	9.3%	0.0%	0.1%	10%	100%

Board Report 2024

NHS Five

Total number of respondents: 7683

Response rate

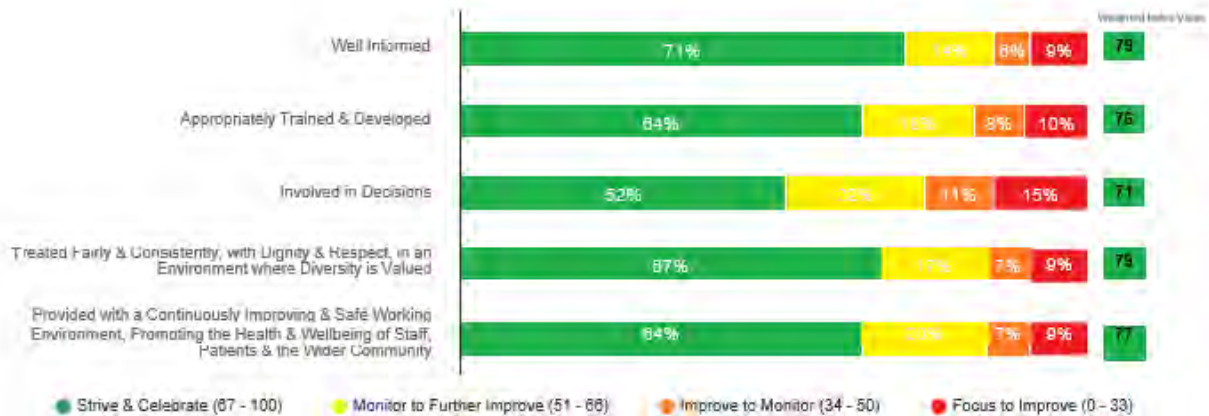


EEI



Employee Engagement Index

Staff Governance Standards - Strand Score Index



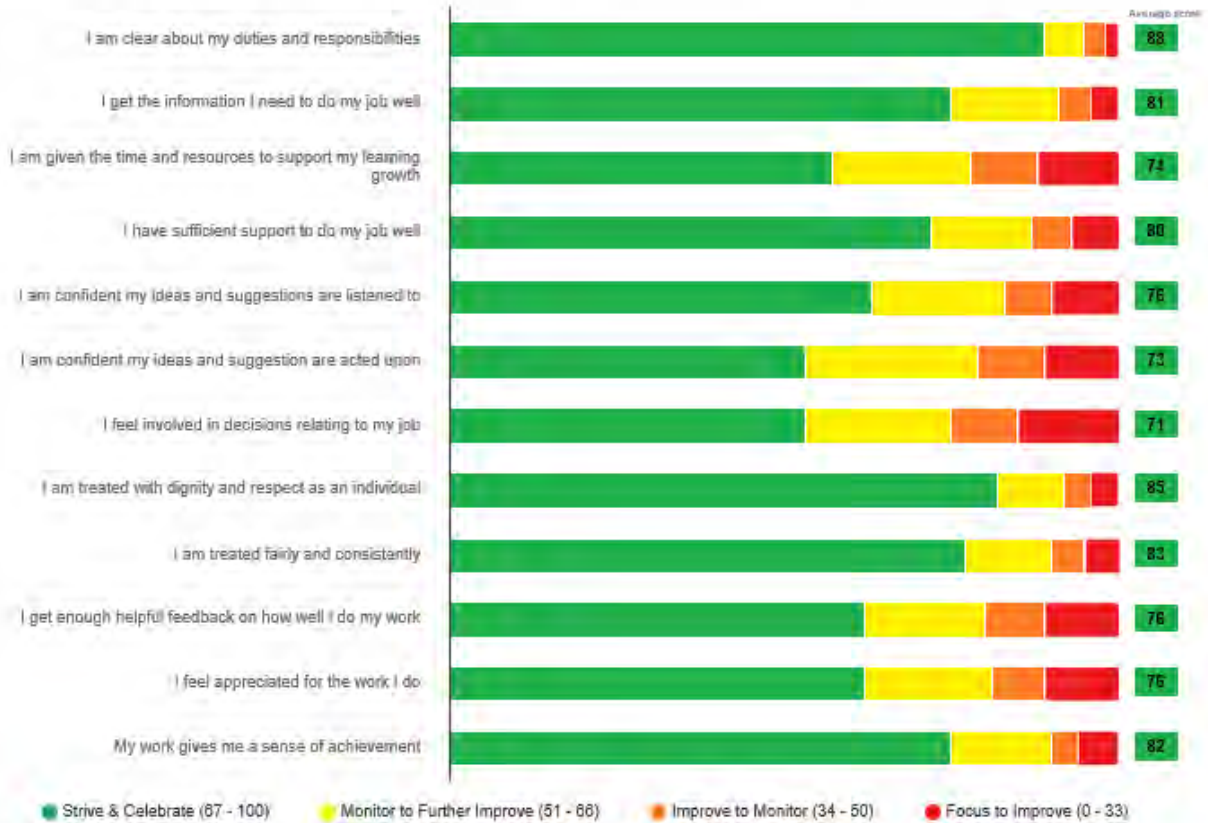
Calculating the Average Score

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

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

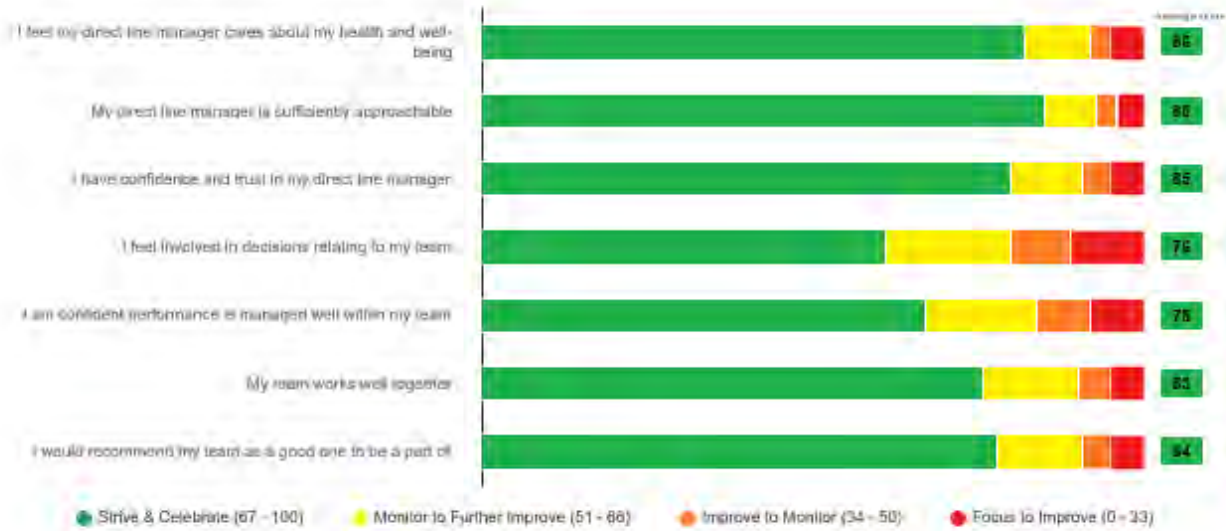
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7683



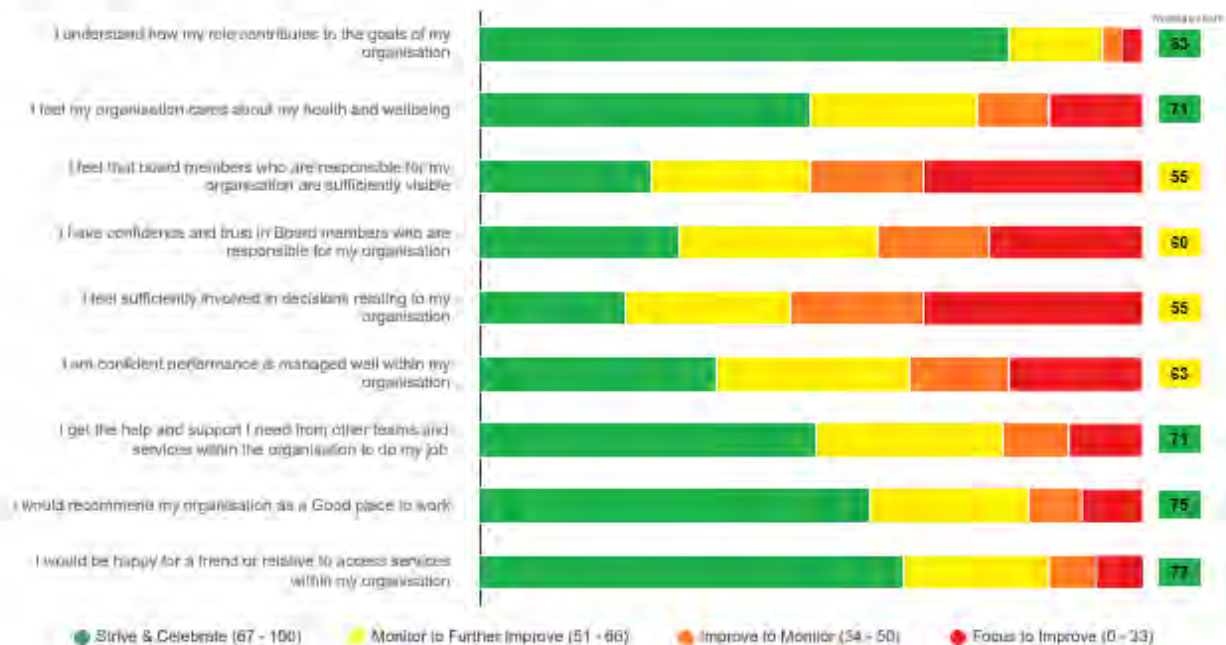
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 7683



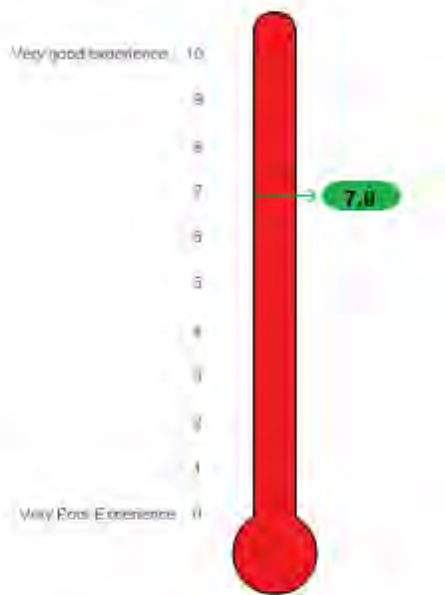
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 7683



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

Number of respondents: 7683



EEL number for teams in the same Board

EEL Threshold	(67-90)	(51-66)	(34-50)	(18-33)	No report	Total
Number of Teams	751	98	6	1	91	947
Percentage of Teams	79.3%	10.3%	0.6%	0.1%	10%	100%

Appendix No 2, Staff Experience Components and association to Staff Governance Standards

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

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 3rd September 2024
Title:	Staff Internal Communications Survey
Responsible Executive:	Kirsty MacGregor, Director of Communications & Engagement
Report Author:	Ruth Lonie, Communications Manager

Executive Summary

- This report provides an overview around the introduction of an annual Staff Internal Communications Survey, which will help to shape internal communications going forward.
- The survey will allow us to understand how staff receive news; their thoughts on tone and accessibility of language; any barriers they face; how informed they feel; their opinions on how we could improve our internal communications offering further; and, importantly, their thoughts on staff feedback mechanisms.
- The survey is proposed to run from **Monday 30th September 2024** to **Friday 8th November**.
- The results of the survey will be collated and an action plan drawn up based on the survey results.
- The survey will provide an important benchmark from which we can build, ensuring our staff are well-informed and that our internal communications are effective, efficient and add value.

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):

- Effective
- Person Centred

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

- Well informed

2. Report Summary

2.1 Situation

The purpose of this report is to provide the Staff Governance Committee with information on the introduction of an annual Staff Internal Communications Survey, which will provide key feedback to help shape internal communications going forward, ensuring that staff are well informed and engaged.

2.2 Background

NHS Fife's approach to internal communications is set out in the Corporate Communications Strategy 2024-2028. As part of the strategy, a number of key priority areas for internal communications have been identified.

One of these priority areas is the introduction of an annual Staff Internal Communications Survey.

A dedicated survey will allow us to understand how staff receive news; their thoughts on the tone and accessibility of language; any barriers they may face; how well informed they feel; their opinions on how we could improve our internal communications offering further and, importantly, their thoughts on staff feedback mechanisms.

The results of the survey will provide us with an important benchmark, and provide a baseline from which we can build year on year to improve staff engagement.

By doing so we can ensure all internal communications follow best practice, and are effective and efficient, adding value.

2.3 Assessment

Now more than ever, it is crucial that our internal communications remain effective and accessible, ensuring that our staff are both well-informed and engaged.

As the Re-form, Transform, Perform (RTP) approach gathers further pace, how we communicate with staff will play a central role, providing crucial support for RTP going forward.

With over 8500 members of staff, we need to ensure that our internal communications, including feedback mechanisms, remain clear, timely and accessible and respond to the different needs staff may have.

To support this, a new annual Staff Internal Communications Survey will be introduced providing in-depth staff feedback, allowing us to enhance and develop our internal staff communications offering further.

The results of the survey will play an important role in shaping internal communications going forward.

In 2023 a StaffLink survey was rolled out along with in-person staff engagement sessions. This provided us with feedback from staff across the organisation about their experience of using the StaffLink app which has since helped us to prioritise areas of work and further development.

Whilst work has been undertaken to gauge staff feedback around individual areas of internal communications such as StaffLink, to date we have not carried out an overarching survey which encompasses internal communications and the channels we use as a whole.

Survey Development

In developing the survey, we have undertaken a standard approach, adopting best practice.

To assist with the development of the survey, a student from the University of Dundee worked alongside the Communications Team as part of their Internship Module, utilising their business and communications skills and providing a neutral perspective to ensure there was no bias or leading questions within the survey.

Internal Communications Survey

The survey focuses on the following four core areas:

- **Accessibility** – how staff access news, information and guidance; the current communications channels that they use and any barriers which may prevent staff from accessing content
- **How We Communicate** – how staff feel about the news and information they receive; is it communicated in a timely manner, in accessible language; is it relevant and transparent? Do they feel well informed?
- **Improving How We Communicate** – what improvements could be made to the way we communicate with staff; are there other communications channels we could use?
- **Feedback** - how easy it is for staff to leave feedback, how confident they feel in doing so and how we can improve how staff are able to feedback

The full survey is set out in Appendix 1.

It is proposed that the survey run from **Monday 30th September** to **Friday 8th November**. Running for a total of six weeks, the survey has been extended to take account of the October holiday period.

The Staff Internal Communications Survey has been designed to complement the iMatter survey, providing a deeper dive around staff communication and feedback. Care has been taken to ensure that questions which appear in iMatter are not repeated and that the Staff Internal Communications Survey provides opportunity for more detailed staff feedback.

Survey Results and Next Steps

An analysis of survey results will be undertaken in November, with a full report produced in December 2024. The report will detail emerging themes along with immediate actions and priority areas for future development.

The survey will provide a baseline from which to build on annually, measuring how staff connect with organisational news and information and the effectiveness of our internal communications and feedback mechanisms going forward.

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

Ensuring our staff are well-informed is crucial. Strong internal communications enhance transparency and can help to foster a positive organisational culture.

2.3.2 Workforce

The Staff Internal Communications Survey is open to all NHS Fife staff, and will help to shape internal communications going forward. Through survey feedback we can:

- Build further on internal communications mechanisms that work well
- Look at what we can do differently to improve areas where feedback is less positive
- Provide staff with the right support to ensure they are able to feedback effectively
- Ensure staff internal communications are as accessible as possible

2.3.3 Financial

There are not expected to be any associated costs with running this internal communications survey.

2.3.4 Risk Assessment / Management

There is a risk that a limited survey return may not provide a full picture of how staff across the organisation access and engage with internal communications.

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

N/A – the Internal Communications Survey is available to all NHS Fife staff.

2.3.6 Climate Emergency & Sustainability Impact

No known impact.

2.3.7 Communication, involvement, engagement and consultation

A dedicated communications campaign will be undertaken to highlight the survey with staff and to ensure that staff have easy access to the survey across StaffLink and other core internal communications channels, such as the Weekly Update.

Paper surveys will also be made available in key staff areas to support staff who may have more limited access to digital channels.

Managers will be asked to support the roll-out of the internal communications survey by highlighting with their staff.

Staff will be kept up-to-date with the key results from the survey and any actions going forward based on the feedback that is received.

2.3.8 Route to the Meeting

The survey has been previously considered by the Executive Directors Group (EDG), with feedback taken on board around the development of the survey.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance
- **Discussion** – Staff Governance Committee members are invited **to note** the contents of this report

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Internal Communications Survey



Internal
Communications Sur

Report Contact:

Ruth Lonie
Communications Manager
Email ruth.lonie@nhs.scot

Staff Internal Communications Survey

We want all staff to feel well informed and able to easily access staff news and the information that supports you to do your job.

In-line with the Re-form, Transform, Perform (RTP), it is important to ensure that communications with staff are effective and efficient and align with the wider RTP approach. By completing the survey below you will be helping to shape and improve internal communications and how you access and receive staff news and information. This survey contains 26 questions and will take around 5-7 minutes to complete. Thank you for taking the time to complete this - your feedback is important.

Accessibility

We want to understand how you access news, information and guidance, and the current communication channels that you use.

1. How easy do you find it to access the latest staff news that keeps you-up-to-date with what's happening across the organisation/nationally?
 - Very easy
 - Somewhat easy
 - Neutral
 - Difficult
 - Very Difficult

2. How do you currently view/receive staff news? (please choose all relevant options)

- StaffLink app (Blink)
- Weekly Update
- Chief Executive TEAM Update
- Desktop graphics
- Staff notice boards
- Direct from my line manager
- Team meetings
- Social media
- NHS Fife website
- Word of mouth
- None of these communication channels
- Other

3. Are there any barriers which prevent you from accessing staff news?

- Limited or no current access to work email
- Limited access to desktop/laptop
- Limited access to smartphone/mobile device to access StaffLink app (Blink)
- There is no time during working hours to keep-up-to-date
- No barriers, I have no problem accessing staff news
- Other

4. If you have difficulty accessing staff news yourself, does your line manager keep you up-to-date? For example providing information on briefings, Weekly Update

- Yes
- No
- Not applicable

5. How easy do you find it to access information that supports you do your job? For example latest policies/procedures; guidance; referral information; learning/training; key contacts

- Very easy
- Somewhat easy
- Neutral
- Difficult
- Very difficult

6. How do you currently view/receive information that supports you do your job?
(please choose all relevant options)

- StaffLink app (Blink)
- Weekly Update
- Weekly Training Update
- Desktop Graphics
- Staff notice boards
- Emails
- Team meetings
- Direct from line manager
- Drop-in sessions/face-to-face
- NHS Fife website
- None of these
- Other

7. Are there any barriers which prevent you from accessing information that supports you to do your job?

- Limited or no current access to work email
- Limited access to desktop/laptop
- No access to StaffLink app (Blink)
- Infrequent updates from line manager
- Infrequent updates at team meetings
- There is no time during working hours to keep up-to-date
- No barriers, I have no problem accessing staff information
- Other

How we communicate with you

We want to understand how you feel about the staff news you receive.
Please choose the option that you agree with.

8. I am well informed about what is happening in the organisation and the news that directly affects me.
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

9. I feel well informed about the Re-form, Perform, Transform (RTP) approach the organisation is taking.
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly Disagree

10. The staff news I receive is communicated in a way that is understandable and relevant
 - Strongly agree
 - Agree
 - Neither agree or disagree
 - Disagree
 - Strongly disagree

11. The staff news I receive is communicated in a timely manner
 - Strongly agree
 - Strongly disagree
 - Neither agree or disagree
 - Disagree
 - Strongly disagree

12. The staff news I receive is open, honest and transparent
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree

Improving how we communicate

What could we do to improve the how we communicate with you?

13. How could we improve the way staff news and information is communicated?
(please choose all relevant options)

- More targeted communication with specific staff groups/teams
- Dedicated news and information for managers to support conversations with teams
- Using different ways to communicate with staff eg training update, podcasts, staff magazine
- None of the above
- Other

14. What other improvements could be made to how staff news and information is communicated?

15. In addition to organisational news, what would you like to see more focus on?
(please choose all relevant options)

- Staff success stories
- Service innovation
- Information to support my health and wellbeing
- NHS Fife staff news (for example retirals)
- Wider community news (for example discounts, promotions and benefits)
- Partner news (for example Fife Council road closures)
- None of the above
- Other

16. Would you like NHS Fife to have a staff magazine (primarily focused on team/staff achievements)?

- Yes
- Maybe
- No

17. If there was a staff magazine, should we use advertising to pay for it?

- Yes
- No
- Maybe

18. If there was a staff magazine, what format would you prefer to have?

- Paper magazine
- Digital magazine
- Both

Staff Feedback

It is important that you are able to feedback your thoughts and opinions on staff news and information.

19. How easy is it to feedback your thoughts and opinions on staff news and information?

- Very easy
- Somewhat easy
- Neutral
- Difficult
- Very Difficult

20. Do you feel confident to leave feedback?

- Yes
- No

21. If you answered no, why do you not feel confident?

22. If you wanted to provide your thoughts/feedback how would you normally do this?
(please choose all relevant options)

- Leave a comment on StaffLink app (Blink)
- Leave a reaction on StaffLink app (Blink)
- Via StaffLink app (Blink) polls
- Via Staff Surveys
- By contacting dedicated email account eg RTP staff feedback
- Via line manager
- I don't feedback
- Not clear how to feedback
- Other

23. How could we further improve ways for staff to feedback further?

About you

Knowing a little more about you will help to inform staff feedback further.

24. Are you a manager or team lead?

- Yes
- No

25. Where is your main base?

- Victoria Hospital
- Queen Margaret Hospital
- Community Hospital
- Community site
- GP Surgery
- Work from home
- Other healthcare site
- Agile working
- Other

26. What area do you work in?

- Admin services (eg HR, finance, reception, switchboard)
- Medical (including training)
- Nursing and Midwifery
- AHPs (including support staff eg HCSW)
- Health sciences (eg physiology, biomedical)
- Medical support (eg theatre services)
- Pharmacy services
- Support services eg estates and facilities
- Therapeutic services eg psychology
- GP services
- Agile working
- Other

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 3 September 2024
Title:	Staff Health & Wellbeing Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

Executive Summary

- This report provides an overview of our current staff health and wellbeing activities, with contributions from our core staff support providers.
- In addition, the report details the recent actions to support the wellbeing of our doctors and dentists in training, an action from the last Staff Governance Committee meeting.
- There are three specific areas to note – the current review of the Staff Health and Wellbeing content on StaffLink, the plans to consider an accreditation framework in order to progress the evaluation of our staff health and wellbeing activities and the complementary nature of these activities with our employment aspirations, promoting attendance and our Leadership Way.
- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to our staff health and wellbeing agenda.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective & Person Centred

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

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

2. Report Summary

2.1 Situation

The purpose of this report is to provide an update to Staff Governance Committee members on the main Staff Support and Wellbeing activity currently provided within the Board, in support of the health and wellbeing of our staff.

2.2 Background

Given the importance of and continued focus on staff health and wellbeing, NHS Fife's commitments to Staff Health and Wellbeing are outlined within the Population Health and Wellbeing Strategy, the Staff Health and Wellbeing Framework and are aligned to the three year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey.

2.3 Assessment

Consideration and review of staff support priorities for 2022-2025 are being progressed via the Staff Health & Wellbeing Group and other fora, aligned to the existing NHS Fife Action Plan and taking account of the new Scottish Government Improving Wellbeing and Working Cultures action plan, (Appendix 1). There is a current focus on wellbeing support for Doctors and Dentists in Training, aligned to the RTP programme. The complementary nature of these activities with our employment aspirations, promoting attendance and our Leadership Way is a key aspect and the details set out below are the supports that we aspire to do really well.

An overview of the current activity undertaken to support the health and wellbeing of NHS Fife's staff is detailed below:

Communications

Communications continue to provide a wide range of ongoing support for staff health and wellbeing activities and campaigns. Recent work includes supporting Lifestyle Medicine, Doctors in Training and Spiritual Care activities.

Communications are also currently undertaking a targeted piece of work with colleagues in Spiritual Care, Peer Support, Psychology and Occupational Health, to provide additional prominence and visibility to these four key services locally. A dedicated area is under construction on StaffLink, which will dovetail into the much wider health and wellbeing offering available to staff. When finalised, a comprehensive internal communications campaign will be undertaken to highlight to staff.

In parallel, we are also undertaking a complete review of the staff health and wellbeing pages on StaffLink, reviewing, revising and streamlining content. A supporting internal communications campaign will follow this overhaul of existing content.

Doctors and Dentists in Training

In terms of improving the workplace experience for junior medical staff who rotate to placements within NHS Fife, there has been a focus on actions to support their wellbeing in addition to the work to improve Rota Monitoring compliance. Rota Monitoring of each

junior rota takes place in each speciality twice per year as standard and in line with the relevant national guidance. However, services are subject to further monitoring if required. NHS Fife has historically returned non-compliant rotas within both Medical and Surgical Directorates, resulting in additional financial consequences for the organisation.

To support the work being undertaken within the RTP Workstream programme, a wellbeing campaign for Doctors & Dentists in Training (DDiT) is in development. The aim of the campaign is to:

- Develop an induction pack containing an online resource with useful information, and an accompanying presentation that can be adapted locally to include speciality specific details.
- Provide an SOP detailing the process to be followed when breaks are not being taken due to workforce demands.
- Improve the DDiT mess and quiet room at VHK enabling uninterrupted breaks in a space close to their area of work, subject to approval of a Fife Health Charity funding bid.
- Scope opportunities to expand on the current food provision to include out of hours options for hot food.

Lifestyle Medicine

A new Lifestyle Medicine Group has been created for staff of all disciplines to explore more about Lifestyle Medicine and how it can help support staff to make lifestyle changes which will enhance their physical and mental wellbeing and improve the quality of their lives.

In collaboration with NHS Fife and Fife Council, supported by Dr Hannah Dakin (a member of the British Society of Lifestyle Medicine and Fife GP with over 28 years' experience) the group will cover a range of different topics based around the principals of Lifestyle Medicine. It is expected to run on a quarterly basis and is open to all healthcare professionals in Primary and Secondary care. The first meeting took place on Tuesday, 6 August 2024.

Lifestyle Medicine is a branch of evidence-based healthcare which supports staff to make sustainable lifestyle changes through behavioural change management and focuses on six key areas:

- Eating well
- Physical activity
- Improving sleep
- Managing stress
- Healthy relationships
- Avoiding risky substances

Podcasts on the Pillars of Lifestyle Medicine have been recorded and will be available to staff by late September 2024.

eLearning Resources

The Workforce Development and Engagement team developed a suite of eLearning resources relating to Self Care, Resilience and Compassionate Leadership to support staff in their roles.

The team also provide support to other services within NHS Fife and Health & Social Care Partnership to develop Health & Wellbeing eLearning resources and are currently working with members of Psychology Services to design learning associated to Trauma-Informed Ways of Working.

Occupational Health Service

Occupational Health (OH) remains focussed on delivering the primary activities of health assessments, particularly preplacement health assessments, health surveillance and other periodic activity such as drivers medicals to ensure staff are fit for their role. Following recent outbreaks of Pertussis and the emergence of Measles, the team are engaged in additional vaccination programmes to offer and encourage the uptake of vaccinations to improve protection of staff, their families and patients.

Resourcing issues earlier this year prompted a review of the management referral triage process, which has enabled service delivery to continue during a significantly difficult period. This change in model has enabled the team to signpost and empower managers to directly support their staff, where appropriate. Streamlining this process has allowed OH to direct our resources to the more complex cases where OH can have most input and add value. Feedback to date from line managers has been positive.

Our specialist vocational rehabilitation team continue to support activities for those with physical and mental ill health with input into ergonomic and functional assessments, fatigue management programmes and mental health supports including early signposting and counselling. Additional activity resulted in the formation of a neurodiversity tool to support staff with neurodiversities at work. This has been trialled with good success and feedback from individuals and line management and is awaiting final approval from the Diversity and Inclusion Committee.

The service is planning an awareness campaign to coincide with a national OH Awareness event running week beginning 23 September 2024. It is hoped to increase staff and managers awareness of services OH offer and how to access these. There will be a focus on the importance of immunisations.

Peer Support

The Peer Support Service commenced in mid-2021 providing up to three one hour short-term informal confidential support sessions to NHS Fife staff.

There are currently 53 Peer Supporters from a wide range of staff groups, including nursing, AHP, Medical, Admin and Domestic Support Services who provide this support on a voluntary basis with 11 of the Peer Supporters providing Group Peer Support sessions. Since February 2023 16 Group Peer Support sessions have been provided following significant clinical events, 7 of these in 2024.

There were 187 Peer Support contacts recorded (but true incidence will be much higher) since the service started, with 39 Peer Support events recorded in 2024 to date. 72% of Peer Support conversations are chance encounter, 28% are formal contacts. Staff members who most commonly use the service are Registered Nurses, however, the service is used by a wide range of staff, including Doctors, AHPs, Students, Administrative, Support Services and Primary Care staff.

The most common reason for seeking Peer Support is due to stress at work, followed closely by anxiety / low mood and stress at home. Other common themes are working relationships, health issues and adverse clinical events.

Aims / Aspirations During 2024

- A comfortable room for Peer Support to support staff – there is currently no dedicated space for this on the Victoria Hospital site.
- Peer Support Training course for 12 people (individual and group): funding has been agreed from the health charity and the course will take place in September / October 2024.
- Continue to support the Staff Support after Adverse Event Pathway, with more capacity for group debriefs required.
- Continue with skills practice and supervision sessions.
- Liaise with groups within the HSCP who are keen to develop this service in their areas.

Psychology Staff Support Service

The Staff Support Service is part of the Fife HSCP Psychology Service and continues to provide psychological therapy to staff with clinically significant mental health difficulties working in health and social care roles in Fife. Demand for the service has remained steady since its inception in 2020. In February 2024, we launched an early call back service which ensured that staff were able to access a clinical assessment by telephone within 2 weeks of their referral.

This process has allowed for an early understanding of mental health needs to be arrived at, and assertive early signposting to relevant support and information/ digital therapies/ group therapy provided by adult mental health psychology instead of/alongside individual therapy provided by Staff Support Service Clinicians, as appropriate. This approach has been well received by staff using the service and has significantly improved attendance at first appointments. Staff continue to benefit from the therapy they receive, as evidenced through clinical outcome measures. Whilst waiting times for staff are shorter than in mainstream services - waiting times for treatment staff with more complex needs is approximately 10 months. A small increase in clinical psychology staffing from 1.1 wte would address this, but seems unlikely in the current financial climate.

Funding for the staff support service has been year on year since 2020. There was significant uncertainty around whether national funding for workforce therapies would continue into 2024/2025. As a result many services in other Boards had to wind up. We were fortunate in Fife that Dr Frances Baty, Director of Psychology, committed to supporting the continued funding of the Fife Staff Support Service for 2024/2025. Scottish Government did in the end provide funding albeit at a reduced level to 2023/2024. There are indications that SG is now committing to longer term funding of Psychological Therapies for the Workforce, which is positive.

Staff Support Following An Adverse Event

Staff Support following an Adverse Event Short Life Working Group (SLWG) has been devised and delivered to 3 pilot areas within NHS Fife to provide a support pathway and associated resources to staff. The pathway provides a process to ensure that those staff who may be affected by an adverse event are identified as soon as possible, ensuring that every effort is made to provide appropriate practical and emotional support, both immediately post incident and in the longer term to reduce the risk of long term psychological harm. The ethos of this work is to clearly signal and demonstrate to staff that their wellbeing further to being involved in an adverse event is important.

Staff Health and Wellbeing Support

Group sessions to promote positive wellbeing are being provided by a Health Psychologist working for one day a week in NHS Fife. A variety of approaches, tailored to different team's needs are offered. These sessions introduce staff to recent evidence from neuroscience which shows how simple self-care habits can have a significant impact on how well we feel in our daily lives. These sessions are for any staff groups working in NHS Fife or Fife HSCP, who feel they would benefit from some input to support them to consider their wellbeing at work with some time and space to reflect on their wellbeing and try activities together including relaxation, mindful movement and discussions about character strengths, mindfulness, gratitude and self-compassion.

Recent and upcoming sessions include:

1. Skills for Wellbeing for CTAC Staff
2. Wellbeing Retreat for Health Visitors (half day)
3. Workshop on Self Compassion for ENT multi-disciplinary team
4. Wellbeing Workshops for Children's Services Administration staff
5. Workshops on 'Moving through Grief with Self Compassion'
6. Online wellbeing session and half day workshop for the Dietetics Service
7. Wellbeing Retreat for ANPs in Acute Services (full day)

A Wellbeing Champions Forum has been established, with the aim of providing peer support and inspiration for staff who have attended a wellbeing course and wish to share ideas and support with colleagues. This meets online every 6 weeks and a series of talks are being planned. The most recent session included a talk on Lifestyle Medicine.

A Fife Conference on Staff Wellbeing, open to all Health and Social Care staff, is being planned for 12 March 2025.

Spiritual Care

Spiritual Care continues to receive a high proportion of referrals for staff support which is articulated in the performance figures provided to the NHS Fife Staff Health & Wellbeing Group. This includes a frequent need to provide hot and cold debriefs after adverse and critical events where staff are impacted. This is a particularly growing requirement which is proving to be beneficial and impactful in protecting the wellbeing of staff.

The Service are working closely with colleagues in Peer Support, Occupational Health, Clinical Psychology and Health Psychology to create a clearer picture of how support can

be accessed and what might be an appropriate intervention. In the last few months these requests have also come from a number of community settings and GP practices.

Values Based Reflective Practice (VBRP)[®]

Values Based Reflective Practice continues to be offered to all staff across NHS Fife. This is offered via word of mouth, Blink and social media, but there are increasing opportunistic requests from teams seeking support across all staff groups.

At present, there are over 100 teams / units and wards who have sought out VBRP, with this increasing weekly. There is an active evaluation of VBRP underway and some of the early feedback is provided below:

“VBRP is my monthly anti-depressant at work! It allows me to reflect on my practice in a safe environment, explore my feelings, share my practice worries with others in a similar role and feel listened to and understood. XXX is beyond valuable when facilitating these sessions, her calm voice and encouraging words helps bring your mind to a quieter place. I leave every session feeling more positive to take on whatever the next month at work brings!”

“I was always pretty dismissive, or perhaps even ignorant, of how much value group reflective practice could have, until suddenly a patient had affected me more than I have been affected before. I had then spent 24 hours with this patient / relative constantly on my mind. Group reflective practice allowed me to get my thoughts out in the open with colleagues, and also showed me I wasn't necessarily alone in how emotionally impactful the case was. I certainly, as a result, have first-hand experience on just how helpful and important group reflective practice can be.”

“It has helped me to be more mindful of my colleagues and check in with them re how they are more.”

“Fife spiritual care team are welcoming, kind, and non-judgmental, while offering a valuable space for deep reflection and realisations.”

“Top class service from a very busy chaplaincy team.”

There are other activities undertaken at a local and department level, which do not form part of this report, but which also play an important role such as Joy at Work, Civility, our Staff Choir, Healthy Harmonies, team events and challenges and signposting with wellbeing and mood boards, signposting and managers and staff looking out for colleagues.

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 support is an essential component of our approach to staff health and wellbeing. Evidence suggests that the longer term provision is key. In addition, healthier staff may have long term benefits in terms of the health of our future patient population, impact on health services and on sickness absence rates.

2.3.2 Workforce

The provision of staff support is likely to impact on attendance and our ability to attract and retain staff in the longer term. Actions to reduce absence or acknowledge the levels of attendance at work support improvements to our staff experience. This will continue to be complemented by activity based approaches and our main staff supports and will be subject to consideration of applying a suitable accreditation framework in order to progress the evaluation of our staff health and wellbeing activities. .

2.3.3 Financial

Any bids for on-going support will be progressed in line with Board requirements for Fife Health Charity funding or as formal business cases.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision may impact on staff attendance and on our ability to attract and retain staff in the longer term.

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

N/A – staff support is available to all NHS Fife staff.

2.3.6 Climate Emergency & Sustainability Impact

No known impact.

2.3.7 Communication, involvement, engagement and consultation

This report has been prepared in liaison with service colleagues, the NHS Fife Staff Health & Wellbeing Group and the Workforce Directorate Senior Leadership Team.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Discussion** – Staff Governance Committee members are invited **to note** the contents of this report.

3. List of Appendices

Appendix 1 - Scottish Government Improving Wellbeing and Working Cultures action plan

Report Contact:

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

Wellbeing



IMPROVE THE PHYSICAL AND PSYCHOLOGICAL SAFETY OF STAFF

Measures to reduce violence against NHS staff.

By end of 2026

NHSScotland signed up to Your Safety Matters (YSM) initiative. #NotPartOfTheJob posters constructed.

Host an in-person meeting in September 2024 to share best practice and re-commit support for YSM.

Measures to reduce sexual misconduct among NHS staff.

By end of 2026

Supported Scottish Clinical Leadership Fellows to draft a literature review on sexual misconduct in healthcare.

Promote best practice and create a Once for Scotland sexual harassment guide.

TO BETTER UNDERSTAND THE WELLBEING NEEDS OF OUR ORGANISATIONS AND IMPROVE PROVISION

Develop a Menopause and Menstrual Health policy.

Up to 1 year

Policy was launched on the 31st October 2023.

Complete an evaluation of the Menopause and Menstrual Health policy.

To understand current pressures in workplaces and actions that can be taken to mitigate their impact.

By 2026

Nursing and Midwifery Wellbeing Group meetings have taken place.

To action all issues identified from meetings.

Evaluate our existing national wellbeing support.

By 2026

To lead on the facilities and fatigue related recommendations from the Junior Doctor 48hr working week 2021 report.

To action all recommendations.

Wellbeing

Objective Action Timescale Progress Next steps

TO CONSIDER WHERE WE CAN CHAMPION LOCAL ACTIVITY AT A NATIONAL LEVEL

Continue to advocate for and promote the importance of supporting physical, emotional, and mental wellbeing.

By 2026

In progress

Continue working with key stakeholders to enable understanding, ideas sharing and decision-making needs at all levels.

TO CONTINUE TO DEVELOP AND PROVIDE NATIONAL WELLBEING INITIATIVES

Undertake scoping to understand options for improving facilities and other essential needs.

Up to 1 year

Work has commenced.

To support and encourage NHSScotland Boards to review existing estate facilities for workforce welfare needs.

Continue the National Wellbeing Helpline to provide access to a 24/7 compassionate listening service.

Up to 1 year

139 calls since Jan 2022.

Agreed delivery for 24/25.

Continue to support the Workforce Development Programme (WDP) to aid the delivery of psychological therapies and interventions.

Up to 1 year

From January 2021 until February 2024, over 5358 clients entered the WDP service

To increase capacity and capability to provide this service.

Ensure availability of the Workforce Specialist Service.

Up to 1 year

1674 patients have registered with the WSS service since launch in January 2021.

Provision of financial investment to help staff with their practical and emotional needs.

To ensure resources from the National Wellbeing Hub continue to be available.

Up to 1 year

National wellbeing Hub has a large amount of reliable, quality assured resources.

We are working to agree a long-term, sustainable location to house resources.

Leadership

Objective Action Timescale Progress Next steps

SUPPORT AND INTERVENTIONS ARE AVAILABLE NATIONALLY TO DEVELOP INCLUSIVE, COMPASSIONATE LEADERS WHO CAN DELIVER PUBLIC SERVICE REFORM

Deliver annual programmes to develop senior systems leaders and aspiring senior leaders .	Up to 1 year	Delivered two cohorts of DSSL. Participants from health, social work and social care have participated in the programme to	DSSL delivery is on pause after delivery of cohort 2 to scope a more sustainable model of delivery. Cohort 2 evaluation in progress
Pilot the design and implementation of bespoke leadership development programmes for priority senior leadership cohorts.	By 2026	Piloted with Directors of Public Health 2023-24. Evaluation in final stages.	Directors of Public Health pilot concluded, with evaluation findings to feed into wider L2C programme .
Support the Alumni from a range of leadership development programmes.	Up to 2026	Scoping is underway to explore how the alumni from ACE pilot and DSSL cohorts can continue to be supported.	Development of delivery plan for alumni events and interventions from Q2 2024-25
Support peer learning for aspiring directors in health and senior leaders in social work and social care	Up to 2026	Work is underway to develop a coaching and mentoring platform to help facilitate support opportunities.	Pilot 4 adaptive learning sets for senior leaders; deliver quarterly network event to 'shine a light' on good practice in social work and social care
Deliver and develop learning sessions that respond to the needs of the system highlighted by system intelligence.	Ongoing	Systems intelligence collated from the Aspiring CE pilot are being use to inform wider interventions for senior systems leaders eg Adaptive Learning Sets	Continue to respond to system need including national events, system issues and intelligence

DEVELOPMENT AND INTERVENTIONS ARE AVAILABLE FOR LEADERS AT ALL LEVELS TO SUPPORT LEADERSHIP SKILLS AND CAPABILITIES

Develop resources and re-launch the Leading to Change (L2C) website hosting relevant digital offers.	Ongoing	Leading to Change (L2C) programme launched in October 2022, with updated website. Website updated regularly with new content.	Ongoing
Host community events, taster sessions and other development sessions.	Up to 1 year	We have successfully delivered 10 community events since October 2022 with a total of 375 attendees.	Ongoing
Conduct user research to ensure all leadership development programmes and interventions are designed and delivered based on examination of need.	1-2 years	The first L2C User Research Project concludes on May 2023, with findings embedded into L2C programme.	We seek to engage with staff from health, social work and social care throughout 2024 as part of the development of the IWWC "In Action" Guide.

Leadership



TALENT MANAGEMENT AND SUCCESSION PLANNING ARE SUPPORTED LOCALLY AND NATIONALLY, TO ENSURE WE HAVE A VALID LEADERSHIP PIPELINE FOR CRITICAL ROLES

Objective	Action	Timescale	Progress	Next steps
Introduce a national approach for Talent Management and Succession planning for NHS Chief Executives and Executive/Directors.		1-2 years	Aspiring CE pilot in 2023-24. Senior Leadership Gateway app launched April 2024, with 360 and Self Assessment tools for aspiring CE and Directors.	Evaluation of ACE pilot, ongoing engagement with boards.
Support the delivery of Values Based Recruitment for CE and Executive/Director roles in NHS Scotland.		1-2 years	Suite of assessment tools and questions developed, in line with LSP, to support CE recruitment, piloted in CE recruitment in Q1 24-25.	Evaluation of VBR pilot, cascading of findings. Potential second pilot with 2 further boards in Q3/4 24-25.
Continue to offer a Self-Assessment Questionnaire and complimentary talent development interventions via L2C.		Ongoing	Currently being offered on the L2C website and app.	L2C SAQ available to all staff across health, social work and social care.
Ongoing delivery of leadership development interventions and programmes to support leadership capacity and capability at all levels		Ongoing	NES are continuing to deliver interventions such as New Horizons, Leading for the Future and Leadership Live	Ongoing
Support middle managers to navigate their leadership roles, recognising the pivotal role middle managers hold in translating strategic aims into service delivery		Ongoing	Collation of systems intelligence through Nursing Midwifery Taskforce, scoping of further evidence base	Design and deliver middle managers toolkit
Continue to work with partners from Health, Social Work, Social Care and other public services, to delivery collaborative talent development opportunities.		Up to 2026	We have engaged with colleagues across public services to align programmes and interventions	Scoping a pilot cross-public service mentoring programme for ACE cohort and other emerging senior talent, to offer wider public service insight and opportunities

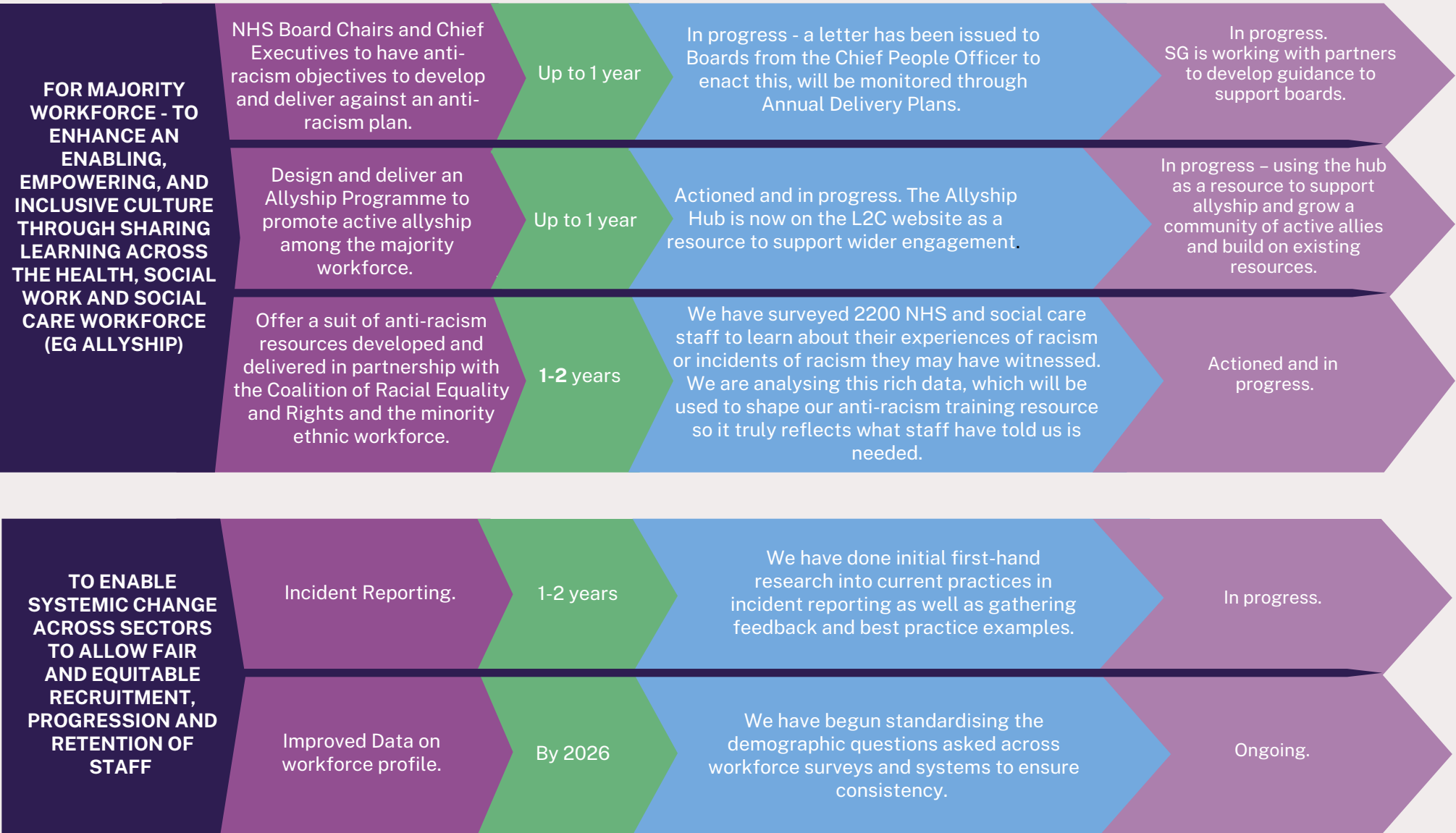
Equalities

Objective → Action → Timescale → Progress → Next steps



Equalities

Objective → Action → Timescale → Progress → Next steps



Equalities

Objective → Action → Timescale → Progress → Next steps

FOR MINORITY WORKFORCE - TO INTEGRATE ANTI-RACIST AND ANTI-DISCRIMINATORY APPROACHES WITHIN THE HEALTH, SOCIAL CARE, AND SOCIAL WORK SYSTEM TO ENABLE THEM TO THRIVE (EG NETWORKS, LEADERSHIP DEVT)

Objective	Action	Timescale	Progress	Next steps
To hold awareness activities and opportunities to build networks and communities through shared learning.		Up to 1 year	In progress - we have L2C Coffee Connects, blogs from guest speakers using lived experience to talk about issues and generate understanding etc.	Ongoing.
An anti-Racism Statement for the whole of the NHS and a commitment to take forward deliverable actions will be made by the Cabinet Secretary and NHSScotland Chief Executive, Caroline Lamb.		1-2 years	In progress - working on drafting the statement and actions that will show real progress and change in this area.	Ongoing.
To ensure disabled staff are provided equitable opportunities in the workplace by creating an employee Passport / or Workplace Adjustments.		1-2 years	We convened a Reasonable Adjustment working group comprised of NHS, Third Sector, and Scottish Government in January 2024.	Ongoing.
Support the NHS Ethnic Minority Forum (EMF) to enable them to contribute to policy and key decisions regarding diversity and inclusion.		1-2 years	The SG secretariat for EMF has been refreshed and supported EMF to update the ToR and refresh plans.	Ongoing.
Design and Deliver a Diversity Leaders Programme to provide tailored and targeted support for the minority workforce to support progression into mid leadership roles.		1-2 years	In progress - proposal being developed using evidence and feedback from a range of stakeholders and those with lived experience.	Ongoing.
Consider a diversity recruitment measure and diverse recruitment panels to support an increase of minority ethnic staff into senior roles.		Up to 2026	Planning stage. Options are being explored for both interventions.	In progress.

Meeting: Staff Governance Committee

Meeting Date: Tuesday 3 September 2024

Title: Whistleblowing Quarter One 2024/2025 Report

Responsible Executive: Carol Potter, Chief Executive

Report Author: Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Executive Summary

- This report details the one Whistleblowing concern raised during the quarter, which remains under investigation at Stage 2 at the time of writing. An update is also given on the lessons learned from a case raised originally in 2023/24, which has now concluded.
- Two anonymous concerns have also been raised during the quarter, and three articles within the local press have highlighted issues of a Whistleblowing nature.
- Detail is provided within the report on the activities of the new Whistleblowing Oversight Group, which met for the first time during the quarter and had its second meeting in July. The Committee has a separate assurance report detailing the Group's activities.
- A moderate level of assurance is suggested, reflecting the fact that transition of Whistleblowing to the Corporate Governance function remains ongoing, with a new part-time post for a Speak Up / Whistleblowing Co-Ordinator currently being recruited to, to progress this work further.

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 first quarter of 2024/25 and seeks to provide assurance that NHS Fife is meeting the Standards by 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 the totality of whistleblowing activity across the organisation, this report covers whistleblowing concerns received, 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 1, namely 1 April to 30 June 2024.

Detail is also provided on the initial work being overseen by the new Whistleblowing Oversight Group, which met for the first time during the quarter. The Group 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 first quarter of 2024/2025, NHS Fife received one Whistleblowing concern from within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns

NHS Fife received two Anonymous / Unnamed Concerns during the first quarter.

Local Press Coverage

During the first quarter, three concerns from staff were highlighted in local press coverage.

Training Module Data

All staff, including managers, are regularly reminded to complete the appropriate training for their role, and included in the mandatory training for NHS Fife is the Turas module providing an oversight on Whistleblowing. 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.

Training data is reviewed quarterly, including at the Staff Governance Committee, with any appropriate actions considered.

Appendix One provides full details of the information 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 work is ongoing to improve the organisational support around Whistleblowing activity, including outreach to staff to encourage speaking up through Whistleblowing channels.

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 are 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 and Dignity and Respect. They also support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of Openness, Honesty and Transparency indicate the importance of this.

2.3.3 Financial

There is no direct financial impact.

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 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.

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.

2.3.8 Route to the Meeting

The Whistleblowing Oversight Group considered a draft of this report at its meeting on 31 July, and it was also shared with the Chief Executive, Whistleblowing Champion and Workforce colleagues prior to the meeting for comment. The Executive Directors' Group reviewed this report at its meeting on 15 August.

The prepared quarterly report is to be considered in the September 2024 meeting cycle by the Staff Governance Committee, Area Partnership Forum and NHS Fife Board.

2.4 Recommendation

This paper 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.

3. List of appendices

The following appendices are included with this report:

Appendix 1 – Q1 2024/2025 Whistleblowing Performance Report

Report Contact:

Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
e-mail: gillian.macIntosh@nhs.scot

Appendix 1 –Whistleblowing Report Q1 April to June 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 INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received

There was one Whistleblowing Concern received during Quarter 1:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	Conduct	H&SCP	Complex & Critical Care

Overview / Additional Detail: Concern 1 – Quarter 1

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	-
Days at Stage Two	46 days (as at 5 th August)
Closed date	Still open
Service Area(s)	Complex and Critical Care Services

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?
No
Date Incident was logged
-
Incident Reference
-
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 concern logged on Datix
06/06/2024
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?
Under investigation

3. 2023/24 Case Update

Findings and themes are now available for the Whistleblowing concern raised in Q1 in 2023/24.

Findings:

- Chronic staff shortages, impacting on the optimal level of patient care.
- Workforce and workload pressures are impacting on the ability to provide optimal support to new staff, particularly those that require high level of support due to pre-existing physical or mental health conditions.

Changes have been implemented that are making a difference and appear to be valued by the staff. These include:

- Formal induction
- Implementation of mandatory training
- Changes to shift patterns
- Environmental changes to the ward area
- Changes to information available to patients
- Pastoral support for staff offered consistently

Suggested themes:

1. Lack of support
2. Poor staff morale
3. Shortage of staff

As part of the follow-up work to conclude this case, it has now become clear that the concern above should have been categorised as ‘partially upheld’ rather than ‘not upheld’, as reported previously through internal governance channels. The Annual Report for 2023/24 has been updated accordingly and reissued to the INWO, with the published version on the NHS Fife website also being refreshed. A lessons learned review has been undertaken and reporting processes within Datix have been strengthened to avoid any future recurrence of an incidence of this nature.

4. Anonymous / Unnamed Concerns Received

The Standards do not allow for concerns to be raised anonymously, nor can they be 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.

Two Anonymous / Unnamed Concerns were received during Quarter 1:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
Two	Staff Behaviour	H&SCP	Complex & Critical Care

Staff have other avenues / opportunities to raise concerns both anonymously and named and are supported to either resolve the concern or to use formal routes. As we progress through delivery of our Reform, Transform and Performance (RTP) programme, additional routes are available for staff to raise pertinent issues, including the submission of information via an anonymous form or by email to a generic email box. Staff using these methods are supported to resolve their concern or directed to the Whistleblowing process, should that be applicable.

The Director of Acute Services and Director of Health & Social Care also have different opportunities for staff to raise concerns, via regular face-to-face contact with all levels of staff.

In the first quarter, these have included:

- Specific walkabouts, both in relation to RTP across the Acute division and regular walkarounds with staff-side colleagues.
- A range of RTP stakeholder meetings, including those in relation to re-imagining Acute Services
- Local Partnership Forum meetings to discuss RTP proposals
- Monthly meetings of extended Senior Leadership Team (SLT)
- Weekly Acute SLT and RTP Acute Redesign meetings

5. Local Press Coverage During Quarter 1

There were three articles of a Whistleblowing / unnamed staff concern nature published in local newspapers during Quarter 1:

Quarter 1 1 April 2024 to 30 June 2024	Theme
Three	As below

The first press article highlighted the availability and timing of on-site security staffing coverage at Queen Margaret Hospital, Dunfermline. The second raised concerns about the Board's current financial situation and its potential impact on services and staff. The third

article highlighted a concern raised by a staff member about the availability of gender-specific changing areas for staff within NHS Fife.

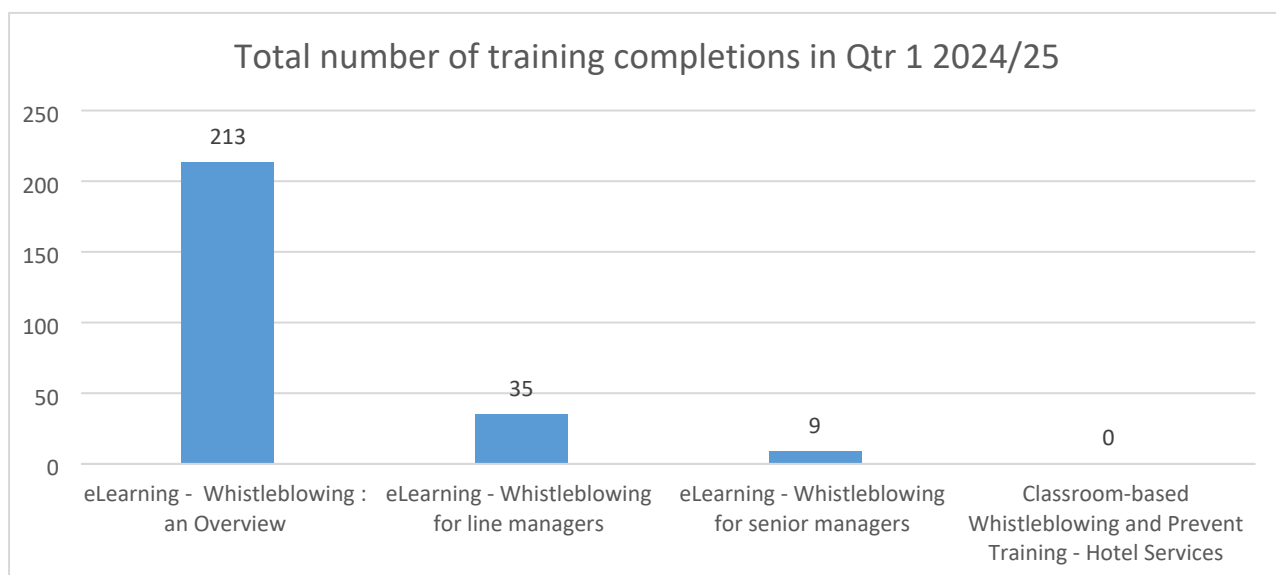
Responses to each article was provided by the Communications team, using their normal processes for responding to media enquiries.

6. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards. A questionnaire is currently being finalised, for approval by the Whistleblowing Oversight Group, to gather this information voluntarily, which will be available in the format of either an electronic Word file or via an anonymous online form submission. Feedback from Confidential Contacts on the type of support they are helping staff with is also being introduced. At the conclusion of Stage 2 Whistleblowing Concerns, an opportunity to speak to the Whistleblowing Champion in confidence is offered.

7. Whistleblowing Training Data

The data for training undertaken during Quarter 1 (1 April 2024 to 30 June 2024) is summarised below:



*Hotel services job family includes Domestic, laundry, etc.

Total Board Completion Rates since Launch of the Standards

- For the Whistleblowing Overview module, 6,490 staff have now completed the module.
- For the Whistleblowing for line managers module, 417 staff have completed the module.
- For Senior Manager module, 634 staff have completed the module.
- 74 staff members have completed classroom-based training.

8. iMatter Survey Raising Concerns

As part of the national iMatter Survey, for the second consecutive year, staff were asked via the survey questionnaire process if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to.

The results from the most recent survey undertaken in late spring 2024, for NHS Fife and Fife H&SCP, are given below.

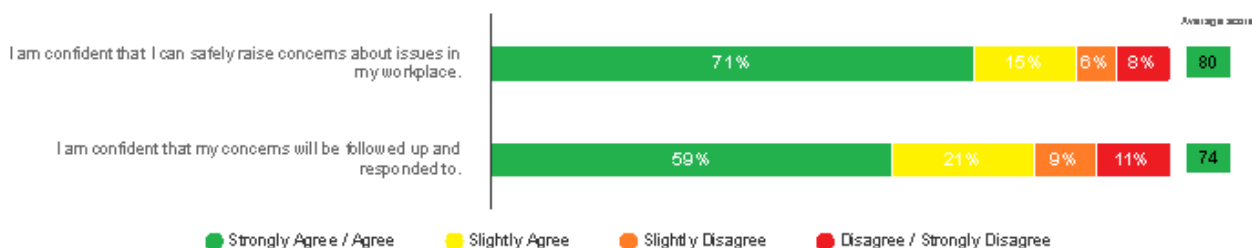


Raising Concerns Report

Total number of respondents: 7683

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

Number of respondents: 7562



When compared to the 2023/24 survey results, 16 less people chose to respond to the two questions.

For question one, “I am confident that I can safely raise concerns about issues in my workplace”, the average score remains at 80.

For question two, “I am confident that my concerns will be followed up and responded to”, the average scoring shows a 1% reduction to last year’s result, to 74%.

The scaling is slightly different this year, with strongly agree and agree combined, as are disagree and strongly disagree. However, the overall percentages remain largely similar, with a less than 2% point difference between each survey.

9. Whistleblowing Oversight

In April 2024, responsibility for the governance and reporting of Whistleblowing within NHS Fife began to transition from the Workforce Directorate to the Corporate Governance & Board Administration function.

A new part-time (0.5 WTE) role of a Speak-Up / Whistleblowing Coordinator has been created to support the move, and the position is currently being recruited to. Standalone resource, separate from the HR function, will provide the necessary independence from staff conduct and disciplinary processes to support effective Whistleblowing promotion and encourage staff to raise concerns, confident these will be considered with no detriment to them and in line with the Standards. The post will provide dedicated resource to improve the Board’s promotion and co-ordination of its Whistleblowing processes. It is being introduced particularly to create dedicated capacity, to support the delivery of key strategic and operational priorities, at both the local level and in relation to the prospective postholder’s respective national commitments as the Board’s INWO Liaison Officer. Similar posts are in place in other Boards, and the creation of such a role in Fife will help enhance and expand

the support in place to enable the Board's compliance with the National Whistleblowing Standards.

Specifically, the new role will enhance operational support for Whistleblowing activity, including enhanced support for Confidential Contacts, more outreach work with staff and clinical teams (including support for Speak Up Week in autumn of 2024), and dedicated resource to support staff with navigating the Whistleblowing process.

To coincide with the above transition process, the first meeting of the Whistleblowing Oversight Group, chaired by the Chief Executive, took place in April 2024, with a follow-up meeting scheduled for July 2024, and quarterly thereafter. The Group has an important role in discussing how the Board can strengthen its Whistleblowing processes, particularly around organisational learning from concerns raised and enhanced level of reporting via the governance structure.

10. 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.

Meeting: Whistleblowing Oversight Group

Meeting dates: 24 April 2024 & 31 July 2024

Title: Chair's Assurance Report

1. Group Establishment

The Whistleblowing Oversight Group has been established to assist with providing assurance to the Board, via the Staff Governance Committee, that whistleblowing concerns are being discharged in compliance with the Independent National Whistleblowing Officer's (INWO) National Whistleblowing Standards and that all learning and improvement actions are taken forward from the investigation of any concerns raised under the Standards. The Whistleblowing Oversight Group will be responsible for the governance oversight of operational Whistleblowing arrangements and reporting within NHS Fife.

The Group has met on two occasions thus far, with the first meeting in April 2024 seeking to establish the Group and its terms of reference, and a second meeting held in July 2024 to progress items of relevant business. It will meet henceforth meet quarterly.

2. The Group has considered the following items of business:

April meeting

The Group has inputted to Terms of Reference for the Group itself and a new Whistleblowing Decision Team, both of which have now been approved following further consideration at its July meeting.

The Group has supported more timely reporting of Whistleblowing performance, commenting on drafts of the 2023/24 Annual Report, to allow its coming forward to Staff Governance and the Board in May 2024.

The Group has also had input into the content and scope of the Organisational Learning topic discussed at the Board Development Session on 27 August 2024.

July meeting

At its first 'full' meeting of business, the Group has commented on a number of draft documents, including the 2024/25 Quarter 1 Whistleblowing performance report, to allow its timely presentation to the September cycle of governance meetings.

Consideration has also been given to introducing the following documents, to support the awareness of and processes around staff bringing concerns to light:

- a new 'Listening to Staff' graphic, for use on Stafflink, desktop backgrounds etc.;
- a concern tracker for internal use, to capture thematic information on the types

of concern being notified by staff (further work is underway to conclude the thematic categories);

- a new Whistleblowing evaluation questionnaire, to capture feedback from those who have used the process (including case investigators); and
- a proposed form for Confidential Contacts to use to collect thematic information from staff contacting them for support.

Final versions of these documents will be introduced in due course.

The Group has also advised on the planning underway for Speak Up Week (30 September to 4 October), with activity planned across multiple sites to publicise the various routes for staff to raise any concerns about the workplace.

3. Any other Issues to highlight to the Board:

The Group has been pleased to support the introduction of a new part-time Speak Up / Whistleblowing Co-Ordinator role, which will sit within the Corporate Governance & Board Administration team. This dedicated resource is expected to assist the Group in its work and help strengthen various organisational processes, particularly around outreach work with teams and expanding the learning from staff concerns raised. The application process has now concluded and we look forward to the new post-holder starting in their role within a few weeks.

Carol Potter
Chief Executive / Chair of the Whistleblowing Oversight Group

**WHISTLEBLOWING OVERSIGHT GROUP
HELD ON WEDNESDAY 24 APRIL 2024 AT 12.30PM VIA MS TEAMS**

Attendees:

Carol Potter, Chief Executive (Chair)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Sandra Raynor, Head of Workforce Resourcing & Relations
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Lynne Parsons, Employee Director
Kirsty MacGregor, Director of Communications & Engagement

In Attendance:

Claire Fulton, Lead for Adverse Events (*for Gemma Couser*)
Kerrie Donald, Executive Assistant (*Minutes*)

Action

1. Welcome / Apologies

Apologies were noted from Gemma Couser, Associate Director of Quality & Clinical Governance.

2. Draft Terms of Reference

The draft Terms of Reference (ToR) were presented to the group, noting they are based on NHS Ayrshire & Arran's ToR and also reference a supporting Decision Team, which is in the process of being created in Fife. A further ToR for the latter will be circulated for comment.

The ToR were discussed with members and the following points were agreed to be updated / reflected within the current text:

- § A representative Confidential Contact should be invited to attend the Whistleblowing Oversight Group on a regular basis, to give feedback on any themes of contact and support;
- § The ToR should be reviewed yearly to ensure it remains up-to-date and relevant;
- § G. MacIntosh to create the Decision Team ToR and share the ToR with the Whistleblowing Oversight Group for review. The ToR should also reflect that the group will initiate the process for investigating Whistleblowing concerns but will not complete any investigation work. The ToR will also state the group will have a triangulation approach and any information that could be person-identifiable will be fully anonymised before review by the Team.

GM

Following discussion, C. Fulton highlighted a new system, InPhase, is currently being discussed with the Digital & Information team that may be beneficial for

creating reports, pulling data on Whistleblowing cases and allowing triangulation. It was noted 9 other Health Boards are considering adopting the system, as it would be able to replace other systems, such as Datix, resulting in an overall cost saving for the organisation. C. Fulton advised any progression and updates on implementing the system would be brought back to the group for discussion.

CF

3. Whistleblowing Reporting Update

S. Raynor noted the Annual Whistleblowing Report will be presented to the Board in May 2024, following initial consideration at the Staff Governance Committee earlier that month. K. Macdonald noted that feedback is not currently included within the report and advised that commissioners and investigating officers should be encouraged to complete the feedback questionnaire to break down any barriers people may have about speaking up. K. MacGregor queried if there was any scope to update the questionnaire to be more user friendly/interactive (there could be an opportunity to move this online to Smart Survey, which would enhance anonymity) and noted that further highlighting the Whistleblowing process on Stafflink, including publishing information on the forthcoming 'Speak Up Week' would be beneficial to staff to understand and have confidence in the process.

KMacG

Following discussion, it was agreed the questionnaire should be reviewed and updated, and once agreed, should be made available online.

SR/GM

4. Update on Organisational Learning Review

C. Fulton provided an update, noting a suite of learning activities have been developed along with a workplan. The team have also engaged with clinical teams to create a paper, which will be shared with the Clinical Oversight Group imminently and thence EDG in July 2024.

Following a query from G. MacIntosh, it was agreed the topic should also be presented to the Board Development Session in June 2024, noting the links into the 'Re-form, Transform, Perform' programme and risk appetite discussions. C. Potter advised the next Whistleblowing Oversight Group should therefore meet in June, prior to the Board Development Session, to discuss presenting the topic to the Board.

K. Donald to arrange next meeting dates for June and July 2024.

KD

5. Any Other Competent Business

Following a query regarding the dedicated Whistleblowing post that has been evaluated for recruitment, C. Potter noted there are currently discussions ongoing on how this could be funded in the context of existing resources / headcount. G. MacIntosh advised that once the post has been filled, there will be created a 'Speak Up' mailbox and phone line for staff to make direct contact. Support from the Communications team will be sought to highlight this, which will effectively relaunch a campaign about the Whistleblowing resources available to NHS Fife Staff, promoting NHS Fife as a learning and listening organisation.

6. DATES OF NEXT MEETINGS

June 2024 (TBC) *in advance of the Board Development session*
July 2024 (TBC)

**WHISTLEBLOWING OVERSIGHT GROUP MINUTES
HELD ON WEDNESDAY 31 JULY 2024 AT 10.00AM VIA MS TEAMS**

Attendees:

Carol Potter, Chief Executive (Chair)
 Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
 Kirstie Macdonald, Non-Executive Whistleblowing Champion
 Lynne Parsons, Employee Director
 Kirsty MacGregor, Director of Communications & Engagement

In Attendance:

Claire Fulton, Lead for Adverse Events (*for Gemma Couser*)
 Fay Richmond, Executive Officer to Chief Executive & Board Chair (*observing*)
 Patricia Kilpatrick, NHS Fife Chairperson (*observing*)
 Kerrie Donald, Executive Assistant (*Minutes*)

		Action
1.	<p>Welcome</p> <p>C. Potter welcomed members to the second meeting of the Group.</p>	
2.	<p>Apologies</p> <p>Apologies were noted from Gemma Couser (Associate Director of Quality & Clinical Governance), Jenni Jones (Associate Director of Culture, Development & Wellbeing), and Sandra Raynor (Head of Workforce Resourcing & Relations).</p>	
3.	<p>Note of Last Meeting Held on 24 April 2024</p> <p>C. Fulton requested the following minor update within Section 2 of the minutes:</p> <p>“Following discussion, C. Fulton highlighted a new system, InPhase, is currently being discussed with the Digital & Information team that may be beneficial for creating reports, pulling data on Whistleblowing cases and allowing triangulation. <i>It was noted 9 other Health Boards are considering adopting the system, as it</i> the system has been adopted by 9 of the 14 Health Boards in Scotland and would be able to replace other systems, such as Datix, resulting in an overall cost saving for the organisation.”</p> <p>Members approved the minute, subject to the change noted above.</p> <p>C. Potter noted the June 2024 meeting did not go ahead due to the postponement of the Organisational Learning Group Session for the Board.</p>	KD

	This meeting has now been rescheduled for August, in advance of the Board Development Session on this topic taking place at the end of that month.	
4.	<p>Matters Arising</p> <p>G. MacIntosh highlighted that the Speak Up / Whistleblowing Co-ordinator post closes on 31 July 2024, with interviews scheduled for 22 August 2024. It was noted there are currently 18 applications submitted for the role, which demonstrate a broad range of experiences that would be suitable for the post.</p> <p>Following discussion, it was agreed that one of the scenarios used for the Confidential Contact training should be used to supply to candidates as an interview assessment. L. Parsons agreed to issue the relevant training materials to G. MacIntosh.</p>	LP
5.	<p>Whistleblowing Oversight Group Terms of Reference</p> <p>G. MacIntosh presented the Whistleblowing Oversight Group Terms of Reference, noting that previous comments and amendments have been actioned. A final draft is thus presented to the Group for approval.</p> <p>C. Potter requested that Section 8.2 be updated, to highlight that reports from the Whistleblowing Oversight Group are first presented at the Executive Directors' Group, before going onward to the Staff Governance Committee.</p> <p>Following a query regarding the Confidential Contact representative to be added to the Group's membership, G. MacIntosh advised she has sought advice from the Confidential Contact network on how to appoint a representative member, highlighting it would be beneficial for the appointment to come from within the Confidential Contact network itself. L. Parsons noted the Confidential Contact, once appointed, would be expected to regularly attend the National Speak Up Network, where they would receive support and shared learning, which could be shared back to the Whistleblowing Oversight Group.</p> <p>Following discussion, it was agreed the Speak Up / Whistleblowing Coordinator post would progress further the appointment of a Confidential Contact to the Group. They would also be responsible for communicating to the Group learning updates and opportunities from other fora such as the Speak Up Network and regular communication from the INWO, which would work alongside internal organisational learning and reviews to evidence and monitor the impact of change.</p> <p>The Whistleblowing Oversight Group approved the Terms of Reference, subject to the update mentioned above at Section 8.2.</p>	GM
6.	<p>Whistleblowing Decision Team Terms of Reference</p> <p>G. MacIntosh presented the Whistleblowing Decision Team Terms of Reference, noting they were previously circulated to the group for comment and</p>	

	<p>updated according to comments received. It was advised that, following examples from other NHS boards, the purpose of the Whistleblowing Decision Team would be to assess whether a concern should be reviewed under the Standards, or whether another process was more suitable. However, it was noted the Whistleblowing Decision Team would not be established until the Speak Up / Whistleblowing Co-ordinator is in post, as this role will be critical to capturing concerns in a more central manner than at present.</p> <p>Following a query regarding the breadth of membership, it was agreed the Whistleblowing Decision Team should be established for a period of time before reviewing membership and considering whether more staff representation is required.</p> <p>The Whistleblowing Oversight Group approved the Terms of Reference of the Decision Team.</p>	
<p>7.</p>	<p>Draft Whistleblowing Quarter 1 2024/25 Performance Report</p> <p>G. MacIntosh provided an overview of the Quarter 1 report, noting a section has been added highlighting the ongoing work of the Whistleblowing Oversight Group and the planned appointment of the Speak Up / Whistleblowing Co-ordinator post.</p> <p>G. MacIntosh further advised the process of formally recording cases requires to be reviewed, with tighter processes being put in place. In preparation of the Quarter 1 report, on reviewing the lessons learned section from a previous case in the year preceding, it has become apparent that the outcome of this case was wrongly recorded as 'not upheld' in last year's 2023/24 Annual Report, when it should have been recorded as 'partially upheld'. Following discussion, it was agreed the Annual Report will be resubmitted to the INWO with the changes made and a new online version published. K Macdonald requested that a deep dive into the recording of cases should also take place, to ensure this does not happen again and to provide assurance to members that processes are robust.</p> <p>C. Potter advised that the section discussing the various opportunities the Director of Acute Services and Director of Health & Social Care have within the report should be expanded, to emphasis the extent and visibility of the walkabouts within the team. It was further noted it would be beneficial for the training section to be extended to show a quarter by quarter basis to see the comparison, and this was agreed as being taken forward in future reports.</p> <p>Following discussion, it was noted the Confidential Contact Network group should be recruiting on a recurring basis, to ensure they have the right group of people who are engaged. The appointment of the Speak Up Coordinator will assist with this work. Once this is in place and reporting lines have been established, feedback will be more frequent and will allow for a range of responses and data to be included within future reports.</p> <p>The Whistleblowing Oversight Group approved the report for issuing to the Staff Governance Committee, following changes made as discussed above.</p>	<p>SR</p> <p>GM</p>

8.	Documents for Comment/Feedback	
8.1	<p>'Listening to Staff' Updated Graphic</p> <p>G. MacIntosh presented the 'Listening to Staff' graphic, noting it will be available on StaffLink. Its purpose is to provide information on the various methods in which staff can raise a concern. It was noted the generic contact details for the Speak Up / Whistleblowing Co-ordinator role will be added to the graphic prior to distributing and, once in post, can continue to review and refresh the graphic on a regular basis.</p> <p>K. MacGregor noted the colours within the graphic can be modified, noting the plan would be to present the graphic on StaffLink, with a compressed version available on desktops and a PDF printable version.</p> <p>Following discussion, C. Potter advised it may be beneficial for K. Booth, in his role as Fraud Liaison Officer, to attend the Whistleblowing Oversight Group, to provide updates from Counter Fraud Standards, whilst working with the Speak Up / Whistleblowing Co-ordinator role to ensure staff awareness of these standards. K. Donald to update calendar / paper distribution list to include K. Booth.</p>	<p>KMacG</p> <p>KD</p>
8.2	<p>Proposed Whistleblowing Concern Tracker / Identifying Themes</p> <p>G. MacIntosh presented the proposed tracker, noting the main area of consideration is the creation of categories of themes, to ensure the reporting of the themes is consistent.</p> <p>It was advised the themes used within NHS Ayrshire & Arran (which had been kindly shared by colleagues there) do not include bullying as a Whistleblowing theme, these being treated as an individual concern falling under the relevant HR procedure. Following discussion, it was agreed that G. MacIntosh and K. Macdonald will review other Boards' whistleblowing themes and propose a list of themes that can be used within the tracker and the Confidential Contact form, and report back to the next meeting for further discussion.</p> <p>Following discussion regarding the inclusion of themes around bullying, it was agreed the Whistleblowing Oversight Group must have assurance around the processes in place when a concern is raised that might be initiated from somebody raising a grievance or a bullying and harassment claim, particularly if this related to a potentially systemic issue. It was highlighted the mechanisms to investigate the broader safety issue, as well as the reporting of a bullying allegation, is not for the Whistleblowing Oversight Group to have any view into the specifics of an individual's case.</p>	<p>GM</p> <p>KMacD</p>
8.3	<p>Whistleblowing Process Evaluation Questionnaire</p> <p>G. MacIntosh presented the questionnaire, noting the online version is conducted via the online Smart Survey software, advising all submissions are fully anonymous and are not trackable, being separate from any Office365</p>	

	<p>login. It was further highlighted that when a response is completed, it will automatically be emailed to the Speak Up / Whistleblowing Co-ordinator, once in post, who can monitor the responses without having to check a dedicated system for any results.</p> <p>Following positive feedback from members, it was agreed that the final survey text would include a disclaimer to state the survey is anonymous, however the results would be used within future performance reporting.</p>	GM
<p>8.4</p>	<p>Confidential Contact Summary of Meeting Guidance & Forum</p> <p>G. MacIntosh presented the summary paper, noting the themes listed are not final and will mirror the themes within the planned Whistleblowing Concern Tracker, prior to the summary being introduced as a live document.</p> <p>Following a query from C. Potter on the 'Examples of how to complete the recording form' section, it was agreed the sentence <i>"The concern was definitely a Whistleblowing case and, after speaking with the line manager, it is being taken forward as a stage 1 concern"</i>, within the first item should be updated to <i>"I was of the opinion the concern was a Whistleblowing case, and after speaking with the line manager, it is being taken forward as a stage 1 concern"</i>.</p> <p>G. MacIntosh advised that there was support from amongst the Confidential Contact network to establish a dedicated MS Teams channel, where documents such as form templates, regular updates and INWO newsletters could be posted, to help complement communication between regular meetings and to be used as a message board for members. The creation of this team would be actioned on the appointment of the Speak Up / Whistleblowing Co-ordinator.</p>	GM
<p>9.</p>	<p>Planning for Speak Up Week, 30 September to 4 October 2024</p> <p>K. MacGregor presented the communications activity tracker for the 'Speak Up' campaign week, noting that, dependant on their start date, it would be beneficial for the Speak Up / Whistleblowing Co-ordinator to be introduced to staff via the 'NHS Fife Life Changer' feature.</p> <p>Following a query from K. Macdonald, it was agreed the infographic should incorporate additional information regarding 'RTP and Me' contact opportunities, to allow staff to make contact with any concerns related specifically to these workstreams.</p> <p>Following discussion, members agreed drop-in sessions with Directors and Non-Executive members such as the Whistleblowing Champion should be arranged and incorporated into the activity tracker, and take place throughout the week, across multiple sites, to endorse the 'Speak Up' campaign.</p>	KMacG KMacG

10.	<p>Whistleblowing Annual Report 2023/24</p> <p>Members noted the publication of the 2023/24 Annual Report, acknowledging the requirement for updating the incorrect wording as discussed previously within the meeting.</p>	
11.	<p>Proposed Quarterly Assurance Report to Staff Governance Committee</p> <p>Following discussion, members agreed providing an assurance report, highlighting key themes and improvement work, with the minutes from the Whistleblowing Oversight Group attached, would be the most appropriate reporting format from the Group into the Staff Governance Committee. It was further noted this would replicate the current reporting format from other Committees into the Board.</p>	
12.	<p>AOCB</p> <p>K. Macdonald highlighted the importance of supporting and thanking Confidential Contacts during the 'Speak Up Week' campaign, acknowledging the work is in addition to their day-to-day posts.</p>	
13.	<p>Date of Next Meeting:</p> <p>Monday 19 August 2024, 3pm via MS Teams (to discuss proposed Board Development Session topic on Organisational Learning)</p> <p>End of October 2024 - date TBC (Standard Meeting)</p>	

Meeting: Fife Staff Governance Committee
Meeting date: 3 September 2024
Title: Reinforced Autoclaved Aerated Concrete (RAAC) Update
Responsible Executive: Neil McCormick, Director of Property & Asset Management
Report Author: Neil McCormick, Director of Property & Asset Management

Executive Summary:

- All Blocks in our buildings have been assessed for the likelihood of containing RAAC
- For those blocks meeting the criteria for further assessment, a desktop survey was carried out by external engineers/ surveyors to categorise risk.
- All 29 blocks identified have now been surveyed.
- Of the 7 blocks where RAAC has been discovered, 4 blocks are stable and require annual monitoring to ensure no deterioration of the material and 3 areas require further attention.
- For the areas which require further attention, risk assessment have been undertaken and appropriate mitigations put in place.
- Scottish Government is in the process of developing guidance and are looking at a framework to provide external support for monitoring those buildings which contain RAAC.
- Over the long term the RAAC will either be replaced as part of ongoing maintenance or buildings will be withdrawn from use in line with the whole systems infrastructure plan.
- There is no immediate risk to patients, staff, or visitors as the RAAC that has been discovered is stable or identified risks have been mitigated.
- Identified RAAC will be built into standard business continuity plans for clinical services, if areas are found to be deteriorating, further risk assessments and mitigations will be carried out in conjunction with the local staff, but it has not been determined necessary to relocate any staff or patients at this time.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue

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

- Safe
- Effective
- Person Centred

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

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

2 Report summary

2.1 Situation

Work is underway across Scotland to survey all NHS buildings which may potentially contain Reinforced Autoclaved Aerated Concrete (RAAC).

2.2 Background

RAAC is a lightweight form of concrete used mainly in roof, floor and wall construction in the UK during the second half of the 20th century. It has been found in a range of buildings, both in the public and private sector.

The material is known to be less durable than other forms of concrete, particularly where it has been damaged by water or where it was not formed correctly during the original fabrication. RAAC was used widely from the 1960's until it was phased out in the 1990's. NHS Scotland Assure (part of NHS National Services Scotland) are co-ordinating a programme of work to carry out discovery surveys of all properties across the NHS estate that have been identified as potentially containing RAAC. A list of all buildings being surveyed across the NHS Estate in Scotland has been published on the NHS National Service Scotland website [Reinforced Autoclaved Aerated Concrete \(RAAC\) Discovery Survey Programme - List of Properties | National Services Scotland \(nhs.scot\)](#).

Using assessment criteria provided by NHS Scotland Assure, NHS Fife has identified several buildings within our Estate which may potentially contain RAAC and has supplied this information to NHS Assure. This list of buildings identified was a desk-based exercise based primarily on when the buildings - or parts of buildings - were built. While it is likely that parts of some of our buildings will contain RAAC, we will only know definitively once more detailed surveys are carried out.

2.3 Assessment

We have identified 30 blocks (elements of buildings) within our estate that we have passed to the National Programme for further assessment. The criteria for identifying areas were agreed nationally and included the following questions:

1. Was the building, or any part of the building or extensions constructed between 1960 and 1989?
2. Is any part of the roof structure flat, or was previously flat (with a new pitched roof over)?
3. Is any part of the roof structure a low pitch (<45 degrees) long span sloped roof?
4. Is any part of the roof construction concrete?

A desktop survey is carried out if the answer to all questions is yes. The desktop survey identifies the risk of the block potentially containing RAAC based on the design information shared with the external partner employed by NSS (Currie & Brown).

Any of the blocks which are identified as high or medium risk of having RAAC have been physically surveyed by a Structural Engineer managed by the external partner (WSP). The blocks identified as low risk have now started to be surveyed.

Of the 30 blocks having been identified as being at a risk of containing RAAC, 29 of these blocks have been surveyed to date, with the final block being identified as derelict and unused and as such has now been removed from the programme.

Following the surveys (See Appendix 1 for an example), 22 blocks have had no RAAC discovered (see Table 1), 7 have discovered RAAC (see Table 2).

Site Name	Block Name	Likelihood Category	RAAC
Cupar Health Centre	Cupar Main Block	High Likelihood of RAAC	No
Kelty Health Centre	Kelty Main Block	High Likelihood of RAAC	No
Kinghorn Health Centre	Kinghorn Main Block	High Likelihood of RAAC	No
Leven Health Centre	Leven Main Block	Medium Likelihood of RAAC	No
Queen Margaret Hospital	Boiler House	Medium Likelihood of RAAC	No
Queen Margaret Hospital	Wards 5 to 7 ICASS	Medium Likelihood of RAAC	No
Queen Margaret Hospital	Wards 1 to 4	Medium Likelihood of RAAC	No
Randolph Wemyss Memorial Hospital	Kitchens, Boiler House, Wards 1 and 2	Low Likelihood of RAAC	No
Victoria Hospital	Kitchen and Dining Room	Medium Likelihood of RAAC	No
Victoria Hospital	Fife Area Labs North	High Likelihood of RAAC	No
Victoria Hospital	Hayfield House	High Likelihood of RAAC	No
Victoria Hospital	Phase 1 Main Building	High Likelihood of RAAC	No
Victoria Hospital	Phase 1 Basement to Lab Tunnel	Low Likelihood of RAAC	No
Victoria Hospital	Kitchen to Service Yard Tunnel	Low Likelihood of RAAC	No
Victoria Hospital	Central Laundry	Low Likelihood of RAAC	No
Whyteman's Brae Hospital	Victoria Radio Network	Medium Likelihood of RAAC	No

Whyteman's Brae Hospital	Boiler House	High Likelihood of RAAC	No
Whyteman's Brae Hospital	Generator	High Likelihood of RAAC	No
Whyteman's Brae Hospital	Day Hospital and Ravenscraig	High Likelihood of RAAC	No
Whyteman's Brae Hospital	Day Hospital Entrance	High Likelihood of RAAC	No
Whyteman's Brae Hospital	Ward Block	High Likelihood of RAAC	No

Table 1 - Blocks where RAAC has not been identified

Site Name	Block Name	Likelihood Category	RAAC
Kirkcaldy Health Centre	Kirkcaldy Main Block	High Likelihood of RAAC	Yes
Lynebank Hospital	Tayview and Ward 12 Offices	High Likelihood of RAAC	Yes
Lynebank Hospital	Psychology, Health Records and Health Storage	High Likelihood of RAAC	Yes
Lynebank Hospital	Main Building	High Likelihood of RAAC	Yes
Queen Margaret Hospital	Phase 1 Main Block	Medium Likelihood of RAAC	Yes
Adamson Hospital	Tarvit Ward	High Likelihood of RAAC	Yes
Glenrothes Hospital	Glenrothes Main Block	High Likelihood of RAAC	Yes

Table 2 - Blocks where RAAC has been identified

Site Name	Block Name	Likelihood Category	RAAC
Cameron Hospital	Linen Room Closed	Removed from Programme	n/a

Table 3 - Blocks which have not yet been surveyed

Where RAAC has been discovered (7 blocks) the blocks can be divided into 2 distinct categories:

- Blocks where RAAC has been identified but where there is no immediate cause for concern (Table 5) where the surveys have recommended periodical monitoring (annually or longer). We will put mechanisms in place to monitor these areas on an annual basis by suitably qualified personnel:

Site Name	Block Name	Monitoring
Lynebank Hospital	Tay View and Ward 12 Offices	Annual
Queen Margaret Hospital	Phase 1 Main Block	Annual
Adamson Hospital	Tarvit Ward	Annual
Glenrothes Hospital	Glenrothes Main Block	Annual

Table 4 - Areas for Annual monitoring

- Blocks where further investigation is required:

Site Name	Block Name	Further Investigation
Kirkcaldy Health Centre	Kirkcaldy Main Block	Yes
Lynebank Hospital	Psychology, Health Records and Health Storage	Yes
Lynebank Hospital	Main Building	Yes

Table 5 - Areas for further investigation

For the blocks where further investigation is required (Table 6), discussion is ongoing Nationally about how this can be done consistently across Scotland. While this is being carried out, risk assessments have been carried out in the 3 areas identified above by our

Health and Safety Manager, which have resulted in several mitigating actions which have now been put in place.

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

We have not yet identified areas where patient care is affected by RAAC and the areas where further investigation is required are not primarily patient facing.

2.3.2 Workforce

We are committed to providing staff with a continuously improving & safe working environment. We have taken a risk-based approach to minimising the risks to all staff.

2.3.3 Financial

In the short-term we have identified a contingency sum of £50k to support further investigations and provide any short-term mitigations. In the longer-term we will ensure that RAAC is included in the risk assessed backlog maintenance capital expenditure plan, where necessary. It is anticipated that those areas containing RAAC may have significant costs in the future if the RAAC becomes unstable or reaches the end of its life.

2.3.4 Risk Assessment / Management

The Asset Management System prioritises work based on the condition of the different blocks and systems within the estate. The system will be updated with RAAC information and will be used to prioritise backlog maintenance and capital expenditure going forwards.

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

An Impact Assessment has not been carried out.

2.3.6 Climate Emergency & Sustainability Impact

There is no immediate impact on climate emergency and sustainability although there is a preference going forward to reuse existing buildings rather than replacement given the embodied carbon created during the construction period.

2.3.7 Communication, involvement, engagement and consultation

A post was published on Blink in September 2023 and following a discussion at Area Partnership Forum, an NHS Fife website has been developed [Reinforced Autoclaved Aerated Concrete \(RAAC\) | NHS Fife](#) to provide information in a transparent manner. It is likely that this resource will be updated with the information included in this paper as soon as reasonably possible.

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.

- Estates & Facilities Senior Management Team on 25 October 2023
- Executive Director Group on 2 November 2023
- Fife Capital Investment Group on 8 November 2023
- Fife Clinical Governance Committee on 12 January 2024
- Staff Governance Committee 11 January 2024
- Area Partnership Forum/Local Partnership Forum 24 January 2024
- Health & Safety Sub-Committee 8 March 2024
- Executive Director Group on 4 July 2024

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

n/a.

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot



NHS Fife Acute Services Division and Corporate Directorates Local Partnership Forum

Annual Report 2023/2024



(Our newest intake of Trainee Doctors)



(National Treatment Centre Garden which has been voluntarily developed and maintained by Stuart Main)



(Newly Qualified Midwives Welcome Brunch)



(NHS Fife Nursing Team Complete the Mighty Hike)



(Donation by Ross Harley and his family to Ward 34)



(Current and former NHS Fife staff win national bowling championship)



(Ward 6, VHK Refurbishment)



(Fife dietitians recognised at prestigious national awards)



(#NHS75 Parkrun event)



(Garden at Queen Margaret Hospital becomes 'The Haven' to all patients, staff and visitors)



(Donation from patients Hanniffia McGrath & Lesley-Anne Chessor of Scalp-Cooling System to Haematology/Oncology Day Unit)



(Fife Pride 2023)



(Cookie Jar Foundation Charity Donation)



(Opening of the New E2m Procedure Room at Queen Margaret Hospital)

Contents

1.	Message from the Chairs of the Local Partnership Forum
2.	Local Partnership Forum Constitution and Values
3.	Corporate Communications Activity in Support of Acute Services Division
4.	Health and Wellbeing
5.	Promoting Attendance
6.	Training and Development
7.	Health and Safety
8.	Equality and Diversity
9.	Capital Report
10.	Service Achievements and Developments
11.	Summary

1. Message from the Chairs of the Local Partnership Forum

We would like to welcome you to the fourth annual report of the Acute Services Division and Corporate Directorates Local Partnership Forum (LPF).

The report covers the time period from April 2023 to March 2024, highlighting the key work undertaken by the LPF as well as highlighting the amazing work that individuals, teams and services undertake each and every day.

The main areas of focus for the Acute Services Division and Corporate Directorates Local Partnership Forum are:

1. To promote opportunities for staff to be involved in local decision making on the planning and delivery of services.
2. To act as a focal and communication point for staff across the Acute Services Division and Corporate Directorates to enable staff to contribute to the business of that part of the organisation.
3. To provide input to the Acute Services Division and Corporate Directorates to ensure that the Staff Governance standard is implemented locally.



Claire Dobson

LPF Co-Chair

Director of Acute Services NHS Fife



Andrew Verrecchia

LPF Co-chair (Staff Side)

2. Local Partnership Forum Constitution and Values

The Acute Services Division and Corporate Directorates Local Partnership Forum members are employees of NHS Fife managed by the Acute Services Division and Corporate Directorates.

The membership consists of accredited Trade Union Stewards and Senior Leaders from across the Acute Division and Corporate Directorates.

Regular Members and Attendees at Local Partnership Forum

NAME	ROLE
Claire Dobson	Director of Acute Services (LPF Co-Chair)
Andrew Verrecchia	LPF Co-Chair (Staff Side)
Paul Bishop	Head of Estates
Sue Blair	British Medical Association
Norma Beveridge	Director of Nursing (Acute)
Murray Cross	General Manager - Planned Care (left NHS Fife - November 2023)
Donna Galloway	General Manager - Women Children & Clinical Services (left NHS Fife – March 2023)
Mary Ann Gillan	Royal College of Midwives
Neil Groat	Society of Radiographers
Ben Hannan	Director of Pharmacy and Medicines
Sally Tyson	Head of Pharmacy – Development and Innovation
Neil McCormick	Director of Property and Asset Management
Joy Johnstone	Federation of Clinical Scientists
Belinda Morgan	General Manager - Emergency Care
Louise Noble	UNISON
Caroline Somerville	UNISON
Miriam Watts	General Manager - Emergency Care then Planned Care
Belinda Morgan	General Manager – Emergency Care
Susan Young	Human Resources Team Leader (left NHS Fife - August 2023)
Melanie Jorgensen	Interim Human Resources Team Leader
William Nixon	Health and Safety Manager
Sue Blair	British Medical Association
Neil Groat	Society of Radiographers
Sam Ferguson	Chartered Society of Radiographers

Meeting Dates

The Local Partnership Forum meets every 2 months, but this can be varied by the Co-Chairs.

The Local Partnership Forum met on the following dates (from April 2023 to March 2024):

- 27 April 2023
- 22 June 2023 (Meeting Cancelled)
- 17 August 2023
- 9 November 2023
- 21 December 2023
- 15 February 2024

Meeting Agendas

Agenda topics are agreed ahead of each meeting by the co-chairs.

The main areas of focus are as follows:

1. To promote opportunities for staff to be involved in local decision making on the planning and delivery of services.
2. To act as a focal and communication point for staff across the Acute Services Division and Corporate Directorates to enable staff to contribute to the business of that part of the organisation.
3. To provide input to the Acute Services Division and Corporate Directorates to ensure that the Staff Governance standard is implemented locally.
4. To ensure full participation in the audit of Staff Governance across NHS Fife including the development and implementation of action plans as well as the production of an ASDCD LPF Annual report.

A paper or verbal update is brought to the Area Partnership Forum to summarise the key highlights from each meeting.

LPF Walkabout Programme

Our Local Partnership Forum Co-Chairs continue with their regular walkabout programme.



(Taken on one of our LPF Walkrounds)



(Taken on one of our LPF Walkrounds)



(Taken on one of our LPF Walkrounds)

Acute Services Division Performance Reviews

Once a quarter our Acute Services Division Performance Reviews are held face-to-face in different areas taking to staff first-hand about issues and challenges.

3. Corporate Communications Activity in Support of Acute Services Division

Over the last year Communications have undertaken a wide range of activities supporting services and staff.

Communications supported the redesign of the Accident and Emergency environment (walk-up and waiting area) with new dedicated signage and information. As part of the work a new [A&E micro-site](#) was created on the NHS Fife website providing comprehensive information on a patient's journey through A&E, along with information on key illnesses and conditions. Work was also undertaken to refresh information on translation.

Some of the other key work undertaken in the Acute Services Directorate over the last year includes:

- 500th robotic assisted surgery communications.
- First Minister's visit to the NTC.
- Creation of NTC virtual tour.
- Creation of Neonatal Unit 360 virtual tour.
- Communications support for Re-form, Transform, Perform (RTP) approach.

StaffLink (powered by Blink) – Staff App

StaffLink is our main internal communications channel. In September 2023 a series of StaffLink drop-in sessions were held across all hospital sites, providing an opportunity for staff to feedback, to ask questions and find out more about how the app could support them in their role. A digital StaffLink survey was also undertaken at the same time.

At two of the Victoria Hospital drop-in sessions, the StaffLink team were joined by Blink's Product Director and Customer Success Manager who heard directly from staff.

Valuable feedback was gathered from a cross-section of staff including junior doctors, nursing staff, AHPs, HCSWs, domestics, porters, managers, administrative and wider support staff.

Key themes from drop-in sessions/survey:

- Staff told us they found StaffLink easy to use.
- The newsfeed was popular for staff to keep up to date, however, it could be busy and news items could be 'missed'.
- It wasn't always easy to find the information staff were looking for.
- Multi-factorial authentication was causing issues for some staff logging on.
- They liked the mobile version of StaffLink, but not everyone aware that it was available.

What we've done:

- Introduced a new Weekly Training Update to bring all training and learning opportunities together in the one place. The Training Update is highlighted on the front page of StaffLink and in the Weekly Update. This has helped to streamline and take away some of the 'churn' from the newsfeed. We continue to look at how we streamline the newsfeed further.
- Worked with Blink to make changes to improve the Search function, with further improvements planned on their development roadmap.
- Introduced new functionality to support staff in finding regularly viewed content quickly and easily with a new 'suggested for you' area which can be found on the front page of the desktop version of StaffLink and in the Hub on the mobile version; additionally new widgets are now available where key information/campaigns can be found on the left-hand side of the desktop front page.
- Continued to work with services and departments to support, improve and streamline content on the StaffLink Hub.
- Continued to work with Blink and Digital and Information to look at any issues associated with multi-factorial authentication.
- Continued to develop StaffLink User area with guides on downloading and using the mobile version of the app, with further communications planned to highlight this.

Other communications channels

The Weekly Update provides a summary of key news content and internal campaigns published on StaffLink, we have streamlined this further in conjunction with the new Weekly Training Update. Alongside this the TEAM update continues to provide a monthly strategic update from the Chief Executive. Regular briefings to support Reform, Transform and Perform (RTP) have been introduced alongside associated work stream briefings including Workforce and Infrastructure.

NHS Fife's social media activity continues to grow and supports the Acute Services Directorate including key strands of work, targeted recruitment campaigns, and the sharing of Care Opinion feedback; whilst our website provides a key source of information for patients, further supporting services.





Wellbeing Interventions

During 2023/2024, we have continued to work alongside our partners to support the delivery of wellbeing interventions. The successes during 2023/2024 include:

- The development and approval of NHS Fife's New Staff Health and Wellbeing Action Plan
- The refresh of NHS Fife's Staff Health and Wellbeing Handbook
- A new NHS Fife Wellbeing Guide has been developed to help managers support staff.

NHS Fife's Staff Health and Wellbeing Action Plan (December 2023 to March 2025)

NHS Fife's Staff Health and Wellbeing Action Plan provides details of actions which NHS Fife will prioritise over the period to March 2025 and takes account of the content of the Staff Health and Wellbeing Framework for 2022 to 2025. Published in November 2022, the Framework aligned our staff health and wellbeing aspirations to the Four Pillars of Wellbeing. This Action Plan also focuses on the Nurture aim of the five pillars of the Workforce reflected in the National Workforce Strategy for Health and Social Care in Scotland, published in March 2022.

The Five Pillars of the Workforce



Over the period to March 2025, NHS Fife will concentrate on our core, existing staff health and wellbeing provision, aligned to the Anchor Strategic Plan and our commitment as one of the largest employers in Fife, that our actions to support the wellbeing of our workforce will also benefit local population health.

We will continue to work collaboratively partners such as the Healthy Working Lives Fife Team, National Wellbeing Champions Network, and the newly developed Fife Employers' Wellbeing Network, to ensure that we promote opportunities for our staff in the key areas set out within the NHS Fife Staff Health and Wellbeing Framework.

NHS Fife's Staff Health and Wellbeing Handbook 2023/2024

The NHS Fife's Staff Health and Wellbeing Handbook 2023/2024 has been revised to provide staff with a list of useful organisations and recourses in relation to wellbeing topics and contains a list of potentially useful resources and organisations.

Wellbeing Guide for Managers

A new NHS Fife Wellbeing Guide has been developed to help managers support staff.

Focussing on support for health and wellbeing concerns and promoting attendance at work, the guide provides details on a range of other useful resources that are available, including further information on:

- Wellbeing Conversations
- Leadership and Management Training Support for Managers
- The Importance of Feedback

You can access a copy of the guide via the following link [Wellbeing Pocket Guide](#) or via StaffLink.



Staff Health and Wellbeing StaffLink Pages

The Health and Wellbeing section on StaffLink has started to be refreshed and provides a range of information and resources to support staff's physical, mental and emotional health and wellbeing. Whether staff are looking for information, advice or

support individually, or as a team, they can find a wide range of helpful national and local resources.

NHS Fife Live Positive Stress Management Toolkit

The new NHS Fife Live Positive Stress Management Toolkit provides staff with a wide range of information and advice on how to deal with stress. Whether staff are looking for further guidance or a manager is looking for ways to support their team, the toolkit highlights the causes of stress, how to manage stressors and where to seek support.



Staff Chill Area

A new Staff Chill Area, funded by Fife Health Charity, was created at Phase 1, Victoria Hospital, for all staff to take a break and recharge. This welfare area is equipped with open-plan outdoor seating and is complete with games built into some of the benches.

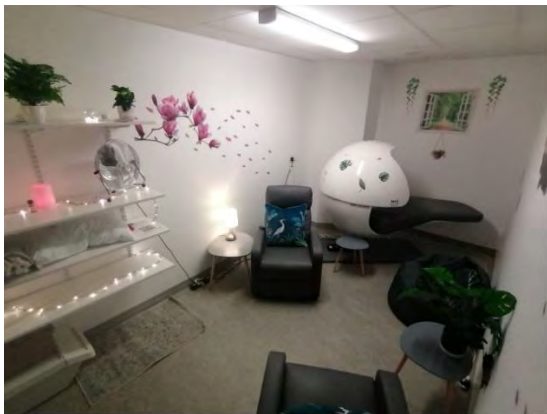


Staff Health and Wellbeing Hubs

A number of permanent wellbeing hubs are now available to staff across Fife, providing a dedicated space for staff to relax, get refreshments and take some time away from work areas. All staff are welcome to drop-in to their nearest wellbeing hub. Funding for these facilities has been provided by Fife Health Charity and NHS Charities Together.

Wellbeing Room, Emergency Department, Victoria Hospital, Kirkcaldy

The newly furnished Wellbeing space within the Emergency Department, Victoria Hospital, provides a dedicated space for colleagues to relax and take some time away from work areas.



AU2 Courtyard: Staff Outdoor Rest Space

To support staff health and wellbeing, plans are underway to create a dedicated wellbeing garden in the AU2 Courtyard. The wellbeing garden is being funded by Fife Health Charity. The space will provide a quiet and peaceful area, accessible for all staff to use. Fife Coast and Countryside Trust will be supporting the design, installation and maintenance of the garden. A garden designer, with experience working in NHS environments, is ensuring that essential elements such as patient confidentiality and infection control are included as part of the design.



NHS Fife Cycle to Work Scheme / eBike Hire

A new Cycle to Work Scheme was launched in March 2024 and is now open all year round for NHS Fife staff. This works as a salary sacrifice scheme in which the employee agrees to give up part of their pre-tax salary for an agreed period in exchange for the hire of a bike and / or safety equipment for active travel. In addition, a number of e-bikes are available to rent, with all e-bikes serviced and ready for use. Further information is available on StaffLink.

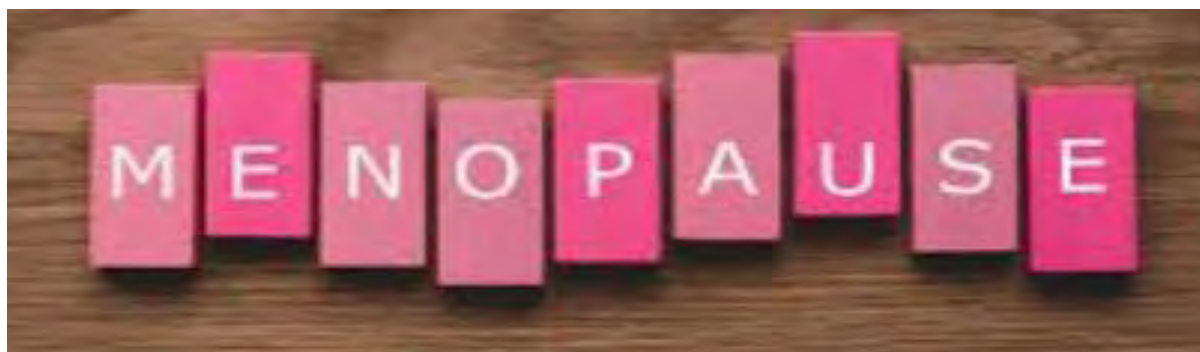
Fife Sports and Leisure Trust's Club Corporate Wellness Membership

Fife Sports and Leisure Trust's Club Corporate Wellness membership, costing £27 per month, provides access to all 13 venues and facilities, including gyms, fitness classes, Les Mills classes, swimming pools, wellbeing classes, health suites, athletics tracks, and climbing wall. Members will also have exclusive access to member-only events, fitness classes, digital fitness classes, and member-exclusive discounts. Further information is available via: fifeleisure.org.uk.

New Menopause Support Pages

Managing menopause symptoms can be challenging. Whilst everybody's experience is unique, understanding more about what is going on and where to find support is important. A new dedicated Menopause Support section has been created on StaffLink highlighting a range of resources and support, as well as providing further information for colleagues and managers. The new section includes:

- Information on NHS Fife's regular menopause support drop-in sessions for staff
- Advice videos from experts providing further information and dispelling myths, along with women recounting their own experiences
- Links to useful websites and apps providing further support
- NHS Fife's Menopause Policy



Launch of Fife Shout Partnership

NHS Fife's Health Promotion Service partnered with Our Minds Matter and the Shout text messaging service to offer free, confidential mental health support to young people living in Fife who are experiencing distress. The service can be accessed by simply **texting the word 'Fife' to 85258**. For further detail on the service visit <https://www.nhsfife.org/shout/>.

Spiritual Care Support

We recognise that it has been a particularly tough for all staff across health and social care and staff may feel exhausted and drained as they continue to work. The Spiritual Care Team offer support to staff and can be contacted via the NHS Fife Switchboard or at **07813 340137**. Staff can also contact the Duty Chaplain by email: fife.spiritualcare@nhs.scot.



Financial Help Support Guide

The Financial health of NHS Fife employees is important and research shows if we are worried about our finances, it can impact on our health and our work. Staff are currently in a climate of increasing costs, and while it is recognised that everyone's circumstances are different, there are a wide range of financial supports to suit different needs, and NHS Fife want to ensure these are accessible to all staff via StaffLink.

Priority Staff Health & Wellbeing Actions

In line with the highlights above, the Priority Actions for 2024/2025 include:

- Promotion of our existing Mindfulness video clips and our TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.
- Supporting staff with financial wellbeing through the output of the Boost Your Income Campaign, the NHS Credit Union and other resources.
- Making best use of the Energy Pods on the Victoria Hospital site.
- Fostering support for our Wellbeing Champions.
- Establishing the Values Based Reflective Practice® approach throughout NHS Fife.
- Providing additional wraparound wellbeing support where opportunities exist and widening the opportunity for wellbeing, focusing on self care skills and tailored to the needs of specific staff groups and designed to improve resilience.
- Supporting staff with smoking cessation.
- Contributing to workplace sustainability initiatives.
- Making sure those staff who require it, have direct access to or are referred to the relevant service – Occupational Health, including self-referral to Counselling and Physiotherapy, Peer Support, Staff Listening, Spiritual Care and our Psychology Staff Support Service.
- Promoting Trauma Informed practice and operating in an environment where psychological safety is practised.
- Supporting a culture of compassionate leadership.
- Remember that the small things mean a lot to staff, such as breaks, leaving work on time and holidays.

WELLBEING SUPPORT FOR FIFE HEALTH & SOCIAL CARE WORKERS

Caring for the people who care for people

Access Therapies Fife
www.accesstherapiesfife.scot.nhs.uk/hsc-staff-support-for-my-wellbeing/
National Wellbeing Hub
<https://wellbeinghub.scot>

WELLBEING SUPPORT

Psychological Therapy – Access Therapies Fife
www.accesstherapiesfife.scot.nhs.uk/hsc-staff-talk-to-someone/

THERAPEUTIC SUPPORT

Counselling (NHS Fife Occupational Health)*
Telephone 01592 729870

Workforce Specialist Service**
Telephone 0300 0303 300

All NHS Fife staff:*
fife.staffpeersupport@nhs.scot
Medical staff:*
fife.medicalpeersupport@nhs.scot
Critical Care staff:*
fife.criticalcareps@nhs.scot

PEER SUPPORT

Staff Listening Service
Text 07813340137

SPIRITUAL CARE SUPPORT

NHS Fife Duty Chaplain
Telephone 01592643355

National Wellbeing Helpline
Telephone 0800 111 4191

STAFF SUPPORT LINES

*available to NHS Fife staff

**available to regulated health and social care staff

Fife Health & Social Care Partnership



NHS Fife

well to work

SCAN HERE



www.accesstherapiesfife.scot.nhs.uk

5.

Promoting Attendance

For 2023/24 NHS Scotland Local Delivery Plan (LDP) Standards for sickness absence rates for all NHS Scotland Boards was 4% or less. Attendance is a standing agenda item at the Acute Services Division and Corporate Services Directorates Local Partnership Forum, with regular reporting and discussion of the data and management actions.

The average sickness absence figure for NHS Fife in 2023/2024 was 7.12%. In comparative terms the Acute Services Division average sickness absence figure in 2023/2024 was 7.44%, which is an increase from 7.13% in 2022/2023. The average sickness absence figure for Corporate Services Division in 2023/24 was 6.36% which is an increase from 6.13% in 2022/2023. The March 2024 sickness absence figure was lower than the average in the year for Acute Services Division and also lower than the average in the year for Corporate Services.

Acute Services Division Absence Rates – April 2022 to March 2024

Sickness Absence Rate



Corporate Services Absence Rates – April 2022 to March 2024

Sickness Absence Rate

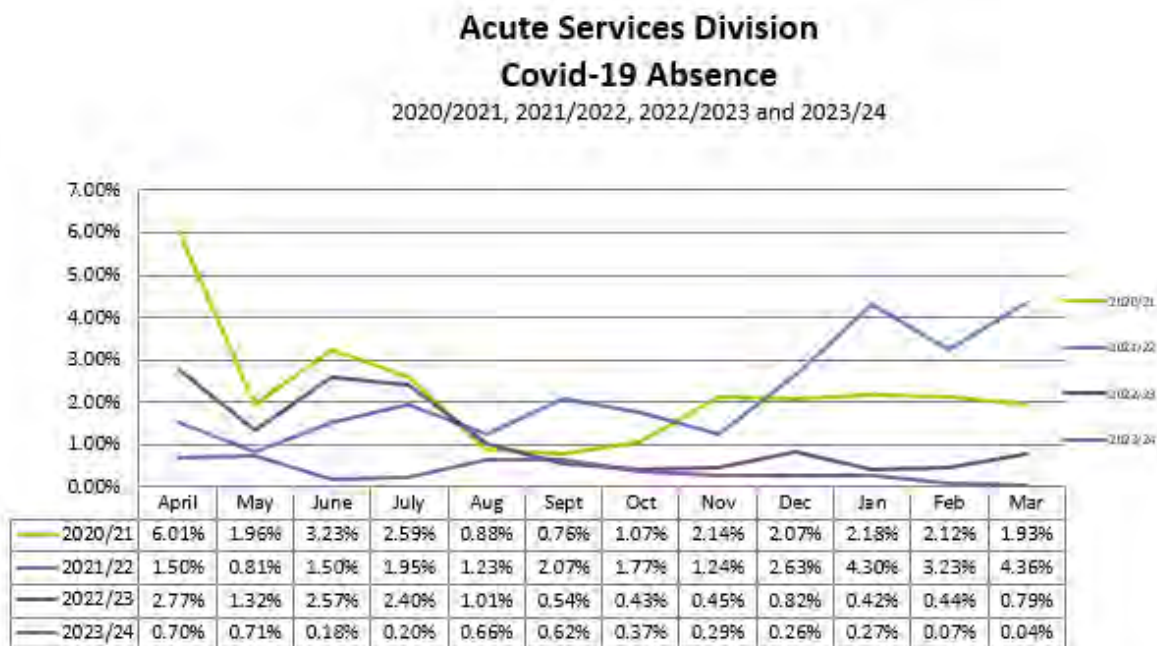


In addition to sickness absence reporting and discussion on sickness absence issues, COVID-19 absence is reported at each LPF with discussion on this topic. From 31 August 2022 COVID-19 related absence has no longer continued to be recorded as special leave, except for the infection control period following a positive COVID-19 test.

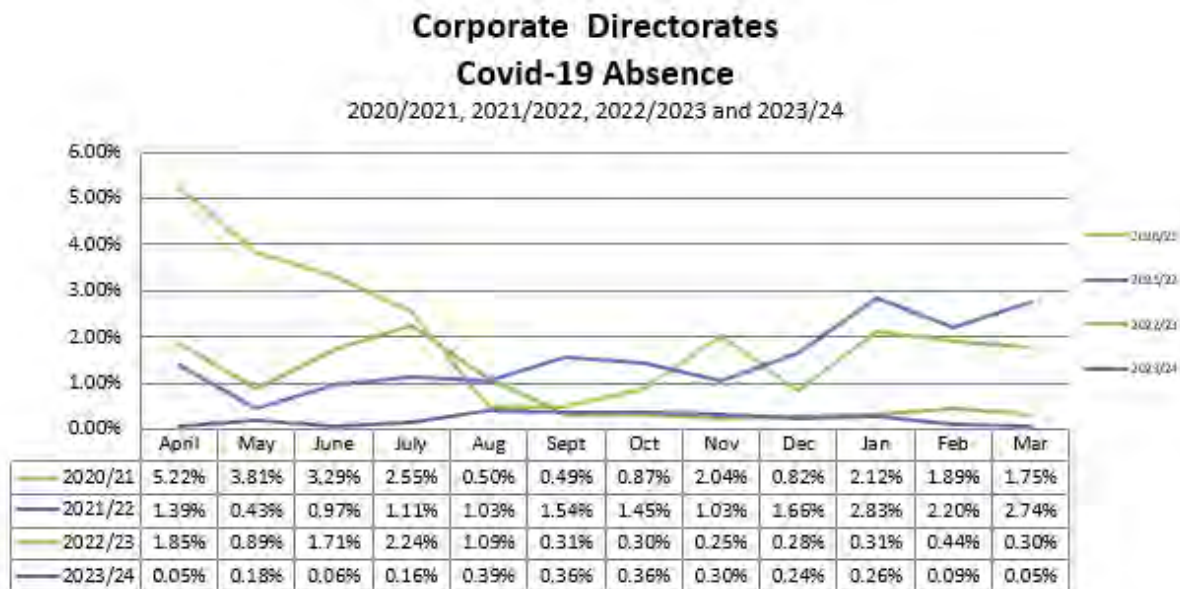
The average COVID-19 special leave absence figure for Acute Services Division in 2023/2024 was 0.36% which is a decrease from 1.16% in 2022/2023. The average

COVID-19 special leave absence figure for Corporate Services in 2023/2024 was 0.20% which is a decrease from 0.83% in 2022/2023.

Acute Services Division Covid-19 Related Special Leave – April 2020 to March 2024



Corporate Services Division Covid-19 Related Special Leave – April 2020 to March 2024



Of the larger areas within Acute Services Division, the Medical Directorate had the highest level of sickness absence during the reporting period at 7.34%, followed by the Surgical Directorate at 6.54% and then Women, Children and Clinical Services directorate at 5.44%.

Acute Services Division Sickness Absence Rate by Financial Street – April 2023 to March 2024

Absence Rate by Financial Structure		<input type="radio"/> Absence Rate <input checked="" type="radio"/> Short Term Absence Rate <input type="radio"/> Long Term Absence Rate <input type="radio"/> Hours Lost											
Hover over column titles and click [-] or [+] to contract or expand the financial structure		Select the measure you would like to view the table by from the list to the right											
Health Board	Division	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
NHS Fife	Acute Nursing Directorate	0.00	0.00	0.88	1.19	0.00	0.44	0.42	0.00	4.50	4.65	0.94	0.00
	Director Of Acute Services	0.00	0.00	0.00	0.00	0.00	0.88	0.00	0.00	0.00	0.00	0.00	0.00
	Medical Directorate	7.22	7.32	7.28	8.47	7.94	7.61	8.38	8.81	10.25	9.49	8.26	7.34
	Surgical Directorate	6.91	8.08	7.54	7.17	7.87	8.09	8.01	6.88	7.02	7.78	7.44	6.54
	Women, Children + Clinical Ser	5.60	6.08	6.09	6.03	6.36	6.28	6.88	7.52	7.52	7.61	7.39	5.44
Total		6.61	7.22	7.01	7.27	7.44	7.39	7.80	7.70	8.27	8.36	7.70	6.53

Corporate Services Absence Rates by Financial Structure – April 2023 to March 2024

Of the areas broken down by financial structure the Facilities Directorate was the highest over the year at 9.45%, followed by the Estates Directorate at 4.77% and then Corporate Services at 4.11%. The average of all Corporate Services was 4.55%.

Absence Rate by Financial Structure		<input type="radio"/> Absence Rate <input checked="" type="radio"/> Short Term Absence Rate <input type="radio"/> Long Term Absence Rate <input type="radio"/> Hours Lost											
Hover over column titles and click [-] or [+] to contract or expand the financial structure		Select the measure you would like to view the table by from the list to the right											
Health Board	Division	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
NHS Fife	Corporate Services	3.91	4.15	4.65	4.41	4.51	3.52	4.87	5.67	4.39	4.87	4.56	4.11
	Estates Directorate	4.76	3.82	3.70	3.33	5.02	9.42	6.63	5.88	4.96	6.29	6.20	4.77
	Facilities Directorate	7.94	7.61	7.75	8.93	9.69	9.10	9.55	9.34	10.21	12.45	10.83	9.45
	Fe Health And Safety	0.00	0.00	0.00	0.00	3.75	2.42	2.34	1.44	0.00	2.26	0.48	0.00
Total		5.44	5.38	5.70	6.00	6.48	6.02	6.73	7.03	6.57	7.79	7.01	6.14

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Corporate Services												
Pharmacy Services	4.33	5.42	5.88	5.21	5.32	4.79	6.84	6.77	5.73	4.41	3.83	3.06
NHS Fife Workforce Directorate	2.62	4.22	1.72	0.00	0.56	1.17	3.28	6.20	6.76	7.01	10.29	5.87
NHS Fife Public Health	2.55	5.07	2.90	2.94	6.25	3.04	5.03	5.67	3.67	5.14	3.55	4.46
NHS Fife Nurse Director	6.67	3.81	6.40	5.17	7.93	4.25	4.17	8.22	3.57	6.09	6.76	9.51
NHS Fife Medical Director	3.39	3.22	3.24	2.53	0.95	1.36	2.17	2.28	2.76	3.31	2.83	1.82
NHS Fife Finance Director	4.03	4.42	4.29	5.86	3.97	3.30	3.43	3.51	1.81	1.71	1.43	0.73
Digital & Information	3.57	3.21	4.71	4.75	4.92	3.58	5.05	5.92	4.59	6.18	5.41	5.31

Acute Services Division Absence Rates Short Term v Long Term – March 2024

During the reporting period both short-term and long-term sickness absence was on average higher than the previous year within Acute Services Division.

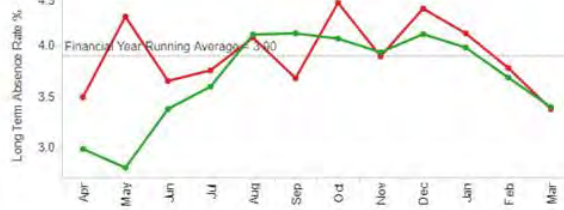
Acute Services Division Absence Rates Short Term v Long Term – March 2024

Sickness Absence Rate Short Term vs. Long Term

Short Term



Long Term



Corporate Services Absence Rates Short Term v Long Term – March 2024

During the reporting period both short-term and long-term sickness absence was on average higher than the previous year within Corporate Services Directorates.

Corporate Services Absence Rates Short Term v Long Term – March 2024

Sickness Absence Rate Short Term vs. Long Term

Short Term



Long Term



Key Priorities for 2024/25

To reduce sickness absence in 2024 / 2025, and achieve NHS Fife's target of 6.5%, it is recognised that there requires a change in emphasis to secure a longer term, sustainable improvement in absence rates within NHS Fife.

To achieve this - a number of absence management initiatives will continue to be implemented:

- A new Promoting Attendance group has been established to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.
- Promote Attendance Management training programmes and the TURAS Learn NHS Scotland Attendance eLearning module, this will be enhanced by introducing Bite sized learning sessions, designed to meet the needs of managers with busy schedules.

- Improve long term sickness absence due to mental health, using our core Occupational Health provision, the additional input of the OH Mental Health Nurse and other support services.
- Utilise our Occupational Therapy Fatigue Management service to support successful returns to work.
- Our OH Team will focus on Musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.
- Expand the use of Promoting Attendance Panels which provide opportunities for case discussion, shared learning, expert OH input and provision of assurance on consistency of application of the Once for Scotland Attendance policy and best practice.
- Implement a Neurodiversity passport to support managers and neuro diverse staff in the workplace.
- To support staff to achieve a healthy work life balance, we will also promote and deliver information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.
- To continue to promote the Once for Scotland Attendance Policy and supporting documents to managers.
- To continue to provide attendance data and discuss attendance management issues at LPF meetings.

Training & Development

Classroom-based training opportunities have continued to increase over the last 12 months with MS Teams training continuing to be offered where appropriate. Many employees continue to access this alternative method of delivery for the theory-based training topics.



The transition of training provision to Turas Learn continues with all Core Skills training opportunities now offered via this platform. Practice & Professional Development, Digital & Information and Medical Education are amongst the non-core skills training providers who also moved to the Turas Learn Course Booking function during 2023 and now offer all training opportunities via this platform including:

- Clinical Skills training
- Digital and Clinical systems training
- Education and training for medical students and doctors in training

It is anticipated that all training provided by NHS Fife training teams will be offered from Turas Learn by September 2024.

The course booking function is proving successful with learners self-managing their learning by directly booking their own classroom/Teams delivered learning.

This work supports the aim to provide a centralised training function and ensure clearer guidance on role-specific training and training refresh requirements to employees and managers. Work is now underway to provide managers with access to training reports in both eESS and Turas Learn to support local monitoring of training compliance.

As part of the 2023/24 Agenda for Change pay agreement, NHS Scotland boards are required to provide Protected Learning Time (PLT) for staff to engage in learning activities to ensure they are appropriately trained and developed in their roles.

NHS Fife line managers will now be locally responsible for ensuring that PLT is provided in line with the new guidance and that staff are given adequate time in a suitable environment to engage in the core and mandatory learning associated to their role.

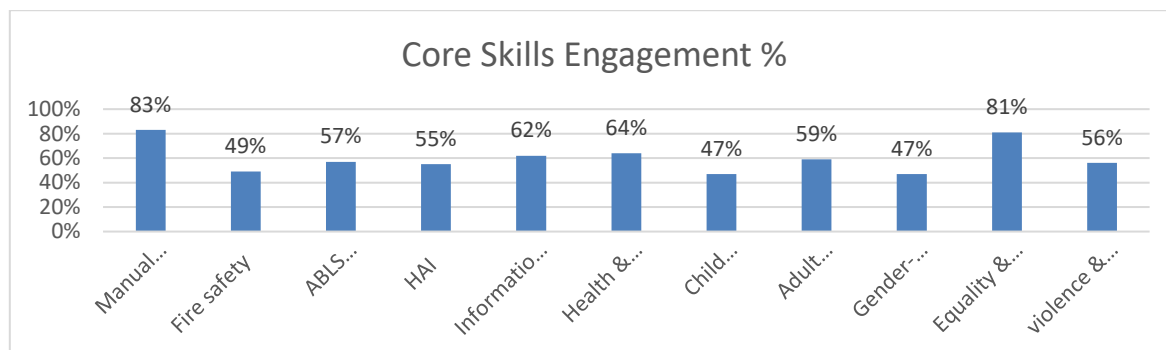
To support implementation of PLT, a number of online PLT Lunchtime Byte sessions will be delivered to provide managers with the opportunity to engage in discussions that will aid understanding of requirements outlined in the NHS Circular: PCS(AFC)2024/1. These sessions will also provide an environment to spotlight, explore and share examples of good practices adopted elsewhere in Fife, whilst supporting line managers to consider their plans for local adoption and implementation.

Core Skills Compliance

Core Skills training continues to be monitored at local levels in accordance with organisational policy and statutory requirements. In the first 3 months of a new employee's role, Corporate and local Induction requirements must be met to ensure Core Skills compliance. Following this, all 9 core topics (shown below) must then be updated at appropriate intervals.



It is important to note that following a recent decline in engagement due to other service demands, efforts continue to improve compliance levels across all core topics. Core Skills Training Guidance is updated regularly to ensure accuracy and efforts are being made to provide all managers with compliance data regarding their teams, as well as some supporting guidance materials, to enable them to identify outstanding Core Training for each member of their staff. Below is a table illustrating the Core Skills Engagement within the Acute Directorate at 31 January 2024:



Induction

Corporate Induction provides the opportunity to provide a welcome and orientation package for new members of staff, offering a consistent and structured approach to delivering some aspects of a new employees initial learning and development needs. Currently NHS Fife provide Corporate Induction as an eLearning programme and to date, 516 members of staff in Acute Services have engaged in this resource.

The aim for 2024 is to return to a blended method of delivery involving a combination of classroom-based and eLearning resources. This new programme will support delivery of practical skills such as Manual Handling and Resuscitation within the first few days of employment. Delivering this enhanced Induction programme will ensure new employees are appropriately trained to deliver a quality service to patients in line with organisational requirements from the moment they commence in post.

Health & Safety Annual Report 2023 / 2024

After the previous year of multiple vacancies and new-to-post staff, the department has come together and working well, not only within their own disciplines, but working in partnership with the rest of the team.

Health and Safety

The Health and Safety team were down to one Assistant Health and Safety Advisor and one Health and Safety Advisor with a vacancy within the department until November 2023 when we welcomed our latest Assistant Health and Safety Advisor. There has not been any HSE Regulatory Activity this year which is good news.

Quantitative face fit testing has dropped to once a month due to the drop in demand and the relaxing of wearing of FFP3 masks but will continue to be offered. There were seven Face Fit Tester training for testers which enables staff to conduct qualitative face fit testing with the hood and Bitrex™ sprays.

Health and Safety Training has become available to book via Turas and courses available were Face Fit Tester training, COSHH Training, General Risk Assessor Training and Health & Safety Managers – Management Assistant Training.

RIDDOR (Reporting of Injuries, Diseased and Dangerous Occurrences, Regulations)

From the 1 May 2023 the way NHS Fife reported RIDDOR incidents to the Health and Safety Executive (HSE) changed. The Health and Safety Department took responsibility for reporting all RIDDOR related incidents to the HSE to reduce the workload on those who currently report an incident on DATIX. This also means that the Health and Safety Department would be the first point of contact should the HSE wished to contact or visit NHS Fife. There were 36 RIDDOR reportable incidents over the past 12 months which resulted in; 2 x no harm, 10 minor harm, 18 moderate harm, 6 major harm.

Manual Handling

Similar to the Health and Safety Team, the Manual Handling team has been back to full strength for nine months with two full time trainers, one full time co-ordinator and support from the Manual Handling Team Leader.

Training compliance for mandatory training has grown from 64% the previous year to 80% this year and face to face training has nearly doubled with additional days added for both induction and updates training for multiple disciplines such as community, ward based and bank staff. Bespoke training has also been delivered in various departments throughout Fife from portering and pharmacy to maternity and theatres. There have been several challenges with departments requesting bespoke training however unable to release staff on the dates offered by the MH team. We have also seen a marked rise in DNAs with staff not turning up on the day of the training,

particular in update sessions making it impossible to contact staff on the waiting list to fill the vacant spots.

Violence and Aggression

The new violence and aggression advisor has settled into the department well and enjoys being part of a larger team. The training offered has been modified slightly and the advisor offers four levels of training which are bookable through Turas. The courses on offer are: De-escalation, De-escalation and Breakaway, Low level restrictive interventions, 2-day Restrictive intervention training.

There were approximately 113 training sessions offered as well as bespoke sessions and attending some areas requiring support post incident.

During the past year, the advisor also held a session demonstrating the SEELS Medical Manual Handling Sling and Safer Handling Equipment to see if using alternative methods for handling patients that prevent the risk to staff was worth perusing. The general consensus from those who attended was it was worth further investigation.

Body worn cameras were another tool the advisor was keen to investigate as a deterrent against violence against staff as there would be evidence and a record of the verbal or physical abuse.

The violence and aggression advisor said that one of the main challenges was trying to find a venue at short notice after certain incidents where staff wanted further training, but this waned in the preceding weeks.

Key Priorities 2024/2025

Health and Safety

Develop online training for both COSHH and DSE training.
Communication relating to re-face fit testing of staff fitted to FFP3 masks so we are already prepared for any future potential airborne transmitted infections.
Auditing of current H&S policies.
Transfer of the Fire Safety Team to the H&S Team.

Manual Handling

Module G training for staff (small children and babies).
Training in single handed care.
Introduction of lateral lifters fitted to hoists.
Working on getting accreditation for the Scottish Manual Handling Passport.
Violence and aggression.
Standardise restrictive intervention training.
Trial body worn cameras if permitted.

Securing training venues for all four disciplines – health and safety, manual handling, violence and aggression, fire safety team. This will need clinical support to allow venues currently not open us to accept training requests as the training is mandatory and for clinical staff.



NHS Fife V&A Incident Report

April 2023 – March 2024

ASD&CD Local Partnership Forum Annual Report

April 2023 – March 2024 Staff Violence & Aggression Incidents Summary

Information summary - Violence & Aggression results for the previous 12 months (April 23 – March 24

Total number of incidents – 164

Severity

No outcome of harm = 80

Minor outcome of harm = 65

Moderate outcome of harm = 19

Major outcome of harm = 0

Extreme outcome harm = 0

Sub Category

Other unwanted behaviors = 39

Physical Assault = 77

Verbal Assault = 48

A recent V&A report highlighting figures for the previous 4 years identified 3 x patients responsible for over 700 incidents

Trends, Runs and Special Causes information

Graph 1 – Run chart showing total number V&A incidents per month from April 2023 to March 2024

Graph 2 – Chart showing total number of incidents by Sub Category – Physical / Verbal / Other

Graph 3 – Chart showing total number of incidents by Severity

Graph 4 – Chart showing location of incidents

Trends, Runs and Special Causes

Run and control charts are constructed as line graphs plotted around a median value (explanation later!). By plotting the dots, we can immediately see particular sequences that are of significance. These are detailed below.

Trend: A trend is identified as a sequence of seven or more points continuously increasing or decreasing. Any points of identical value should be omitted - they neither add to the length of the run, nor do they break it. It does not matter if the trend crosses the median. Additionally, if the total number of observations is 20 or less, then six increasing/ decreasing data points can be used to declare a trend.

Run: A run consists of a set of points either all above or all below the median. It is 'broken' and begins a new run when a data point crosses the median. Again, any data point on the median neither breaks nor adds to the current run. The number of runs is useful in determining common or special causes.

Special Cause: A run of 8 consecutive points either all above or all below the median indicates that a 'special cause' is at work. In other words, something has changed to cause a shift in the data.

For example, an intervention may have taken place.

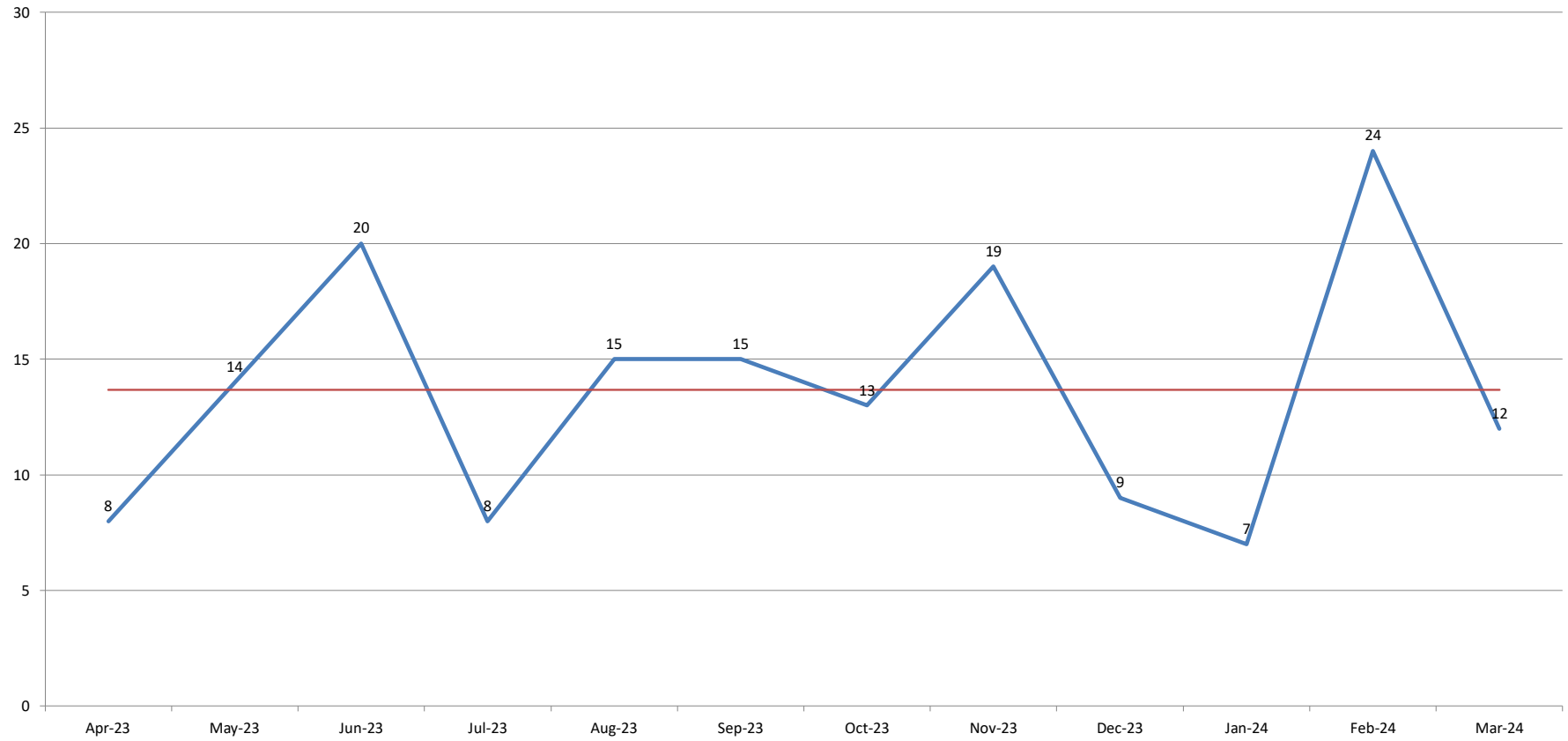
Additionally, if a data point is outside the upper or lower limits on a control chart, this is again indicative that something unexpected has happened to the data. There may not be a long term shift, but the underlying cause is worthy of examination

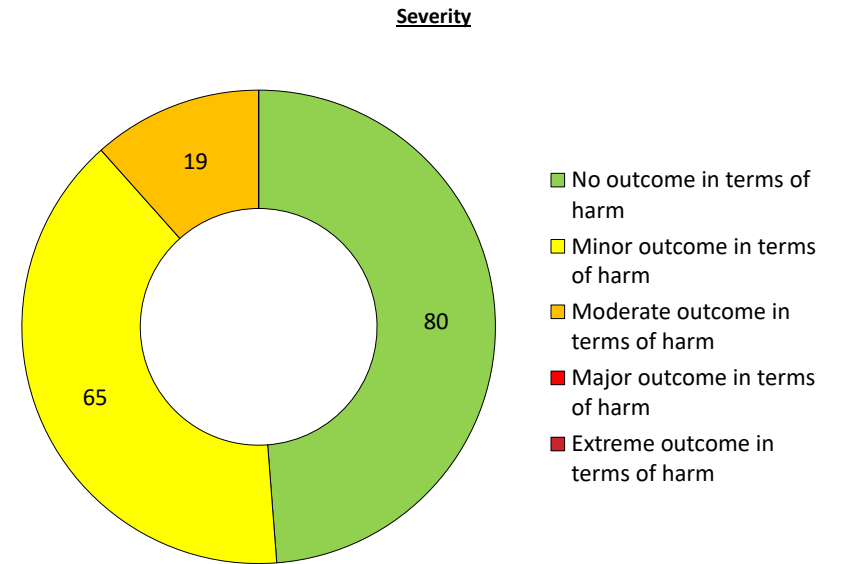
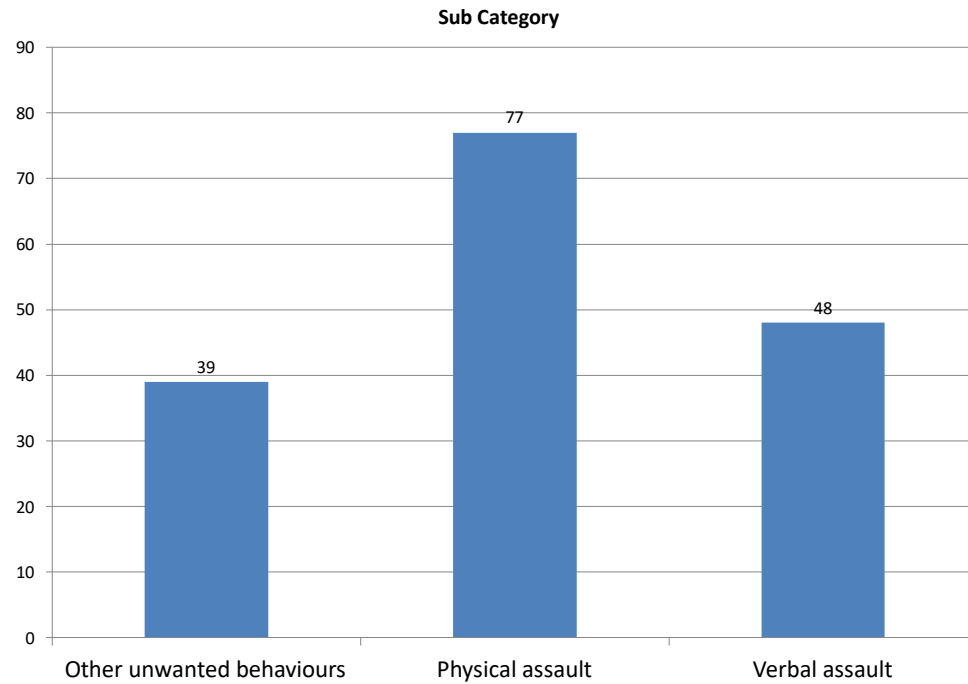
Data Sanity: The need for statistical thinking in everyday work.

Based on presentation by Davis Balestracci, Harmony Consulting.

10th European Forum on Quality Improvement in Health Care, April 2005

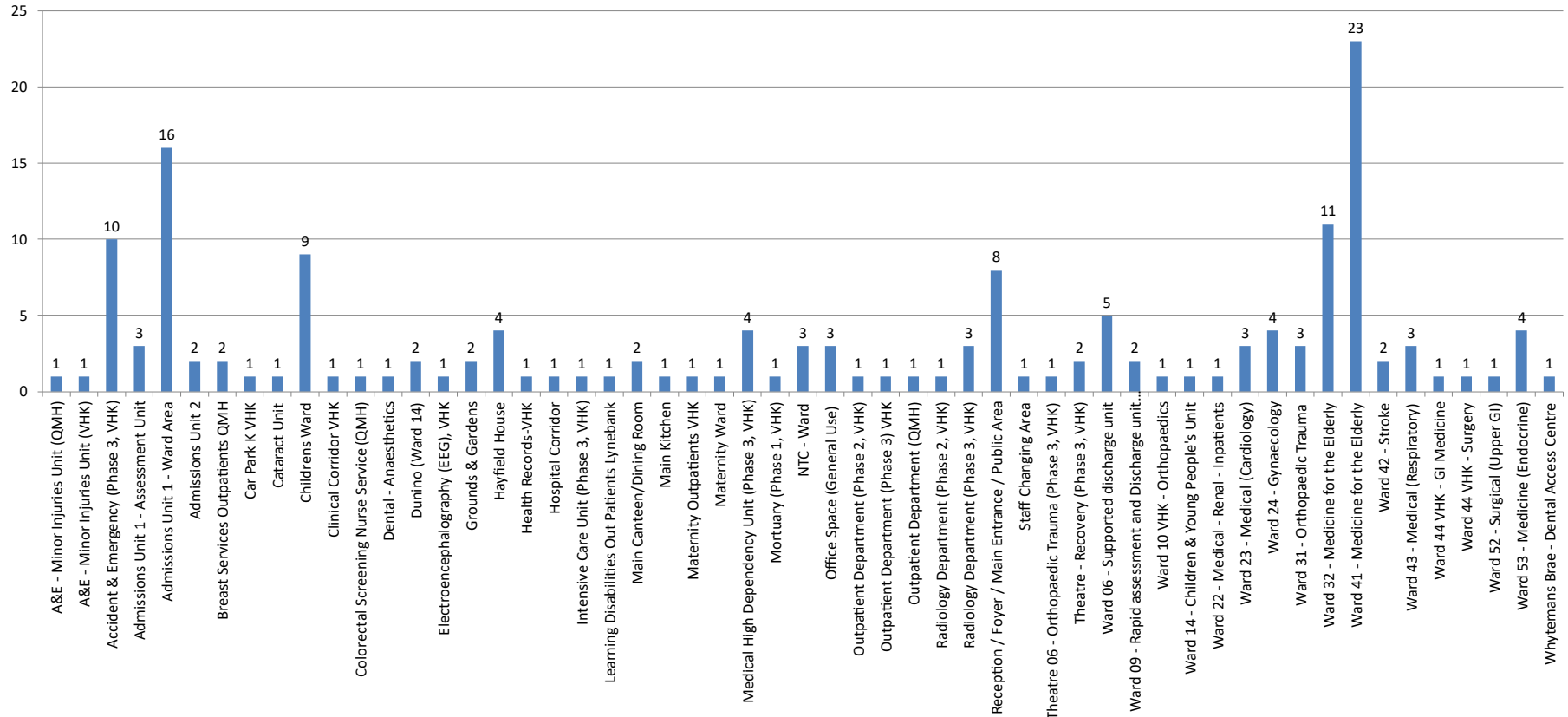
April 2023 – March 2024 Staff Violence & Aggression Incidents Summary Run Chart





80 x no outcome in terms of harm,
 65 x minor outcome in terms of harm, ,
 19 x moderate outcome in terms of harm, ,
 0 x major outcome in terms of harm,
 0 x outcome in terms of harm,

April 2023 – March 2024 V&A Location of Incidents



Appendix 1

DATIX Incidents – NHS Fife Division used to compile this report
Corporate Directorates
Acute Services Division – Ambulatory Care
Acute Services Division – Ambulatory Care
Acute Service Divisions – Emergency Care & Medicine
Acute Services Division – Planned Care & Medicine

Equality and Diversity

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services. We know that many people experience discrimination through social exclusion and harassment because of their Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation. At NHS Fife we recognise our responsibility to challenge and change this to achieve the highest standards in equality. We are a proactive agent for change with diversity at the heart of everything we do.

By investing in equality and diversity NHS Fife aims to improve services and patient care.

- Ensure that our staff and service users are in a safe, inclusive, and accessible environment.
- Ensure that our services are accessible to all communities across Fife.
- Promote health and well-being for all people.
- Attract, train, promote and support a workforce that is diverse and representative of general society.

At NHS Fife we continually measure and monitor our Equality and Human Rights performance, ensuring we meet the obligations set out in the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. We want our organisation to be open and welcoming to all and we take steps to ensure that we do not under represent any particular group in society in our employment and recruitment process. Fundamental to our success is identifying developments which promote Equality & Diversity within the workplace, improve representation of minority groups and enable a culture where equality is valued and actively promoted.

Diverse Ethnicity Staff Survey



Throughout October 2023, the Equality & Human Rights Team undertook a staff survey on MS forms which aimed to understand the experiences of NHS Fife's ethnically diverse staff members in relation to racism and discrimination, if (and how) they record these incidents, and the opinions and understanding of the NHS Fife Diverse Ethnicity Network.

Overall, the results of this survey were somewhat reassuring about overall staff experiences of working in NHS Fife, however it highlighted issues in how we report racism and discrimination, and also that staff of Black and mixed ethnicities appear to have a less positive experience than their counterparts from other race groups.

The survey highlighted the need to regain the trust of ethnically diverse staff through efforts to promote the DEN - The Diverse Ethnicity Network, as well as empowering and educating managers to act appropriately when ethnically diverse staff report incidents to them and improving the formal reporting processes to improve the overall trust of these staff groups resulting in improved overall staff wellbeing.

Fife Pride - #BeProudBeYou July 2023

NHS Fife was delighted to support Fife Pride 2023. As well as staff participating in the parade NHS Fife had a number of stalls promoting services including NHS Fife Equality and Human Rights and Volunteering services, NHS Fife Sexual Health Service (with Terrance Higgins Trust) Unison Scotland. This year's event is taking place on **Saturday 29 July 2024**.



British Sign Language (BSL) Interpreter

NHS Fife employed our first British Sign Language (BSL) Interpreter for a 6-month fixed term contract, the BSL Interpreter began in post in early January 2024 and there have been the following noticeable changes so far:

- Improvements to providing an interpreter for short notice or emergency appointments.
- Increased usage of BSL interpretation by service users, including patients engaging with NHS Fife who have historically not engaged due to poor Interpretation support.
- Increased trust and positive feedback from service users.
- Smoother and faster booking process for NHSF staff.
- Improved BSL interpretation quality as consistency of interpreter means more effective communication.
- Improved communication support and patient experience for Deaf BSL using inpatients.
- Improved organisational reputation and positive media coverage in relation to interpreting services, specifically BSL.

The provision of an in-house interpreter has helped to reduce the barriers to accessing our services which in time will contribute to improved health and wellbeing for the Deaf-BSL Community using our services. Our BSL interpreter has also been able to support staff working in NHS Fife who communicate using sign language and has supported job interviews. There are opportunities in the future to support 1-1 meetings and appraisals in the future. We are demonstrating how we can be an exemplar employer in line with our Anchor Ambitions supporting all parts of our community to access employment with NHS Fife.

NHS Fife Achieves International Recruitment Pastoral Care Quality Award

NHS Fife has received an International Recruitment Pastoral Care Quality Award from the Scottish Government. This was awarded in recognition of NHS Fife's commitment to providing high-quality pastoral care to internationally recruited staff during the recruitment processes and their employment.

Fife became the first Health Board in Scotland to welcome international recruits into the workforce as part of a partnership with Yeovil District Hospital NHS Foundation Trust, we have been successful in recruiting 104 candidates; 5 Radiographers and 99 Adult Nurses, with 92 of the Adult Nurses being placed across Acute Services.

New recruits are offered a comprehensive package of support from our recruitment and spiritual care teams as part of the international induction programme. This includes access to nursing accommodation, orientation tours, and pastoral care, all designed to ensure a smooth transition and successful integration into life in Scotland.



Workforce Policies

October 2023 seen the launch of the Interim National Menopause and Menstrual Health policy for NHSScotland. The policy was developed following a survey of NHS Staff undertaken by University of Glasgow that showed that many employees would welcome more support from their line managers and employers to manage their symptoms at work. The workplace can positively or negatively impact someone's symptoms and ability to work, by putting support in place for individuals experiencing menstruation or menopause transition and raising awareness within our organisations, we can help to support good menstrual health and create a more positive experience for our colleagues.

On 1 November 2023 phase two of the Once for Scotland Workforce Policies went live. This phase focussed on refreshing the Supporting Work Life Balance suite of policies. The purpose of these policies is to create an inclusive workplace where employees can thrive and feel confident about their ability to balance their personal and professional responsibilities.

The 11 policies included in this group are:

Flexible Work Location
Career Break
Parental Leave
Shared Maternity

Flexible Work Pattern
Special Leave
Breastfeeding
Shared Adoption

Retirement
New Parent Support
Maternity
Adoption Fostering & Kinship

Staff Training

NHS Fife continues to promote equality and diversity training for all staff, currently 6189 staff have completed Equality Diversity and Human Rights eLearning training via TURAS Learn.

Upgrade to Ward 5, VHK

Following an inspection and report from Health Improvement Scotland regarding our Phase 1 estate, a Short Life Working Group was created to improve the accommodation.

The initial project involved a major refurbishment of Ward 5 (ENT). Following collaborative discussions with designated colleagues, a brief was agreed for the 'way forward'. Colleagues then continued to be engaged in the project as it progressed.

The Infection Prevention & Control team was heavily involved from the outset helping to refine the requirements including compliant overnight bed areas with en-suite facilities and compliant treatment rooms with the necessary ventilation. The opportunity was also taken to improve fire safety.

The new ward includes a nurses touch down area, a newly created reception area and staff rest room. New ceilings, flooring, and energy saving LED luminaires were added to provide a more conducive relaxed atmosphere within the unit.

Subsequent works currently ongoing within Phase 1 will allow for two new compliant audiology rooms.

In addition, Ward 6 is currently in the process of being refurbished to provide a safer and more appealing environment for staff and patients.



Ear, Nose and Throat Refurbishment - Improving Care and Promoting Wellbeing

A major refurbishment of the Ear, Nose and Throat (ENT) Department at Victoria Hospital has been completed. The completion provides a modern and improved environment for both patients and staff, enhancing the overall experience and promoting well-being.



Amongst the significant improvements are:

- **Enhanced comfort and light:** The unit includes brand new windows, doors, and flooring, creating a brighter and more welcoming space. A completely new lighting system with LED lights further improves the ambience, especially in areas that previously lacked windows.
- **Improved drainage and accessibility:** Extensive work has addressed and replaced the previous drainage and sewage systems. Additionally, the entire floor has been replaced, creating a smoother and more accessible space for patients.
- **Dedicated wellbeing room:** The new space provides a comfortable and private setting for sensitive conversations between patients and healthcare professionals. This space features calming decor, including couches, photos, and flowers, to offer a non-clinical atmosphere for delivering or receiving important news.
- **Improved patient flow:** The refurbished department also connects directly to the theatre's corridor, streamlining patient flow throughout the hospital.

During the refurbishment project, the ENT service was temporarily relocated to the tower block in what was previously an orthopaedic ward.

It is fair to say that ENT required a programme of work, which was expedited as a result of an inspection by Healthcare Improvement Scotland last summer. However, we are delighted this work has now been completed and the project demonstrates our ongoing commitment to providing a modern, comfortable, and supportive environment for both patients and staff.”

In addition to the benefits for patients, the refurbishment also brings a positive impact for staff working in ENT. A new staff room provides a convenient space for breaks and relaxation, allowing them to unwind and recharge away from the clinical setting. The work has also seen the completion of a new recreational area outside the department. This dedicated space, laid with composite decking, allows staff to relax and enjoy the outdoors during breaks, which will be particularly useful during summer.

“Feedback from both staff and patients has already been extremely positive and we hope to make even more improvements moving forward.”



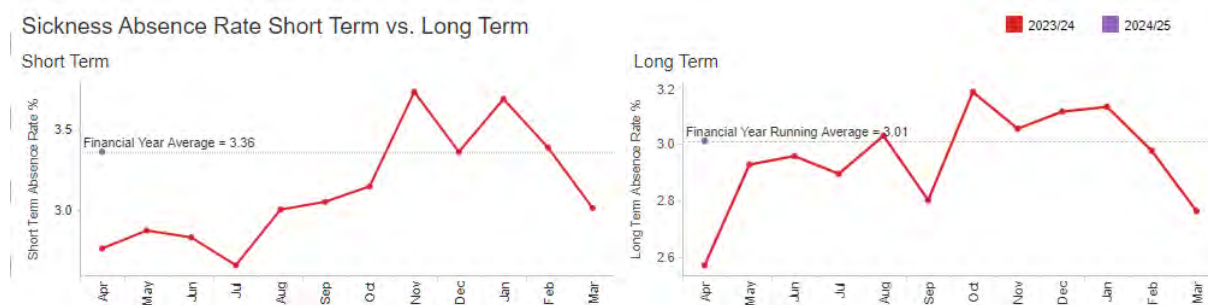
10. Service Achievements and Developments

Gynaecology

The Gynaecology Ward, (Ward 24) has now been open for a year, and although not without its snagging issues, the ward is working extremely well for patients and staff. Anecdotally staff have commented on how nice the ward is as a place to work and how well the environment works for everyone.

The ward is located near to the other women's services, creating improved flow, team working and accessibility for the medical teams and for women, including those experiencing early pregnancy complications. Women receiving care as part of the early pregnancy pathway are now cared for in a more compassionate location.

Capacity has been well managed, elective surgery has not been impacted by bed pressures and all patients have received their care from appropriately trained gynaecology nursing staff. Short-term and long-term sickness absence rates for staff working on Ward 24 have consistently been below 4% over the past 12 months as opposed to an average of 5.90% in 2022-2023.



Women's Health Plan

In line with the national objective that "by 2026 the care our people receive, their experience of the NHS and their health and wellbeing will have improved", NHS Fife has continued its commitment to delivering the principles and aims of the national Woman's Health Plan. In support of this NHS Fife agreed the Director of Acute Services as the Executive lead for the WHP, leading our strategic oversight group's work on:

- Utilising local access and outcome data to inform improvement activity.
- Continuing to build capacity across services to support timely access to menopause support.
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health.

Having mapped our local progress and delivery against the current plan and in anticipation of a refreshed plan in summer 2024 we will continue to refine local focus to work collaboratively with services focused on specific and time bound objectives.

Front Door

Continuous quality improvement to our front door areas has seen a number of improvements which have resulted in improved patient care and less delays improving our Emergency Access performance target from last year, despite higher numbers attending. The service changes have included transferring Flow and Navigation from Health & Social Care Partnership (HSCP), to a co-located model within AU1 supporting both direct GP calls and Scottish Ambulance Service colleague calls via the Call Before You Convey (CBC) model. This has seen our redirection rate increase by 10% ensuring only those who need to be seen by Acute teams do so.

To support flow from the front door we have also started to test an electronic bed request model which will reduce duplication and streamline the process of admission for patients ensuring they get to their specialty ward more quickly. Our ED department has also been involved in a number of research trials demonstrating high respondent engagement. Our nursing team lead also won first prize for her poster at the Scottish Emergency Medicine Conference for the work on noradrenaline in septic shock.



Pharmacy and Medicines Directorate



Over the last year, there has been continued development of the role of Pharmacy Support Workers across acute services and primary care, as well as supporting interested staff to undertake training to become registered Pharmacy Technicians through Modern Apprenticeships, as part of wider skill-mix development in the team.

9 Pharmacists have been approved as Designated Prescribing Practitioners, as part of the wider plan to prepare for Pharmacists qualifying as Prescribers, on registration, from 2026 onwards.

As part of the Directorate's strategic priority to improve staff experience and wellbeing, through continuing to develop a positive and professional culture, excellent feedback was received from staff, following delivery of Civility sessions to the Medicines Supply and Quality Team.

Extensive staff consultation took place with support from HR and staff side colleagues, to support establishment of a substantive hospital pharmacy weekend working service.



Acute Services Division Key Priorities for 2024/25

Women, Children & Clinical Services Directorate

Paediatrics/Neonatal

- Community Paediatrics: completion of Fife-wide review of paediatric ADHD services.
- Acute Paediatrics: stabilisation of paediatric medical workforce (middle-grade tier, Neonatal Consultants, Paediatric Cardiology).
- Review of Paediatric Specialist Nursing roles/service(s).
- Neonatal Service: Implementation of new model of neonatal care (under Best Start programme).
- Implementation of Newborn Transitional Care (under Best Start programme).

Obstetrics & Gynaecology

- Completion of Best Start continuity of carer and neonatal transitional care.
- Safe and timely TOP service.
- Reduction in long waiting times for Gynaecology, avoiding waits over 78 weeks for OP, with the support of WLI clinics and substantive recruitment of an additional consultant.
- Safe and compliant trainee rotas supported by appropriate supplementary staffing.
- All vacant consultant posts filled, and all individual job plans for consultants agreed and signed off.
- Embedding of immunisation programme.
- Completion of National Bereavement Care Pathways.

Laboratories

- National LIMS implementation.
- Transition to the new UKAS standards.
- Consideration of skill mix into hard to fill vacancies.

Radiology

- Transition to full Radiology shift system to meet increased demand for unscheduled imaging.
- Upgrade Radiology information system.
- Focus on absence management, demand management, waste reduction/variation to ensure core activity is sustained in US MR & CT.
- Utilisation of waiting times funding to achieve 90% patients waiting less than 6 weeks for US/MR/CT by March 2025.
- Focus on filling vacant consultant posts and all individual job plans for consultants agreed and signed off to deliver a reduction in outsource reporting costs.
- Review options for skill mix in Interventional/Fluoro radiology, breast Radiology and Ultrasound services.
- Continue to clinically prioritise urgent and USOC patients to ensure 2-week targets are maintained.
- Work collaboratively with cancer teams to optimise pathways.

Therapies & Rehabilitation

- 5/7 day working in Physiotherapy and Occupational Therapy across medical directorate.
- 80% compliance for all mandatory and statutory training.
- Invest and build leadership training for all staff.
- Develop capacity with the Orthotics service to improve efficiency and patient experience. Fit for purpose orthotic service and facilities.
- Minimise de-conditioning of medical in-patients by increasing levels of physical activity, increasing new: review ratio and implementing skill sharing across OT and PT.
- Promote discharge principles across in patient services with Home first approach.
- Maximise opportunities for joint working with HSCP ICT colleagues.
- Investigate costs, contracts, and processes for vascular/lymphoedema garments, wigs, footwear repairs and walking aid recycling for potential release of savings.
- Workforce development transform roles.
- Build digital capacity, skills, leadership and utilisation.
- Focus on practice education placement to attract new staff.
- Continue to build bank of staff.
- Compliance with HCS legislation.

Medical Directorate

- Continue front door improvements with the introduction of an SDEC which will support improved patient experience, reductions in length of stay and increasing numbers of patients being seen, assessed and discharged on the same day.
- Development of an integrated Respiratory Unit on the 5th floor.
- Development of a Hyper Acute Stroke Unit by co-locating neurology and stroke on the 4th floor and developing an on ward rehabilitation space.

Surgical Directorate

- Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.
- Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.
- Maximising capacity to meet local demand trajectories.
- Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).
- Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.
- Implement outcomes of Specialist Delivery Groups including reducing variation.
- Undertake regular waiting list validation.
- Support patients to 'Wait Well' whilst on waiting lists.
- Delivery of CfSD / NECU waiting times initiatives and productive opportunities.
- Optimise theatre utilisation and implement digital solutions.

It has been another challenging year for our workforce, for services and for NHS Fife. Our workforce has worked tirelessly to ensure that our patients are cared for and supported.

We are navigating our way through a period of Reform and Transform which is challenging for all of us. Our budget deficit is real, and we must deliver the required savings and efficiencies by the end of this financial year to ensure NHS Fife operates within its allocated funding. As we continue our journey towards achieving a break-even financial position, we all have a responsibility to contribute to this effort. This means making substantial savings and efficiencies in the way we work, deliver services, and use our allocated budget. This means choices need to be taken, including changes to the way we deliver services and how we better embrace technology and other innovations. In the same way we all want to spend our own money wisely, we need to ensure the public resources given to NHS Fife provide the best possible value for money, while balancing this with safe patient care. We have the chance to embrace this challenge with determination, optimism, and a willingness to explore new ways of working.



We would like to take this opportunity to again say thank you to all of our staff and to underline our commitment to working in partnership to ensure that staff are safe, well and supported at work.





(Carol Potter gives keynote address at Fife College Graduation Ceremony)



(High Risk Pain Medicines Programme Pain Champions)



(The Chalmers Family/Fife Health charity donation helps to improve the experience for young patients undergoing treatment in theatres)



(Breast Cancer Specialist Team hold festive party)



(The QMH Theatre Department held a raffle and raised money for Maggie's Centre)



(Laboratory staff following the new Labs Information Management System (LIMS) going live)



(Maternity Unit visit from Royal College of Midwives Director)



(International Nurses Day 2024)



(Super Hero Day on Children's Ward)



(Pharmacy Technicians from Iceland Visit NHS Fife)



(Pharmacy & Medicines Team Fundraise for Scottish Charities)



(Fife Health Charity Donate Five Benches to Victoria Hospital)



(First Minister Visits National Treatment Centre)



(NHS Fife agrees major new partnership with the University of St Andrews)



(Oak Tree Project Across NHS Fife)



(Friends of Queen Margaret Hospital Donate Toys to MRI Department)



Fife Health & Social Care Partnership



Local Partnership Forum Looking Back To Step Forward Annual Report 2023-24



Supporting the people of Fife together



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Part 1: Our Role, Remit and Priorities

Welcome from the Forum

Dear Colleagues,

Welcome to this year's Annual Report for the Local Partnership Forum (LPF) in Fife Health and Social Care Partnership between April 2023-March 2024. Titled "Looking back to step forward" this report is an opportunity for us to reflect the role of the Local Partnership Forum in delivering on our Joint Partnership Agreement, working well together to support and champion the workforce in Fife Health & Social Care Partnership and inform our priorities for next year.

We have a common purpose focused on staff working in Fife Health & Social Care Partnership which is:

- Advising on the delivery of staff governance and employee relations issues.
- Informing thinking around priorities on health and social care issues.
- Advising on workforce including planning and development and staff wellbeing.
- Promoting equality and diversity.
- Informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions, and contributing to the wider strategic organisational objectives of the IJB.

There is no doubt that this has continued to be a challenging year, with ongoing unprecedented demand on services and whole system impact, however we truly believe we are privileged to be able to work together to support all of our amazing people who work within Fife Health and Social Care Partnership and all our partner agencies. We have designed this year's Annual Report to first and foremost shine a light on our teams as well as demonstrate the impact the Forum has had in the past year in delivering the outcomes we committed to in the 2022/23 Annual Report and focusing on the issues that are important to you.

Thank you for all you do.

Fife Health and Social Care Local Partnership Forum

What is the Local Partnership Forum?

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources and other advisors who meet together on a regular basis to discuss and support the issues that matter to staff working within Fife Health and Social Care Partnership.

What did the Local Partnership Forum discuss in 23/24?

The key issues discussed at every Forum:

- Staff Wellbeing
- Attendance
- Service Pressures
- Health and Safety
- Finance
- Joint Chairs Update
- Items for Staff Briefing



The Responsive Agenda Items Included:

- Strategy Development E.g. Workforce Strategy
- Major Service Change E.g. Palliative Care
- Project Updates E.g. Near Me, Liquid Logic
- Seasonal Priorities E.g. Staff Immunisation
- Imatter
- Whistleblowing
- National Care Service



What priorities did the Local Partnership Forum have for 23/24?

The key areas of impact of the Local Partnership Forum are:

- Championing our staff voice through; iMatter Action Plan promotion and celebrating our staff throughout the year.
- Supporting partnership work to promote equality, diversity and inclusivity including membership of a proposed working group to raise the profile of these areas across the Partnership.
- Ensuring strong engagement with the significant transformation work underway to make sure the Partnership is sustainable for the future.
- Continued oversight of staff governance forums, and associated issues, e.g. employer relations issues, attendance, and locum spending.
- Promoting the importance of and supporting our staff in relation to their health, safety and wellbeing.
- Ensuring effective engagement with the development of the Year 2 Workforce Action Plan Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership.

How does the Local Partnership Forum Work together on these priorities?

The forum has shared responsibilities to help support staff to be well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

This is delivered through the Local Partnership Forum core objectives: Advising on the delivery of staff governance and employee relations issues; informing thinking around priorities on health and social care issues; informing and testing the delivery and the implementation of strategic plans, and commissioning intentions; advising on workforce planning and development; promoting equality and diversity and; contributing to the wider strategic organisational objectives of the Integration Joint Board (IJB).

Having reviewed the business of the LPF over 2023-24 the Forum is assured that the agenda covered all of the above areas, which will be evidenced throughout this report. On this basis the LPF co-chairs re-signed the agreement.

Our Membership

Regular members and attendees to the Local Partnership Forum 2023-24 are:

Name	Role
Nicky Connor (Co-Chair)	Director of Health & Social Care - Chief Officer IJB
Simon Fevre (Co-Chair) Apr-Oct 23	Staff Side Representative, NHS Fife
Wilma Brown (Co-Chair) Oct-Mar 24	Staff Side Representative, NHS Fife
Eleanor Haggett (Co-Chair)	Staff Side Representative, Fife Council
Debbie Fyfe	Joint Trades Union Secretary, Fife Council
Lynn Barker	Associate Director of Nursing, HSCP
Lisa Cooper	Head of Primary and Preventative Care Services
Kevin Egan	UNITE
Lynne Garvey	Head of Community Care Services, HSCP
Kenny Grieve	Health & Safety Lead Officer, Fife Council
Helen Hellewell	Associate Medical Director, HSCP
Elaine Jordan	HR Business Partner, Fife Council
Angela Kopyto	Community Dental Officer, NHS Fife, British Dental Association
Rona Laskowski	Head of Complex & Critical Care Services, HSCP
Roy Lawrence	Principal Lead of OD & Culture, HSCP
Chuchin Lim	Consultant, NHS Fife (BMA)
Kenny McCallum	UNISON Fife Council
Wendy McConville	UNISON Fife Health Branch
Fiona McKay	Head of Strategic Planning, Performance HSCP
Jennifer Rezendes	Principal Social Work Officer, HSCP
Anne-Marie Marshall	Health & Safety Officer, NHS Fife
Billy Nixon	Health & Safety Manager, NHS Fife
Alison Nicoll	RCN, NHS Fife
Lynne Parsons	Royal College of Podiatry, NHS Fife
Susan Robertson	UNITE
Audrey Valente	Chief Finance Officer, HSCP
Sharon Adamson	RCN, NHS Fife
Hazel Williamson	Communications Adviser, HSCP
Susan Young	HR Team Leader, NHS Fife
Melanie Jorgenson	HR Team Leader, NHS Fife

Part 2: Our Story Of The Year

A Fond Farewell and a Warm Welcome

The past year has seen some changes within the Local Partnership Forum including the retirement of Simon Fevre who has been co-chair of the Forum since it's inception in Fife. The Forum extends it's thanks to Simon for all he has done.

There has also been some changes in the senior leadership of the partnership with the introduction of the Principal Social Work Officer's role and welcoming Jennifer Rezendes as a regular Senior Leadership Team representative at the Forum.



Local Partnership Forum Development Sessions

In 2023 we held two excellent development sessions reflecting on the great work undertaken through the LPF in support of our workforce, medium-term financial strategy and our areas of transformation. It was brilliant to meet face to face in August 2023, which is the first time we have done so in a very long time and we have agreed priorities for the coming year.



Advising on Staff Governance and Employee Relation Issues

Throughout the year there has been many issues discussed at the Local Partnership Forum, including potential industrial action. The Local Partnership Forum now receives regular reports on the number and timescale for employee relation case. This does not include any personal information and is completely anonymised but enables the LPF to have oversight and challenge timescales for completion.

Ensuring staff are well informed & Involved in Decisions

The Forum has continued to utilise the Directors Brief to ensure staff are kept updated on the work of the forum and the priority issues being discussed.

The Forum has brought challenge to strengthen the communication plans around transformation and the financial position.

The Forum has brought celebrated examples of excellence of how our services have been keeping staff well informed including shout outs, drop-in's, bitesize sessions, newsletters, walkabouts. Many examples are included later in this report.

Extended Leadership Team

The Extended Leadership Team continued to meet regularly over 2023/24 becoming a well established forum ensuring that all services have a strong voice at a Senior Level within the Health and Social Care Partnership. This has continued to support connections across all services and build both relationships and common purpose.

Integration Leadership Team - A Focus on Kindness in 2023

This year the Integration Leadership Team took place in both May 2023 and November 2023. This brought together almost 200 leaders from across Fife Health and Social Care Partnership within the Council, NHS, Third and Independent Sectors. The Integration Leadership Team aims to support the pace and scale of integration in Fife by providing opportunities for our leaders to connect, be inspired, build relationships and work together on our common purpose. This year focused on values and in particular leading with kindness.

At the May session we discussed our common purpose and our commitment towards Mission 25. We also discussed how we can join-up care better within our localities. Many services within the Health and Social Care Partnership and to connect and build relationships. The guest speaker was Tommy Whitelaw who shared his experience of "Intellegent Kindness" when caring for his mum.



At the November session we heard from our guest speaker Dr David Hamilton, the author of *The Five Side Effects of Kindnesses*. The session illustrated how they are making a difference, to learn more and build relationships. It also helped to share learning on innovations that have been happening to help spread good practice.



Being involved in decisions

The Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all of our people. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the support of those staff and their Trade Unions and Professional Organisations.

There is commitment to ensure close trade union and staff side engagement in the transformation work being progressed meaning our staff voice is core to how this work is developed and delivered. There are examples of strong partnership working where the voice of staff has shaped developments and decisions within services such as the palliative care service redesign, immunisation service redesign, and the implementation of 'Near Me' in social work.

The Local Partnership Forum are engaged in all strategy developments that have implications for the workforce. This means the voice of the LPF is actively sought ahead of the presentation of strategies and there is opportunity for the LPF co-chairs to share views at the Integration Joint Board meetings.

Staff are appropriately trained and developed

Ensuring staff are appropriately trained and developed is an agreed priority area for the Local Partnership Forum. Examples include:

Mandatory Training

The Forum has placed priority on supporting staff to complete their mandatory training. Considerable work has been done to define this training both in relation to the employer organisations expectations, but also for essential skills at a service level. The progress on mandatory training uptake is monitored through the Health and Safety Forum which has trade union representation, and at every Local Partnership Forum.

Tommy on Tour

Circa 1,000 staff attended Tommy on Tour - Intelligent Kindness, which were delivered in all 7 localities across Fife in person & virtually.

Here's what some of our workforce told us:

"Tommy, what an inspiration you are! Thank you for reminding me why I do what I do."

"Fabulous thank you. Just what I needed to hear today"

"Thanks Tommy, best hour I've spent for a while!! Motivated to carry on!"

GP Protected Learning

GP Practices across Fife participate in a number of Protected Learning Time (PLT) sessions throughout the year. This allows for the whole practice team to have time to access training and practice development.

Systems Leadership

We delivered the first Systems Leadership Programme supporting leadership development across our system.



A safe working environment

Health & Safety is discussed at every Local Partnership Forum. There is an update provided from the Health & Safety Forum which has representation from trade unions and management. Data is presented on the incidents relating to staff. Focus has been placed on encouraging staff to report incidents of violence and aggression. The Forum also supported additional briefings on the change in fire response to ensure staff were well informed.

Promoting Staff Wellbeing

Vaccination

All front line health and social care staff working across Fife were urged to take up the offer of vaccination.



Menopause

Our care at home teams have been trailblazing menopause support by developing champions, sharing information and holding drops in. This is making an amazing contribution to woman's health.

Accessible Information

The care at home team have hugely embraced supporting staff wellbeing and now issue regular newsletters with information on who staff can contact, and what is available to support teams. An excellent example of making wellbeing matter and accessible for all.

Staff Hubs

Funding from Fife Health Charity has enabled additional staff wellbeing hubs to be opened across our community hospitals and are open to all health and social care staff - Thank you!

Staff Wellbeing Team

Our workforce wellbeing is extremely important, and we want to ensure we are supporting colleagues through promotion and delivery of wellbeing initiatives and training across the Partnership, supporting and championing working environments and cultures where every individual can feel safe, a sense of belonging and is empowered to achieve their full potential.

This includes leading on:

- Co-designing and delivering a system wide wellbeing programme aimed at fostering leadership skills and capacity.
- Aligning strategic team and leadership development interventions.
- Supporting the development of working practices and procedures within the locality planning groups.
- Transforming ways in which our workforce is trained, equipped, and organised to achieve short, medium, and long-term sustainability.

The wellbeing team has been extremely busy, they have spoken to over 1,350 employees across the Partnership using the coach approach to support wellbeing, upskill managers, share knowledge and wellbeing resources and signpost and make referrals to available services.

This has made a huge difference with reducing the length of absence and in some cases prevented stress-related absences, and also giving managers the confidence and tools to facilitate back-to-work procedures more effectively.

They have been out and about at sessions in Lochgelly, Levenmouth, Kirkcaldy and Glenrothes, sharing information on the supports that are available to those within the Partnership to raise awareness of what is available for individuals to support positive wellbeing in the workplace.

The team has been working closely with the care at home teams and I'm delighted to hear that following evaluation of the sessions, colleagues feel more confident to support their teams and their own wellbeing.

The team has also been delivering mentally healthy workplace training for managers and supervisors with over 100 participants attending the one-day training over the past six months. They have been instrumental in setting up the menopause café and roadshows across Fife, available to all partnership staff.

Informing thinking around priorities on health and social care issues

Alcohol & Drugs

Many staff took part in the Alcohol and Drug Partnership event in Glenrothes influencing the scope, priorities and delivery actions for the refreshed Alcohol and Drugs Partnership Strategy



Care at Home Collaborative

The Care Home Collaborative filled the room to capacity as we met in-person, many for the first time, sharing learning we have taken from implementing support and enhancing assurance, celebrating how relationships to continue to grow and strengthen and supporting our home first approach.



Redesigning Community Support

A priority for Fife's Health & Social Care Partnership is to ensure that people with complex and critical care needs who require health and social care services are getting the right care at the right time and in the right place. Staff have been actively involved in informing this work.

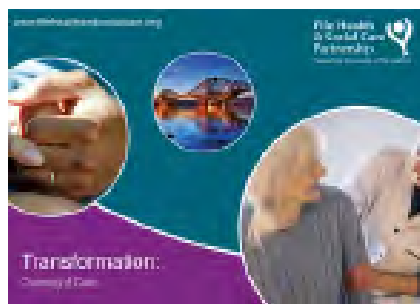
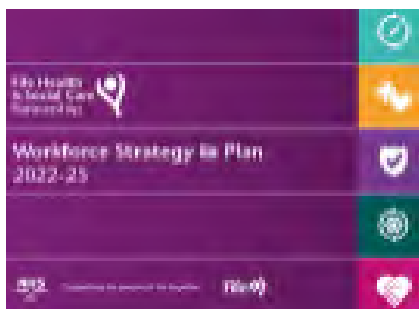
What Matters To You?

Lots of staff and teams got involved to share what matters to them at home and at work. Teams told us about how helpful it was to use the phase "what matters to you", and how conversation were enriched by recognising important issues such as our work/life balance and that we come to work as whole people.



Transformation

Our Staff have been actively involved in strategy and transformation. Inclusion has been through a range of ways including on-line, staff meetings, engagement sessions, working groups and conversations.



Advising on Workforce

As we know, there are recruitment challenges across all health and social care roles and it's important that we look at all options to encourage people to come and work with us. We also have an ageing population and an ageing workforce, so we need to encourage young people into caring careers. The Local Partnership Forum has had regular updates on programmes.

The Prince's Trust

Working with The Prince's Trust, who believe that every young person should have the chance to succeed, no matter their background, and to build confidence and skills to live, learn and earn. They offer courses, resources, and other support to people aged 11 to 30 to develop essential life skills, get ready for work and access job opportunities.





Career Ready

Several leaders within the Health and Social Care Partnership had the opportunity over the summer to work with a Career Ready mentee. This supports pupils in 5th and 6th Year to gain experience in employment. The career ready mentees in Fife HSCP advised they hope to have a career in health and social care and got a sense of all the different roles and work we are involved in. Feedback from mentors was how great it was to be working with young people, and it did highlight to me how important this type of programme is, as for many young folks it can be a big jump to go from school to the world of work.

Modern Apprenticeships

Care at Home Social Work Assistant and Modern Apprentice, Daisy Nicol joined the ICASS team on an eight-week work placement. Daisy was successful in gaining a two-year apprenticeship with Fife Council to work alongside colleagues within the Care at Home Team building up knowledge of the roles of each specific part of the service. To date, Daisy has worked with Home Care Co-ordinators, Home Care Associated Services shadowing Nightlink, Mobile Emergency Carers & Community Alarm Mobile Assistants.



Care Academy

We've also been working with Fife College to develop the Fife Care Academy which supports Fifers to access qualifications and funding in health and social care for vocational, undergraduate, and post graduate qualifications.

I updated you recently about the Fife Care Academy our venture with Fife College. This year the Academy has over 60 staff from the Partnership commence study for Higher National and Vocational qualifications. This encourages real opportunities to change the narrative for care in our community by creating more chances for students to engage in health and social care careers and this is what the Academy strives to promote, with more people joining the workforce. The Academy's operational and strategic groups include Partnership colleagues from Fife Council, NHS Fife, and the Third and Independent sector working together with the College faculty to support health and social care recruitment in Fife.



In November Fife College hosted a second health and social care recruitment event, bringing together health and social care providers and students as well as anyone keen to find their career in the sector.

The aim of this event is to help connect employers with dedicated students in the health and social care field and the wider public who are keen to explore work or study opportunities and to find the right job in the Partnership.



Promoting Equality, Diversity and Inclusion

We want everyone who works for the partnership to be valued for who they are and what they do.

Last year we established the equality, diversity, and inclusion steering group to focus on equality, diversity, and inclusion. The steering group includes representatives from primary and preventative care services, complex & critical care services, integrated community care services, and integrated professional & business enabling services alongside trade unions and staff-side, independent sector, voluntary sector, and human resource colleagues.

The group has been busy developing a co-produced common purpose and looking at equality, diversity, and inclusion initiatives to support our wider workforce and to action and champion these. We want to ensure our people are included in decisions - no decision about me without me. In recognition of the Team Fife approach that we are committed to in all our work, it was important that we had representation of all portfolios.

The group has agreed an interim workplan up to June 2024 which sets out the pathway to support our equality, diversity, and inclusion journey initially consisting of developing three work streams for communications, engagement, and consultation.

To support the plan, we welcomed colleagues including support staff to Fife Voluntary Action for equality diversity and inclusion facilitators training.



The session, which was delivered in partnership with Fife Centre for Equalities was fully accessible, supported by mental health first aiders and our colleagues from the deaf communication service who supplied british sign language interpreters and electric notetakers to ensure all participants were able to participate fully.

We now have 30 facilitators who are currently supporting the roll out of the EDI engagement series between Feb-Jun 24, which are part of the larger EDI workplan with opportunities to shape the partnership's action plan's key initiatives.

Pride

In June, we recognised and celebrated our LGBTQ+ staff and service users. A message the forum championed was recognising how courage, resilience, and dedication are instrumental in helping us work towards a more inclusive and compassionate health and social care system. We are privileged to have such a diverse team, and we encourage people to continue contributing to the richness of our health and social care community, making our workplace more understanding and compassionate. Inclusivity and equality are core to our principles here in Fife Health and Social Care Partnership and pride month helps underline these principles.



Informing approaches to strategies and organisational objectives

One of the areas of feedback within the iMatter report was the visibility of board members and staff. Championed by the LPF, the integration joint board were keen to support this objective.

This included having stories of lived experience at every integration joint board meeting and inviting staff along to IJB development sessions. This has also been taking place within NHS Fife board sessions and local councillors have been visible at many events too.

Feedback from both staff and the leaders within Fife Council, NHS Fife and Integration Joint Board has been very positive and supported connections and shared understanding. Huge thanks to all staff that have prioritised time to be part of these sessions and we look forward to this developing further into next year.



Lived Experience Stories

Every IJB now features a lived experience story. Featuring stories from both staff and the people they care for. It is inspiring to hear first-hand the positive difference staff make to people's lives and the passion our staff have for their roles. As these are shared in video we have also been able to share these stories on our website sharing the great work our staff do.

Hearing the voice of our staff

Integrated community teams drop in's are regularly held within the integrated community teams portfolio. At these sessions we have a standing agenda with a rota for teams which includes a check in question, service spotlight, trauma/trivia/joy, team shoutouts and CSM update. The sessions were evaluated in June 23 and the overwhelming feedback was that they were welcomed, positive and a great way to link with me directly and to build a working relationship with the wider teams within our portfolio.



Menopause Drop In's

Menopause ambassadors Anna Streleckiene, Cherrie Jones, Lesley Luff from care at home's training team along with Karen Marwick, Service Manager at the menopause drop-in session at Bankhead.

Shout Out's

Alongside recognising when our staff achieve awards the care at home team recognise every day achievements including feedback and personal achievements. This celebrates the hard work people do every day and the service manager shares these shout out's with the workforce every month.



Building Relationships

Learning from iMatter feedback, and to support the management team to be more visible with front line care at home staff, the management team sent out a briefing introducing themselves and sharing what their role is as well as a little bit about what they like to do when they are not at work, to support connections and building relationships.



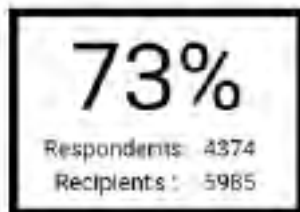
iMatter

A huge thanks to all our teams who completed the iMatter survey!

An amazing 73% of staff completed the survey.

And even better still - 87% of teams completed Action Plans!

That is outstanding engagement with our services - talking about what matters to them in their teams and developing actions to support their experience at work.



Part 3: Celebrating Our People

Pupil Support Nursing

Our pupil support nursing team picked up the health and wellbeing award at the recent children's health Scotland awards. The team was recognised for their work with children and families in schools for children with complex additional support. This is a great achievement, and it is right and very positive that the team is recognised.



Physiotherapy and Patient Related Outcomes

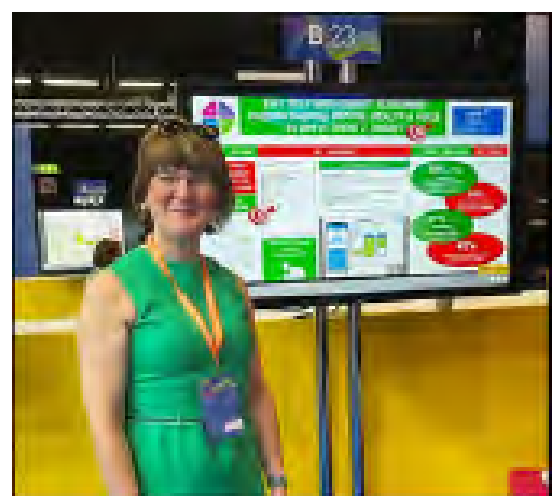
Janet Thomas, Team Lead Physiotherapist, had the privilege of speaking at the world physiotherapy congress in Dubai.

The Whitefield Assessment and Rehabilitation Centre collect physiotherapy outcomes and patient related outcome measures and use these to inform their work and service changes. Janet was accepted as a platform presentation and was able to showcase the work going on in Fife to a global physiotherapy audience.

Self-Management Success

Janet Harkess, Principal Occupational Therapist and Self-Management Lead represented the partnership when she presented her poster on targeting supported self-management at the annual EULAR rheumatology conference.

There was international interest in the work to support patients to use of self-management screening and triage tools, multi-disciplinary teams' self-management meetings for complex patients, and our Fife rheumatology self-management app.



Allied Health Professionals

Our allied health professional team were recognised in the national compendium with several good practice examples coming from our very own Fife teams!



Children and Young People's Community Nursing Service

Congratulations to all of the team who won the RCN Scotland children's nursing and midwifery award.

The team was recognised for the incredible support and care they provide to families, whose children are diagnosed with complex and severe health conditions.

NHS 75th Anniversary

Partnership colleagues were invited to be part of the Fife attendees at the NHS 75th anniversary drinks reception at the Scottish Parliament.



NHS Fife Staff Awards

There were a number of staff from Fife Health and Social Care Partnership shortlisted for the NHS Fife staff awards and we had some proud winners there also. Congratulations to you all, and a special shout out to, Sian Conner – Rising Star; Health Promotion Team – Health and Wellbeing winners; Rachel Swan for service improvement; and to the Rheumatology service for receiving the innovation award, and to Jamie Anderson who volunteers in our community hospitals who was recognised for the chairs award.



British Geriatric Society

Congratulations to Lyndsey Dunn, Service Manager, community flow and integrated discharge team, who has been nominated for a British Geriatrics Society's Rising Star award. These prestigious awards are made to people who show exceptional promise in their research or clinical quality work and have the potential to be leaders within healthcare for older people.

Shared Lives

Shared Lives Fife Carers, and people who benefit from the service, got the chance to come together at a special celebration event in July. This vital service matches adults of any age that need additional support, with a carer to help them lead more fulfilling lives. People who need additional support could have learning or physical disabilities, mental health needs or be an older person who requires some additional support. They could need support for a few hours a week, a short-break or even longer-term living. It is great to celebrate the work you do, well done to everyone in the service!





Scottish Health Awards

Congratulations to Dr Bowden who won the Top Doctor Award at the Scottish Health Awards held in Edinburgh in November 2023.

The award aims to recognise the high quality NHS care and vital treatment that an individual doctor has provided to people in Scotland. In this case it recognised Jo – a consultant within our palliative care services here in Fife.

British Dietetic Association

Congratulations to Vicki Bennet and Simon Fevre both recognised by the British Dietetic Association.



Pumpkin Awards

Sometimes the awards are just for fun as demonstrated by our primary care team within primary & preventative care services who held a pumpkin competition. The talent on show was amazing with some brilliantly imaginative and creative pumpkins. Winner was Martine.

Congratulations

Congratulations to Dr Allie Ramsay who works as a specialty doctor within the Fife specialist palliative care service.

Allie recently graduated from Keele University with a Masters in Medical Ethics and Palliative Care.





Queens Nurses 2023

We are celebrating 2 new Queens Nursing Graduates this year: Leanne Patrick & Kerys Russel

Queens Nurses 2024

We have also been successful in having three of our nurses selected to take part in the prestigious Queen's Nurse Programme in the coming year. Janet Stirrat, District Charge Nurse, Valleyfield Health Centre - Carol Hunter, Team Leader and Practice Assessor, Cowdenbeath health visiting team and Irene Scott, Practice Nurse, Inverkeithing Medical Centre have been chosen.



Harry's Healthy Teeth

A Fife dental nurse has written a new book to help encourage good dental habits amongst nursery children in the Kingdom. Tracy Pirie, a Senior Extended Duties Dental Nurse, wrote 'Harry's Healthy Teeth' to encourage positive messages around dental hygiene. The book follows a young boy as he makes a visit to his dentist for a check-up.

Occupational Therapy Week

This year's theme is 'Occupation Matters' and it's all about the occupation and why it matters.

The focus of the work is to promote the occupational therapist's role in working together with others, collaborating with many groups and communities for the benefit of individuals and society as a whole.



Occupational Therapy Care Opinion

The community occupational therapy team successfully piloted the re-launch of care opinion within social care services, which led to care opinion being rolled out across all services. There's been some amazing feedback about staff and how supportive and understanding they are. Everyone's needs are different, and the feedback really highlights the person-centred care that the teams provide.

Scottish Learning Disability Week 2023

Focused on all aspects of leadership with the theme 'Lead to Change', the teams supporting people with a learning disability were out in force raising awareness and busting myths about people with a learning disability and to show the world the incredible things that have and can be achieved.





Meals on Wheels Week 2023

'Meals on Wheels Week' celebrated our fabulous teams in Fife – what they deliver is truly more than a meal. There was showcasing across social media, celebrating those that make the meals, volunteers, drivers, carers, and those that work behind the scenes and who do an amazing job for Fifiers every day.

International Nurses Day

We celebrated International Nurses Day with lots of examples and stories about what makes Fife Health and Social Care Partnership nurses so proud of their profession and working here in Fife.





World Social Work Day

We celebrated World Social Work Day 2024. The theme this year is *Buen Vivir: Shared future for transformative change* and focuses on social workers adopting innovative community-led approaches, recognising that true wellbeing is achievable when communities live harmoniously with nature, striving collectively for balanced development.

Sherrin Woods has been a Social Worker with Fife Health and Social Care Partnership for almost 10 years.

Allied Health Professionals Day



Mission 25

Through our Mission 25 campaign we showcased young people who joined the partnership. The campaign on social media aimed to highlight the different ways to find a career in the partnership. This campaign tied in with young people leaving school at the Christmas break.



Our workforce is the beating heart of what we do, and we need people to train, learn and help us to deliver amazing care in an inspiring environment.

We are focusing on different parts of our system each month to show the range of services people can work within.

Success Stories

We invited staff to share their success stories of 2023 and we've highlighted some of them here. These are also on notice boards across the partnership.

Success Stories!

FIFE PSYCHOLOGY SERVICE

Creating better lives

The Fife Psychology Service provides a range of services delivered in hospital and community settings to address psychological needs, and promote psychological health and wellbeing for the people of Fife.

Key successes in 2023 include:

- Creating teams around clinical pathways
- Expanding range of psychology roles
- Working psychologically informed care and practice
- Reducing pressure through feasibility planning
- Reducing impact waits for psychological therapies
- Expanding service offer through digital and online interventions
- Adding to the Incredible Years (IY) research trial and evaluation

RESEARCH WITHIN SERVICES

Success Stories!

COMMUNITY CHILDREN'S SERVICES

Supporting our children and young people to develop speech and communication skills are so important.

The team has been creating, not to communities and colleagues to ensure they know where to get help and advice.

70%

Success Stories!

DISTRICT NURSING

Developing roles

We are seeing positive outcomes as a result of the District Nursing Team.

These positive outcomes come from roles that are currently not a district nursing function with regular admissions to hospital to undertake the tasks for this and for other procedures and ongoing and other interventions in the area. This has helped to free up time and resources for other district nursing services to provide for their allocated to us target.

70%

Great results so far with a 70% reduction in future admissions.

Success Stories!

PUBLIC DENTAL SERVICE

The Public Dental Service support Fifers with their dental care. The team worked throughout the pandemic when most dentists' surgeries had to close.

The PDS set up urgent dental care centres and provided emergency care to the wider of the community thousands of people.

73%

Success Stories!

ORGANISATIONAL DEVELOPMENT AND CULTURE TEAM

The Organisational Development & Culture Team is committed to supporting the whole health and social care workforce to be the best they can be at work.

We're delighted and grateful to have a range of support to help address our diverse 23 activities to be amongst the best performing partnerships in Scotland.

73%

Success Stories!

HEALTH PROMOTION

The Health Promotion team has been successful in supporting the health and social care workforce to be the best they can be at work.

BOOST your income

Senior Visibility - Our iMatter Priority

Community older people mental health teams support people at clinics, in their own homes and through both individual and group work. Over 103 people in the service have trained in quality improvement to really drive the service forward.



The Perinatal Mental Health Team work closely with services including maternity, psychology, mental health, health visiting and Family Nurse Partnership, and the team provide person-centred support to people from preconception right through to the infant's first year.

The urgent care assessment team (UCAT) support adults with urgent mental health care needs. The team works closely with others and assess need and risk and support access to care across agencies and enable safety planning therapeutic care.



The public dental service team offer a dedicated, specialist and varied service throughout Fife. In addition, the team is part of a number of national programmes including Childsmile, National Epidemiology, Dental Outreach, and Caring for Smiles, offering dental care and treatment to Fife from childhood to our elderly population, through accessible clinics and care homes.

Jo, Stephen, Theresa and Karen from Fife Palliative Care Service representing their team at the Scottish Health Awards.



Link Life Fife is a community support service for anyone in Fife who may benefit from additional support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general wellbeing. Link Life Fife has received over 1700 referrals with over 70% of referred people have engaged with the service.

A joint visit from both Ken Gourlay, Fife Council Chief Executive and Carol Potter, NHS Fife Chief Executive to the discharge hub where health, social work, social care and acute services join together every day to meet people's needs.



Fife community mental health teams celebrating the NHS 75th anniversary and welcoming a visit from the board to hear about how this service is developing in Fife.



Fife have a strong reputation for offering social work student placements and have been praised for the high quality of placements and support our teams provide. The Glenrothes Adults Team have been the most recent team recognised for their support they provide to students, the work we put in with our students and NQSWs will help us meet the expectations of the OCSWA around the mandatory NQSW year.

The long term care financial assessment (LTCFA) team transferred from customer and online services within Fife Council to the Fife Health and Social Care Partnership, and are now part of the contracts, commissioning and quality assurance team.



Fiona, Morten and Tricia from Shared Lives Fife are all working hard with their colleagues and shared lives carers to ensure the best outcomes are achieved for each of our supported people as well as their carers throughout Fife.



Delighted to visit Napier House along with Ken Gourlay, Fife Council Chief Executive. We saw first hand the person-centred care delivered to 60 people who have a wide range of different needs, all being met by a compassionate and talented team.



Minister for public health and women's health Jenni Minto visited Fife to meet our staff involved in stroke care and service users. She chatted with the team hearing about the support provided to people affected by stroke, heart disease and respiratory problems care.



Nursing and allied health professional newly qualified practitioners welcome event.

Throughout December we showcased on our social media the amazing teams working in the partnership as we celebrated advent. Fife care at home services (and special guests) heading up The Fife Health and Social Care Partnership Mission 25 advent calendar!



The launch of Fife as a pathfinder site for the 'Bairns Hoose' which brings together our staff working across agencies to provide a coordinated comprehensive support for children and young people in the justice system.

NHS Scotland 75th anniversary supported by a visit from NHS Fife board and integration joint board members to services based in Queen Margaret Hospital including mental health, community hospital wards and the Fife suite.



At the opening of Methil Care Village an informal visit took place in 2023 with attendance from NHS Fife, Fife Council, Fife integration joint board and the Health and Social Care Partnership. A brilliant opportunity for staff, residents and families and board to meet.



The launch of the national dementia strategy took place at Ostlers House welcoming Maree Todd, MSP Minister For Social Care and members of the Integration Joint Board who all took time to speak with staff, residents and Ozzy, the much loved therapist.

Staff have attended multiple board development sessions.



Part 4:

The Voice of The People We Care For

“We were impressed with the way in which our problems with handrails were addressed. We were also delighted with the shower stool which helps with a bit of independence. Throughout, we most of all appreciated the fact that we were kept informed of progress on a frequent basis. Excellent!

“I had removal and re-implantation of an implant - Was very nervous but felt very relaxed as I walked into the room. Felt at ease and was told exactly what would happen step by step to ensure I wouldn't get an unexpected fright. Thank you so much :)”

He was the primary carer for my mum Jean, and we needed help very quickly to move my mum into care. Initially the Fife social services team moved my mum into the Jean Mackie Centre in Dunfermline where she received excellent care for a few months until a permanent place became available at the Mathew Fyfe home. From the very beginning I only have positive things to say about everyone who helped us initially and who continue to provide care for my mum. I am immensely grateful for the compassion and kindness from the whole team. Special thanks go to Anne and Anna.”

O.T worker, Kimberly, my podiatrist, and physiotherapist, also to Fife Council building department, who went the extra mile! Keep up the good work, and many thanks for everything.”

“The health and care service that I had was wonderful. After I came out of hospital a team arrived at my house to assess what was required to make me comfortable. They made sure I had everything I needed, and also that I was happy with what they suggested. Thank you all very much. Your services were much appreciated.”

“We reserve the Star Responder title for those who demonstrate exceptional dedication, so but it is also an opportunity to connect with authors in a truly meaningful way. Theresa's response serves as a perfect example of humanity and empathy, saying what you will do with the feedback, what impact the story will have and showing how one story can have wider impacts, not just for the service, but more widely for service provision and other Responder Awards ceremony to celebrate 9 new Star Responders across the UK. This year, we have chosen 3 responders to be awarded in Scotland.”

Part 5: Thank You Team Fife

Whilst the Health and Social Care Partnership Forum's terms of reference covers the delegated health and social care services, we want to celebrate the amazing workforce who deliver and support health and care across all of Fife - including within our Third and Independent Sectors, NHS Fife and Fife Council. We also want to recognise and thank our unpaid carers who work so closely with our teams every day.

Together we are "Team Fife" and at the Care Home Collaborative event in 2023 it was stated that we are all here to "complete and not compete" with each other. These are core values that make our integration and team working in Fife something to be very proud of.

It is evident from all the transformation and change work that the LPF is involved in, that our teams work closely together every day combining their unique talents and skills, working often in challenging circumstances, to deliver the best we can for the people of Fife.

Thank you to all our teams - be proud of who you are, the work you do and the difference you make!



STAFF GOVERNANCE COMMITTEE

(Meeting on Tuesday 3rd September 2024)

The main focus of the Area Partnership Forum meeting held on 24th July 2024 was the Re-form, Transform and Perform Framework, with updates from the Workstreams, and discussion thereof. Also discussed fully was the challenging financial situation.

In addition to standing items, there was an interesting and thought-provoking presentation on the Ethnically Diverse Staff Survey and LGBT+ Network; an update and discussion on Core Training and Protected Learning Time; approval of increasing non-patient catering prices; a celebration of the good work going on, depicted in the Acute Services Division & Corporate Directorates, and Health & Social Care Partnership, Local Partnership Fora Annual Reports; and the Review of Band 5 Nursing Roles and the Reduction in the Working Week were also covered.

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

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

Chair: Carol Potter, Chief Executive/ David Miller, Director of Workforce (from Item 07.1)

Present:

Sharon Adamson, Royal College of Nursing	Fiona McKay, Interim Director of Health & Social Care
Vicki Bennett, British Dietetic Association	Chris McKenna, Medical Director
Claire Dobson, Director of Acute Services	David Miller, Director of Workforce
Fiona Forrest, Acting Director of Pharmacy & Medicines	Louise Noble, UNISON
Alistair Graham, Director of Digital & Information	Sandra Raynor, Head of Workforce Resourcing & Relations
Paul Hayter, UNISON	Jim Rotheram, Head of Facilities
Jenni Jones, Associate Director of Culture, Development & Wellbeing	Caroline Somerville, UNISON
Janette Keenan, Director of Nursing	Gillian Tait, Senior Officer, Royal College of Nursing
Kirsty MacGregor, Associate Director of Communications	Joy Tomlinson, Director of Public Health
Wendy McConville, UNISON	Andrew Verrecchia, UNISON
Margo McGurk, Director of Finance & Strategy	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance:

Yvonne Batehup, Welfare Officer, UNISON
Isla Bumba, Equality & Diversity Lead (Item 2)
Jackie Millen, Interim Learning & Development Manager (Item 07.1)
Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

C Potter welcomed everyone to the meeting, in particular guest presenter, I Bumba, and F McKay, attending her first Area Partnership Forum (APF) meeting in her capacity as Interim Director of Health & Social Care (H&SCP). Apologies were noted from B Hannan, J Hackett, J Johnstone, N McCormick (J Rotheram attending), B Morrison, L Parsons and W Rowbotham.

02. PRESENTATION: ETHNICALLY DIVERSE STAFF SURVEY RESULTS AND LGBT+ NETWORK

I Bumba guided colleagues through the presentation, noting that although there were only 75 responses to the survey for ethnically diverse staff, these were from a range of ethnicities and job families. The survey covered a variety of areas, and although the majority had an excellent/good experience of working within NHS Fife, issues that came to the fore included being treated differently, numerous 'micro-aggression' incidents, while some respondents experienced racism/discrimination and others a lack of trust in general/their capabilities to do their job/be promoted. A large proportion of respondents were unaware of the Diverse Ethnic Network (DEN) set up within NHS Fife to offer support and opportunities to meet with other black, Asian and mixed-race colleagues.

Proposals to address these matters include developing an anti-racism strategy, managerial training, encouraging cultural humility, creating greater awareness of appropriate reporting mechanisms and 'soft warning/gentle reminder' letters to repeat offending patients.

I Bumba explained the work ongoing within NHS Grampian whose aspiration is to move from a culture of 'zero tolerance' to one of 'anti-racism', noting culture is key. This involved setting out their priorities and working in collaboration with their staff equalities network and other partners.

I Bumba advised that an LGBT+ Network has been formed in NHS Fife, an initial committee meeting has been held and recently attended the Pride event in Edinburgh. I Bumba invited colleagues to the first NHS Fife LGBT+ Network meeting being held on 26 July 2024, which is open to the LGBT+ community and allies, details of which will be circulated to APF.

RW

This led to a discussion where P Hayter suggested that racism is racism, whatever form of language is used. J Jones recognised that this important work links in with the recently established Our Leadership Way approach. C Potter advised colleagues, for awareness, that there is an ask from Scottish Government (SG) this year in terms of objective setting for Chief Executives and Directors, to include the development of an anti-racism strategy. K MacGregor noted that there is work to do to create awareness and address concerns within NHS Fife. C Potter thanked I Bumba for her interesting and thought-provoking presentation.

It was agreed to circulate the presentation to Forum members and invite I Bumba to the next APF in September to report on progress.

IB

APF **noted** the presentation.

03. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The minutes of the meeting held on 22nd May 2024 were approved as a true and accurate record.

A Verrecchia provided an update on securing a staff side office: the old Plaster Room at the Victoria Hospital (VHK) has been identified as a suitable space - with some modification - being situated close to the Staff Wellbeing Hub in a quiet area, so good for confidential conversations.

C Somerville questioned whether facilities are now available for staff to undertake elearning away from their workplace. It was noted the new Training Suite on Level 8, VHK is nearing completion; J Rotheram and J Millen agreed to identify appropriate areas for elearning on other hospital sites, as possible.

JR/ JM

The Action List was reviewed, and the status of actions agreed. D Miller advised that a review of the Re-form, Transform, Perform (RTP) workstreams, as well as membership of the groups, is currently in progress.

04. MATTERS ARISING

There were no matters arising.

05. PRESENTATION: RE-FORM, TRANSFORM, PERFORM FRAMEWORK

C Potter introduced the slide deck, which details four key programmes of work going forward into the Transformation stage, and invited updates from Leads:

Business Transformation Update

A Graham explained that Business Transformation supports both clinical

services and corporate functions. The ambition is to deliver a sustainable offering and more importantly, to modernise services and to enable teams to benefit; to develop a culture of continuous improvement, by embracing technology, avoiding duplication, streamlining processes and educating staff to effectively adopt new ways of working, with a focus on reducing waste. The key aspect is to recognise that supporting functions don't work in isolation but support the whole system, including H&SCP and patient care. In addition, giving teams the go-ahead to propose ideas and make changes.

People and Change Update

D Miller reported that an assurance board has been established to address the workforce elements of RTP. The People and Change Board has met twice and is working together to agree and understand the position across the Board in terms of staffing and understanding our growth across Fife. This will enable us to make informed decisions about any required efficiencies. The Board are beginning to see the financial benefits in relation to supplementary staffing and work is ongoing with Medical workforce (Locums, Junior Doctors Rotas). A Voluntary Severance Policy is under development. Other work involves a review of Band 8a+ posts and the implementation of the non-financial elements of the Agenda for Pay deal 2023/24.

Infrastructure & Change Update

J Rotheram advised that the RTP work is part of the movement towards an integrated public sector corporate estate that enables agile and greater partnership working across organisational boundaries (e.g. NHS Fife, Fife Council, Police Scotland, Scottish Water). J Rotheram confirmed that dates for moves and changes to work spaces are imminent, with reciprocal hot desking and meeting room arrangements in Fife Council and NHS Fife premises. Work is ongoing to consolidate estate on the Cameron Hospital site.

Acute Reconfiguration Update

C Dobson intimated this is a big and ambitious piece of work to reinvigorate delivery in Acute Services. Demand on Acute Services has increased significantly since the COVID-19 pandemic and pressures continue not only in Fife but across Scotland. The aim is to redesign services to be fit for the future that will also ease pressures now. A range of options has been identified and are being assessed to reimagine the VHK site. C Dobson outlined changes made to date, using our estate differently. A proposal has been worked up that will be phased in to deliver the right care in the right place at the right time. This will necessitate co-locating and relocating services, together with reducing reliance on supplementary staffing and surge capacity and enhancing support and development of staff.

In the discussion that followed, C Somerville observed there are currently two room booking systems; A Graham noted the duplication, but indicated we don't have capacity to decommission all systems that we would like to when we would like to, and recognised there were other similar examples. C Somerville also highlighted the limited number of meeting rooms across sites, for confidential meetings; J Rotheram advised that the Estates & Facilities corridor, VHK is being reconfigured to a suite of meeting rooms. W McConville asked whether additional meeting rooms will be made available at Lynebank Hospital; J Rotheram indicated that meeting room use is being reviewed and venues will be provided accordingly. Y Batehup drew attention to the noisy environment of Training Rooms 1 and 2 located next to the Dining Room, VHK; J Rotheram agreed to review this. P Hayter observed that meeting rooms are sometimes booked but not used; C Potter requested colleagues cancel

bookings if not required. A Verrecchia was surprised at the reciprocal arrangement with Fife Council given the limited space for our own staff; C Potter explained that NHS Fife is an integrated service and staff working in H&SCP and Fife Council are working together to make the most of each other's premises. Y Batehup welcomed the work on digital transformation, suggested it is important we involve service managers and staff as well as more senior managers with RTP, and highlighted issues with pool car provision at Cameron Hospital. S Adamson remarked on the length of time it is taking for Vacancy Management Forms (VMF) to be processed, resulting in current staff being expected to cover vacant posts for a long period; D Miller acknowledged there had been teething problems with the Vacancy Control Panel (VCP) process which has been adjusted and advised an 88% approval rate. D Miller indicated that a digital solution to the paper VMF is being explored. F McKay advised the H&SCP panel meets weekly, but with budget challenges, we must manage within the resources available, and the SLT is currently looking to risk assess and streamline processes. G Tait queried the alignment of Community and Acute Services; C Dobson indicated that in Fife, services interface and work well together, looking to be even more responsive and supportive going forward.

APF **noted** the update.

06. WELL INFORMED

06.1 Financial Performance & Sustainability Report

M McGurk talked to the report, the first of the new financial year, which details the financial position for NHS Fife to end May 2024; we are facing the biggest financial challenge we have ever experienced. M McGurk assured colleagues that the ambition is to keep services and staff safe within the level of resources we have, financial decisions are not taken in isolation.

This year, NHS Fife has a funding gap of £55m (6.6% of our budget), resulting from the impact of recurring cost pressures and unachieved savings targets brought forward from the previous financial year, together with additional national and local cost pressures anticipated in 2024/25.

A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m (3%) of this funding gap, the Re-form phase, designed to achieve the absolute minimum savings target for Boards set by SG with the medium to longer term Transform phase focusing on changes to our services, structures and care delivery to deliver the remainder of our £30m (3.6%) financial gap, a huge challenge.

At the end of May 2024, we are reporting an overspend of £10.7m. This position comprises an overspend for NHS Fife of £7m and £3.7m for H&SCP. The overspend for NHS Fife is £2m beyond trajectory for the period to end May 2024 and further action is required to reduce spending levels and deliver on the specific actions required by SG for the first quarter of the financial year. The reported overspend on the H&SCP is also of major concern given the financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board. The expectation from SG is that Boards should breakeven. Some pressures identified are, in reality, greater than anticipated e.g. energy costs.

M McGurk highlighted Section 7 of the report which details progress on delivery of the RTP 3% savings target, of particular interest to APF colleagues, a supplementary staffing reduction of £1.7m although no impact as yet on the 'bottom line' as overall pay budgets are overspent. Taking all of the issues

noted in the report, the level of assurance at this stage is 'limited', given the overrun of the financial position and the number of uncertainties and challenges to be managed.

S Adamson queried 'unfunded' posts: M McGurk explained these are mainly clinical posts and have been in the system since before COVID-19 and are required for clinical services.

M McGurk welcomed feedback on the new more detailed style of reporting.

APF **noted** the update.

06.2 Communications Update

K MacGregor reported that:

- Since the launch of the Staff Awards, there have been 86 nominations (closing date is 19 August 2024), a fantastic response.
- RTP internal campaign creating visibility with fortnightly updates, highlighting sustainability and innovations using staff suggestions. Work continues on posters and pull ups to ensure greater publicity, not only digital communications.
- Internal Communications Survey is now being launched in September 2024 rather than August, given the holiday period, allowing tweaking to reflect RTP, and going to Staff Governance Committee (SGC) on 3rd September.
- Hot Desking Hub publishing on StaffLink maps, 360-degree views, hot desking etiquette, booking app guidance.
- Corporate Communications Quarterly Report April – June 2024 (previously circulated) K MacGregor drew attention to the drop off in web traffic, while there was a sustained growth on all social media platforms (40%), in part using a new scheduling tool which enables pre-planning of campaigns and providing a much wider range of topics.
- StaffLink - steady usage across all newsfeeds, most popular topics are Health and Wellbeing, Training, Staff Room approximately 100,000 hits per month. Currently trending posts are: Phishing, light touch events, obituaries.
- Press and Media interesting trends: more traffic through website and on social media rather than requests for press releases, noting challenge and accountability.

C Somerville commended the comprehensive report; and suggested compiling an 'In Memory' section to publish at the end of every year, acknowledging colleagues who have passed away. J Keenan was delighted to inform colleagues that the Department of Spiritual Care has been awarded the Bereavement Charter Mark for Employers and acknowledged the excellent work they do. R Waugh indicated that a suite of Bereavement Resources has recently been developed and is available on StaffLink.

APF **noted** the update.

06.3 Acute Services Division & Corporate Directorates Local Partnership Forum Annual Report 2023/24

C Dobson advised that the report is brought to APF for information and awareness; and is a real celebration of the Local Partnership Forum (LPF) and all that teams do on a day-to-day basis and includes a section on absence management.

C Dobson indicated this is the last year the report will be presented in this

format as plans are in place to reinvigorate the document, given the addition to the ASD&CD LPF of a Communications representative.

APF **noted** the report.

06.4 Health & Social Care Partnership Local Partnership Forum Annual Report 2023/24

F McKay advised this the 4th annual report, this one is titled 'Looking Back to Step Forward'. It has been a challenging year with lots of work going on, as portrayed by the photos and the different programmes of work are included. Key for our agenda is how we take this to the next level, and ensure the workforce is involved. The report has been approved by H&SCP LPF and is being submitted to the IJB.

C Potter was delighted that even during the difficulties we are facing, the good work going on is being celebrated.

APF **noted** the report.

06.5 RTP People and Change Programme Board

It was noted this item had been discussed in Item 5, RTP Framework Update.

06.6 Non-patient Catering Annual Price Increase/ Change of Procedure

J Rotheram referred to the report, which is proposing an average uplift of 10% in prices in staff dining rooms from June 2024. This is recommended as a reasonable step given the history of maintaining prices over recent years (there have been no price increases since before the COVID-19 pandemic) and continuing the current level of subsidy is not feasible.

The intention would be to implement an annual increase from the beginning of each financial year. In addition, to seek the flexibility to raise the prices of the affected products, even for a temporary period, as NHS Boards are required to ensure that Non-Patient Catering operates reasonably commercially to be a sustainable service that at least breaks even. Other changes include using e.g., branded coffee to give a better profit margin, piloting the SG Eat Out Eat Well campaign, updating menus, and offering discounts e.g., for staff bringing their own cup.

During the discussion that followed, A Verrecchia considered 10% to be a large increase, given the cost-of-living crisis, but understandable due to food costs. V Bennett offered her support to the price increase to ensure the facility is available for staff; A-M Gillan suggested the 10% increase was fair, given current prices. A Verrecchia queried whether the Dining Room, VHK would be better utilised if it was relocated to the main body of the VHK site; C Potter noted this ask, however in reality, it was not possible to move the facilities. J Rotheram indicated prices have been benchmarked with other Boards and it is now time to make the changes.

APF **noted** the report and the need to increase prices.

06.7 Staff Governance Annual Monitoring Return 2024/25

S Raynor confirmed that the Staff Governance Annual Monitoring Return 2024/25 has been paused to allow a review of the annual monitoring exercise, the aim is to ensure the process is fit for the future, with recommendations being brought back to SWAG (Scottish Workforce and Staff Governance

Committee).

S Raynor agreed to update APF once further information is received.

APF **noted** the update.

07. APPROPRIATELY TRAINED

07.1 Core Training Compliance and Protected Learning Time Update

J Jones introduced the paper, indicating it is a repositioned piece of work. Driving up training compliance is not only down to the Workforce Development Team, but also a shared responsibility and J Jones appealed to colleagues to encourage their teams to undertake appropriate training to meet the Core and Mandatory requirements of their role. J Jones requested that colleagues share what they are doing to help move forward this work.

J Millen provided an update to the report: in terms of Protected Learning Time (PLT), lunchtime bite sessions have been held to raise awareness of the policy, but not to tell managers what to do: not 'one size fits all', it depends on the Service and colleagues are asked to find local solutions. Since May 2024, 90 managers have attended so far, with 94 booked for the August and September 2024 sessions, the interest and engagement is there.

J Millen reported that the Core Skills Training Short Life Working Group, comprising subject matter experts and managers from the services, is now in place with the initial meeting arranged for 29 July 2024. The aim is to create an improvement plan to establish what needs to change/be developed to improve core training engagement. The first task is to refresh the current programme to ensure it is up-to-date and secondly are we doing all we can to meet the needs of all learners in the organisation e.g. increased awareness of hard to link training e.g. Resuscitation training for Corporate Directorate staff. Part of the remit of the Group is to design and develop a blended Corporate Induction programme of practical and theoretical learning. The aim of the SLWG is to refresh both the Core Skills and Induction programmes by April 2025, implementing as we go.

Supporting development of this will be the VHK Training Hub, which is scheduled to open on 6 August 2024, accommodating Digital & Information, Manual Handling, Resuscitation and Clinical Skills training, bringing together Core Skills Training topics and making PLT easier to manage over a longer period. Work of the SLWG will include ascertaining how best to optimise the space and meet training demand of all training that is essential to role.

J Millen confirmed she has joined the ASD&CD LPF to support learning and development on a local level. J Millen welcomed the opportunity to work with teams on what matters to them, to alleviate barriers and discuss their delivery requirements around 'Appropriately Trained' (iMatter, PDPR, Core Training and PLT). It is planned to target specific areas to offer support e.g. Newly Qualified Practitioners, H&SCP and Estates & Facilities.

A discussion arose during which Y Batehup raised a concern relating to staff undertaking training during their days off due to only working a few hours/working weekends only/short staffed etc. It was agreed to explore the organisational position and approach to PLT to ensure staff are undertaking core training during their working hours. W McConville suggested liaising with managers to identify and address the barriers to staff undertaking training. C Somerville questioned whether PLT is being recorded on SSTS; J Millen confirmed it will be in the longer term, the 'training' options available on SSTS

are being reviewed and revised nationally, and reporting functionality is being developed. F Forrest drew attention to the variation in time allowed for training across Services and suggested that guidance is required to ensure a fair and consistent approach to PLT and core training. V Bennett indicated that employing various models of training would be beneficial e.g. including training on wards; however, work pressures often mean training is not prioritised. G Tait suggested this is not a new challenge. D Miller indicated support will be offered to those struggling to undertake core training requirements.

APF **noted** the update.

08. INVOLVED IN DECISIONS

08.1 Acute Services Division and Corporate Directorates Local Partnership Forum Update

C Dobson reported that the group has been reinvigorated with additional representation from Corporate Directorates. Topics discussed at the meeting on 20 June 2024 included standard items i.e. Attendance Management, Corporate Directorates updates, feedback from NHS Board and Finance. B Hannan attended to update on RTP work and there was a good conversation on PLT.

There was one matter for escalation: Vacancy Control Panel - in particular, an ask for appropriate feedback when requests are not approved, to ensure it is a transparent and consistent process. C Dobson suggested herself, A Verrecchia and D Miller meet out with the meeting to discuss.

Y Batehup indicated she had raised at the LPF a request for the figures for posts not approved compared to the number that have been advertised, and the reasoning behind that.

DM

APF **noted** the update.

08.2 Health & Social Care Partnership Local Partnership Forum Update

F Mackay spoke to the report, explaining that subject matters discussed at the recent H&SCP LPF are detailed in section 2.3, including: Mandatory Training there is a dedicated programme attempting to increase compliance where targets are not being attained; Workforce Processes highlighting the significant time delay from appointment to recruitment and going through all the checks (can be 5 months, resulting in candidates withdrawing); finance; transformation work; and the annual report.

09.1 PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

09.1 Acute Services Division and Corporate Directorates Health & Safety Committee Update

P Hayter confirmed that with he and Miriam Watts, General Manager, Surgical Directorate have replaced C Dobson and A Verrecchia as Co-chairs of the committee. However, due to the number of apologies, the recent scheduled meeting was cancelled.

APF **noted** the update.

10. TREATED FAIRLY AND CONSISTENTLY

10.1 Review of Band 5 Nursing Roles

S Raynor highlighted that we currently have a campaign underway to recruit new job matchers locally and have the opportunity to train experienced matchers to consistency checking nationally, working with Paul Watt from NHS Greater Glasgow. S Raynor encouraged any APF member to volunteer any staff member in their area if capacity to become job matcher. National modelling indicates the scale of the challenge of reviewing Band 5 Nursing roles may require 39 panels every week for a year. Fife is one of four Boards that has received applications. Ruth Lonie, Communications Manager is publishing regular updates on progress on StaffLink.

P Hayter queried whether too much/ too little funding will be provided by SG. M McGurk advised that it is anticipated 70% of Band 5 Nurses will apply, of which 70% will be successful, and it will be back dated to 1 April 2023. It is a firm commitment, therefore sufficient funding must be earmarked for this, it is unlikely it will be over funded. W McConville questioned how this would look on the ward, given the current skill mix and how it would fit in with the current grading scale. J Keenan confirmed this is all being considered nationally and locally to ensure a consistent approach, recognising the value and role of nursing as well. It was noted the knock-on effect could be that Band 6 Charge Nurses would then look to have their roles re-evaluated.

It was agreed to provide an update at every APF until conclusion.

APF **noted** the report.

10.2 Reduction in the Working Week

S Raynor confirmed that work continues around the Reduction in the Working Week aspect of the 2023/ 24 Agenda for Change pay deal. Awaiting further comms from SG on part time workers to clarify inconsistencies in the original national guidance. Lessons learned from this year's implementation of the 30 minutes reduction in the WTE working week may lead to an earlier implementation of the further reduction. Finance, Workforce and PMO colleagues have developed a tool to analyse the impact, the ability to comply and to produce financial reports, linking to PLT and the Band 5 Review.

Y Batehup highlighted there is still inequality within the Board on how this is being rolled out. These mechanisms have proved to be difficult to manage due to the inconsistency within the national guidance and its application across areas, leading to increasing levels of staff dissatisfaction and challenges for managers.

It was noted there are also anomalies within the new national Annual Leave Policy: locally, differences in interpretation are leading to inconsistent application and staff are unsure of what annual leave they actually have. S Raynor confirmed that further national clarification is awaited.

APF **noted** the report.

10.3 Annual Whistleblowing Report 2023/24 including Quarter 4 Data

S Raynor referred to the previously circulated report which provides an update on whistleblowing concerns, anonymous/ unnamed concerns, local press articles related to whistleblowing and data on the training modules undertaken during Quarter 4 (1 January to 31 March 2024). S Raynor drew attention to Appendix 1, Section 7 which outlines future planning arrangements for 2024/ 25, including establishing a Whistleblowing Oversight Group and Decision-Making Team and recognising responsibility is moving from D Miller to C

Potter.

The second meeting of the Confidential Contacts Network was held last week, and Lynne Innes joined to talk about Value Based Reflective Practice which was well-received.

A report on Quarter 1 data will be brought to the next APF.

APF **noted** the update.

10.4 HR Policies Update

S Raynor summarised the amendments to the policy, procedure and appendix: HR34 NHS Fife Relocation Expenses Policy. It had been recommended that staff from Band 5 are offered relocation expenses to encourage individuals to join NHS Fife and to aid retention. The proposal is that only 'selected' Agenda for Change Band 5 posts may be eligible for relocation expenses, subject to meeting certain criteria, and not to offer relocation expenses to all new Band 5 recruits.

HR53 NHS Fife Exit Interview Procedure - A new procedure has been developed and applies to all staff employed, (substantive, temporary or fixed term contracts) within NHS Fife.

HR28 Appendix 4 Policy on the Use of Disclosures, Rehabilitation of Offenders and Protection when Working with Vulnerable Groups. A proposed update to the level of disclosure required for Catering Staff was considered and approved by HR Policy Group.

In terms of HR53 NHS Fife Exit Interview Procedure, it was agreed to make more explicit, and to promote, that it should be the line manager above who undertakes the face-to-face interview rather than the immediate line manager.

J Keenan informed colleagues that 'stay' interviews are being undertaken with newly qualified practitioners to encourage them to continue to work in Fife.

APF **noted** the update and **approved** the Policy, Procedure and Appendix.

11. ITEMS FOR NOTING

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

- 11.1 H&SCP Local Partnership Forum – (i) Minutes of 13th March 2024 and (ii) Minutes of 14th May 2024
- 11.2 ASD&CD Local Partnership Forum – Minutes of 25th April 2024
- 11.3 NHS Fife Staff Health & Wellbeing Group – Minutes of 23rd April 2024
- 11.4 ASD&CD Health & Safety Committee – Minutes of 18th March 2024
- 11.5 Implementation of Health and Care Staffing Act – NHS Fife Safe Staffing Group – (i) Minutes of 17th May 2024 and (ii) Minutes of 20th June 2024
- 11.6 Workforce Equality Subgroup – Minutes of 8th April 2024
- 11.7 Kingdom Lottery Annual Report

12. AOB

There was no other business to discuss.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 18th

September 2024 at 13:30 hrs.

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

(Thursday 20 June 2024)

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

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 20 JUNE 2024 AT 2.00 PM VIA
MS TEAMS**

Present:

Claire Dobson (CD), Director of Acute Services (**Chair**)
 Melanie Jorgensen (MJ), Interim HR Team Leader
 William Nixon (WN), Health & Safety Manager
 Neil McCormick (NM), Director of Property & Asset Management
 Jackie Millen (JM), Interim Learning & Development Manager
 Belinda Morgan (BM), General Manager – Medical Directorate
 Miriam Watts (MW), General Manager – Surgical Directorate
 Jill Chambers (JC), Head of Finance
 Samuel Grimshaw (SG), Society of Radiographers
 Bryan Archibald (BA), Planning & Performance Manager
 Joy Johnstone (JJ), Federation of Clinical Scientists
 Samuel Ferguson (SF), Chartered Society of Physiotherapists
 Carolyn Martin (CM), Office Manager, FTF Internal Audit
 Claire Fulton (CF), Adverse Events Lead
 Sharon Crabb (SC), Public Health Service Manager
 Neal Stevenson (NS), Communications Manager (Press & Media)
 Benjamin Hannan (BH), Director of Reform & Transformation
 Fiona Forrest (FF), Acting Director of Pharmacy & Medicines

Action

1 WELCOME & APOLOGIES

CD opened the meeting and welcomed everyone.

CD welcomed the new members who had joined from the different corporate functions to the meeting.

Apologies were received from Andrew Verrecchia, Norma Beveridge, Nicola Robertson, Kevin Booth, Louise Noble, Margo McGurk, Sue Blair and Jane Anderson.

2 MINUTE OF PREVIOUS MEETING – 25 APRIL 2024

The Minutes of the Meeting held on 25 April 2024 were accepted as an accurate record.

3 ACTION LIST & MATTERS ARISING

3.1 Training Update

NM confirmed he did challenge the booking of rooms within both Education Centres. There would not appear to be any deliberate restriction, but it would appear to have been a perceived problem in the past. NM has asked those who are providing training to ensure if there is an issue booking rooms to escalate to him and he would follow it up. Close action.

GMcK

3.2 Staff Briefings & Internal Communications

Neal Stevenson has joined the membership of this group. Close action.

GMcK

3.3 Safe Staffing Legislation

Rhona Waugh to attend the August meeting to provide a Safe Staffing Legislation Update. Close action.

GMcK

3.4 Issues for Next Meeting

CD advised we now have good representation from a number of different corporate functions. Close action.

GMcK

3.5 Issues for Escalation to Area Partnership Forum

Action completed. Close action.

GMcK

3.6 Issues for Escalation to Area Partnership Forum

Action completed. Close action.

GMcK

4 BI-ANNUAL REVIEW OF TERMS OF REFERENCE

CD advised the Terms of Reference have been circulated for a bi-annual review. Colleagues are asked to provide any comments to GMcK within 2 weeks.

ALL

5 HEALTH & SAFETY:

5.1 Health & Safety Incident Report

The Health & Safety Incident Report for the period April 2024 to May 2024 was distributed and noted, for information. There was a total of 161 incidents for this period.

WN advised there were 15 sharps (staff) incidents reported in April 2024 to May 2024. There are still some ongoing communications

regarding some areas that are not completing SBARs. A review of the policy has taken place and all sharps require to be reported for near misses and all needlesticks.

WN advised there were 6 slips, trips, falls (staff) incidents reported in April 2024 to May 2024. There were no falls from height but some falls from same level and some on wet floor. The total recorded incidents last year were 36.

WN advised there were 23 violence and aggression (staff) incidents reported in April 2024 to May 2024. There were 5 no harm incidents, 14 minor harm incidents, and 4 moderate harm incidents. Last year there was a total of 164 incidents; 39 unwanted behaviours; 77 physical assault; and 48 verbal assault. No trends have been identified.

WN advised there were 6 musculoskeletal (staff) incidents reported in April 2024 to May 2024. The total recorded incidents last year were 31 over a range of building locations.

WN advised there were 3 self-harm (patients) incidents reported in April 2024 to May 2024. The total recorded incidents last year were 27 across A&E, Children's Ward and Ward 53.

WN advised there were 4 RIDDOR (all) incidents reported in April 2024 to May 2024. 2 incidents were moderate, and 2 incidents were minor. All 4 incidents had over 7-day absences. The total recorded incidents last year for the LPF was 15 but the total for NHS Fife was 36.

NM advised the NHS Fife Staff Governance Committee receive a version of this incident report. It is helpful that this is being accessible across the whole organisation, and we can identify any issues, be aware of uptake in numbers, and identify where there are issues around training.

6 STAFF GOVERNANCE:

A Well Informed

6.1 Director of Acute Services Brief – Operational Performance

Surgical Directorate

MW advised their vacancy factor is under 6%, which is a significant improvement as they have gone through the year. Part of that is using their Band 2 pool which was a traditionally unfunded cohort of nurses. 6 staff have been moved into substantive posts within wards.

MW advised we have been successful in appointing a new Senior Charge Nurse in the National Treatment Centre (NTC) following the retirement of the previous post holder.

MW advised the directorate are monitoring closely when staff are being moved between areas to cover short notice absence, particularly on nightshift. They are working with the Heads of Nursing to minimise this where they can. The supplementary staffing position is much improved, although they are still seeing some dependence in Ward 54 (Urology), Ward 33 (Orthopaedic/Trauma) due to a vacancy factor which will be remedied when the Newly Qualified Practitioners (NQPs) come in.

MW advised the work around Reform, Transform, Perform (RTP) and the potential moves within the Surgical Assessment Unit potentially going up to Level 4 have not yet had final sign-off but discussions with medical and nursing staff teams continue to alleviate any of their concerns.

Medical Directorate

BM advised their vacancy factor has reduced and are at 5%. From their Band 2 pool 14 WTE staff have now been redeployed.

From a site perspective we continue to see winter levels of demand in terms of attendance and admissions and an average occupancy of 100%.

The directorate have 2 direct workstreams looking at RTP. One is a reduction in surge, and we have seen a slight reduction in surge with an association cost reduction. Hot spot areas are Ward 43 and AU1, but we are continuing with work around those and meeting weekly. The other is the implementation of the same day assessment model and we continue to have close discussions with staff around this. This also involves other moves that we are progressing to create an integrated acute respiratory unit on the 5th floor. Staff side colleagues have been involved in these discussions with staff groups who are very positive and value the engagement and discussions.

NS reminded colleagues that once the moves happen it was important to keep the Communications Team up to date so that our website is kept up to date with these changes.

6.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

MJ advised for 2024/25 Boards were asked to set attendance targets that would show a significant improvement for attendance. For NHS Fife this target has been set a 6.5%.

MJ advised the overall sickness absence figure for NHS Fife was 6.6% in March and 7.35% in April 2024.

Acute Services Division

MJ advised the overall sickness absence figure for the Acute Services Division was 6.53% in March and 7.46% in April 2024. The April figure was an increase on the March figure and was also higher than the figure for April 2023.

MJ advised the Medical Directorate had the highest sickness absence percentage at 9.23%, Acute Nursing was 7.49%, the Surgical Directorate was 6.95% with Women, Children & Clinical Services at 5.52%.

MJ advised the highest number of hours lost was due to anxiety/stress/depression, followed by gastro-intestinal problems. The highest number of episodes of absence was due to gastro-intestinal problems followed by anxiety/stress/depression.

MJ advised the highest number of hours lost due to sickness absence was in the Nursing & Midwifery Band 5+ category but given that they are the largest staff group is likely to be expected.

MJ advised the highest absence rate percentage was in Other Therapeutic which is quite a small staff group which would impact this figure. This was then followed by Nursing & Midwifery Bands 1-4. Both short-term and long-term absence increased in April 2024.

Corporate Services Directorate

MJ advised the overall sickness absence figure for the Corporate Services Directorate was 6.14% in March and 6.96% in April 2024. April's figure was an increase on the March figure and was also higher than the figure for April 2023.

MJ advised the Facilities Directorate had the highest sickness absence rate in April 2024 at 9.93%. This was followed by the Corporate Directorate at 5.29% and then Estates at 4.40%.

MJ advised the Nurse Director Directorate had the highest sickness absence at 9.03%. This was followed by the Workforce Directorate at 7.07%. Digital & Information was at 6.20% and Pharmacy Services at 4.82%.

MJ advised the highest number of hours lost was due to the anxiety/stress/depression category followed by other musculoskeletal. The highest number of episodes of absence was due to cold, cough and flu, followed by anxiety/stress/depression/other psychiatric illnesses.

MJ advised the highest number of hours lost due to sickness absence was in the Support Services job family which is the largest staff group. The highest absence rate percentage was in Personal & Social Care followed by Healthcare Sciences. Both short-term and long-term absences increased in April 2024.

General

MJ advised in terms of the May 2024 figure it does look slightly better and will be reported at the next meeting.

MJ advised the Attendance Oversight Group meets regularly and is chaired by Jane Anderson.

6.3 Feedback from NHS Fife Board & Executive Directors

NHS Fife Board Meeting

NM advised the last NHS Fife Board Meeting took place on 28 May 2024 for the full day. The Board spent significant time talking about finances and the medium-term financial plan and also RTP with a detailed cost saving exercise in the afternoon.

NM advised on the agenda there was also a patient story about robotic surgery and how successful that had been for the individual.

NM advised the Board discussed the Integrated Performance & Quality Report and had a discussion about assurance levels for committees. A number of other update reports and annual reports were presented including Whistleblowing and a report from the Area Clinical Forum.

NM advised an Annual Accounts/Board Development Session is scheduled for 25 June 2024 to approve the annual accounts.

Executive Directors Group

NM advised the bulk of the focus has been around cost saving and RTP over the last couple of months.

Reform, Transform, Perform Programme

BH advised the hard work from staff has not gone unrecognised and we are seeing a significant reduction in supplementary staffing.

We are working hard to try and capture those benefits in the right way. We are making really good progress in some other areas with the closure of Hayfield House and now Cameron House and Haig House with improved communications with staff explaining the transition.

BH advised this morning our Executive Team met and discussed a number of issues, particularly around our performance against some of the schemes. Further work required to get to a collective understanding before we can share how things are progressing across the organisation.

BH advised Alistair Graham is leading on a piece of work around business transformation which will touch all aspects of Acute and Corporate Services and looking at how we modernise some of our workforce in terms of digital administrative reviews. We expect to bring an update to the Area Partnership Forum (APF) in the next few weeks regarding what this means and the actions we have to take to allow us to both save money but create conditions for redesign.

BH advised the Communications Team had been working really hard to make RTP more than just the videos and the briefings and thinking about staff personal responsibilities and the actions they can take. An RTP and Me approach that will be launching soon.

6.4 Finance Update

JC advised as at month 2 the Acute Directorate are sitting at just over £5m overspend. We can see that even the month 2 position on month 1 is improving and things are continuing the move in the right direction with all of the hard work undertaken on efficiency schemes and holding a general grip and control over the finances.

JC advised the Women, Children & Clinical Services Directorate are coming very close to break-even, with the majority of the overspend being split across the Medical and Surgical Directorates. The majority of the overspend in cost pressures relate to things that are historic and continue to be ongoing issues within the Acute Directorate.

JC advised there are challenges on nursing and medical pay and there is a lot of work being done to bring those figures down as much as possible. The non-pay continues to be overspent on medicines and diabetic pumps which is an ongoing challenge within the Acute Directorate.

JC advised a lot of work has been undertaken across the team regarding efficiency savings and even when a small efficiency comes forward it can sometimes still involve a lot of work behind

the scenes and to deliver it. Recognition was given that everyone is working really hard on all of the different components that they are supporting. There are a number of schemes that are being looked at across Acute and staff are being spread across a number of different schemes.

JC advised medicines efficiencies continue to deliver as we have seen in previous years with new schemes coming forward. The model where we are trying to reduce surge beds is delivering. There is some efficiency coming through despite it being a challenging situation for the directorate because of patient numbers and fluctuations in what we are seeing coming through the front door and discharges.

JC advised a lot of work has been done on procurement and whilst we might not have seen all of that in the year-to-date position, we know that we already got more figures banked taking us to the end of the year (close to £210,000). Planned care is a significant efficiency that is being delivered. We have closed the gap on what we had as a cost pressure last year. This year through remodelling and extra money coming from government we have managed to close the gap and continue to deliver as a minimum the same level of activity as we have done historically.

JC advised there have been significant in-roads with supplementary staffing. We can see that this figure is coming down significantly and we have a more robust staffing model because of the number of core staff we have brought into teams. We hope this will yield other benefits like reduced sickness, build better morale across the team and better continuity of patient care.

7 B Appropriately Trained

7.1 Training Update

JM advised she was hopeful that the figures are increasing but there is some work needed across many of the core skill topics. We should continue to encourage and promote compliance and give consideration to the Protected Learning Time Circular and support this within NHS Fife.

JM advised the aim to create the Short Life Working Group (SLWG) that has been indicated in the various SBARs is underway and hope to have the first meeting soon to look at how we can help improve training across NHS Fife.

CD advised by having JM at this meeting we can build on that reporting and feedback as we go. In the past we have shared the most up to date Core Training Compliance report that David Miller would bring to the APF, and we can bring that forward to the LPF

CD

once received to enable colleagues to be aware how certain areas are performing. From an Acute perspective, we have extended Graeme Clews' secondment in terms of dedicated cascade BLS training. Feedback has been positive, and we have noted a significant improvement in our BLS training performance.

MW advised the medical gases in the old Surgical Short Stay have been decommissioned today and this will be opened as a training area for staff.

7.2 Turas Update

CD advised there is work needed across many areas to ensure staff have that dedicated time to undertake their PDP and their review with their line manager on an annual basis.

JM advised one of the purposes of her joining this meeting was to find ways to help the LPF to promote this wider but how she can help individual teams on a 1:1 basis to increase core training and appraisal update.

8 C Involved in Decisions which Affect Them

8.1 Staff Briefings & Internal Communications

CD, AV and Jenni Jones, Associate Director of Culture, Development & Welling visited last Friday those areas that will be impacted first around the co-located respiratory unit. Time was spent with the staff in Wards 43, 51 and 53. The underlying message was around communications with staff around RTP and Me.

CD/AV will have their next LPF walk about in the next 4 weeks but if there are any areas that colleagues would like them to visit, stories that they want them to hear or staff that they want them to spend time with then they should get in touch.

8.2 iMatter

MJ confirmed the iMatter questionnaire is now open and will be until 8 July 2024. Colleagues will receive their questionnaire via email or SMS and any paper-based respondents will be given theirs via their line manager. If staff have not received their staff survey or have any questions, there is a dedicated email address to provide help.

MJ advised from an LPF perspective we are encouraging our managers to both highlight that the iMatter questionnaire is now open and to support their staff to have time to complete the questionnaire.

JM advised currently we have a 28% response rate across NHS Fife.

9 D Treated Fairly & Consistently

9.1 ASD & CD Local Partnership Forum Annual Report (Draft)

The first draft of the Acute Services Division & Corporate Directorates Local Partnership Forum Annual Report for 2023/24 was circulated for information.

CD asked colleagues who have any final contributions or comments to submit them as soon as possible. CD/AV will undertake a final review before it goes forward to the July Area Partnership Forum and to the Staff Governance Committee for awareness.

ALL

9.2 Current/Future Change Programmes/Remobilisation

CD advised the current focus is on RTP therefore there was nothing specific to highlight under this item.

9.3 Hospital Pharmacy at Weekend

FF advised they are ready to go live with their new substantive rota for hospital weekend working from 1 July 2024. 1:1 meetings have just been completed with those staff who requested them, and thanks were given to colleagues from staff side and HR who supported those conversations.

FF advised they still have some work to do to substantiate the rota for the rest of the year, but they are making progress. They will continue to review how this is going and what they need to do in terms of meeting the needs of the hospital as the re-imagining of the VHK takes shape and responsive to the needs of the service.

9.4 Reform, Transform, Perform Programme

Update provided under Item 6.3.

CD advised about 8-weeks ago we had a really good conversation as an LPF where we presented our 3% and some of our 4% thinking to staff side colleagues. We would propose to do this again across the summer to have a more in-depth conversation to walk through the changes around the re-imagining the VHK.

9.5 36 Hour Working Week

MJ advised at that last meeting there was action to prepare some communication and guidance around how we are going to record this on SSTS. The guidance is still sitting as we are awaiting the final information coming from Scottish Terms and Conditions Committee (STAC) and Scottish Government around the part-time worker question.

MJ advised a Circular was received yesterday but we will require some time to absorb what it is saying and how that impacts our guidance. We do not think it will detract from our choice around how we are recording it on SSTS. It is looking that we will continue to record it on SSTS for part-time staff as per the STAC table, however when we are calculating what staff actual part-time hours are it is as per the Circular.

MJ advised all Boards are expected to implement the first 30-minute reduction for non-rostered staff by 31 August 2024 and by 30 November 2024 for rostered staff.

10 E Provided with an Improved & Safe Working Environment

10.1 Staff Health & Wellbeing Update

The Staff Health and Wellbeing Update Report was noted for information.

Compassionate, Connected and Effective Teams Workshops

MJ advised there are Compassionate, Connected and Effective Teams Workshops and they are open to managers and organisational leaders across NHS Fife. These are 3-hour workshops that are aimed to promote compassionate and trauma informed services and workplaces.

The workshops are delivered by the Fife Health & Social Care Partnership Psychology Staff Support Service and NHS Education for Scotland (NES) Transforming Psychological Trauma Implementation Co-ordinator. The new dates for the workshops are in July, September and November. An email address is included in the report to book a place.

Kiltwalk

MJ advised Fife Health Charity are offering up to 75 paid entries for this year's Kiltwalk. Staff can choose to take part in one of two remaining events in Dundee in August and Edinburgh in September.

There are distances to suit all ages and abilities from the mighty stride which is 21 miles, the big stroll which is 11 miles and the wee wander which is 5 miles.

Each event does have an entry fee, but Fife Health Charity will pay this if you pledge to raise funds for the charity. The pledge is dependent on which distance you do. Every pound donated to the Fife Health Charity helps make a positive difference for the patients, staff and communities supported by NHS Fife across the Kingdom.

Pride Month

MJ advised that June marks the start of Pride Month. To support this NHS Fife are encouraging staff to consider make a pledge to demonstrate commitment to and awareness of the issues that LGBTQ+ people can face when accessing healthcare.

The NHSScotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there is no place for discrimination or harassment of any kind in NHSScotland.

There are a lot of events happening in Kirkcaldy to mark Pride Month culminating with the main event on Saturday 29 June 2024.

NHS Fife's Sexual Health Team will again have a stall with information, advice and services relating to sexual health and wellbeing. To find out more there is a Facebook page – Fife Pride.

10.2 **Capital Projects Report**

The May 2024 Capital Projects Outturn Report was noted for information.

NM advised we have identified £8.7m of capital funding this year and we receive about £7.5m of formula capital. In addition, there are some allocations for Hospital Electronic Prescribing & Medicines Administration System (HEPMA) and Laboratory Information Management System (LIMS) which are being nationally funded. This gives us our overall capital allocation.

NM advised we have started to identify the schemes that we will be doing. Under statutory compliance colleagues will see a number of schemes at VHK that are ongoing, and some are back of house and to do with backlog maintenance and things that will provide most risk to our business continuity going forward. There are other issues which we are aware of but are not on that list yet. We have left a significant balance for things that crop up in year or that we need to change as a result of the RTP projects.

NM advised we are aware there is a need to do some work in Renal at QMH and currently our estates teams are looking at this in some detail.

NM advised we have made some changes to the way we manage estates and instead of managing it as 3 separate entities across West, Central and Northeast we are now running it as a separate entity so we can tackle those things that are most important across our whole estate.

NM advised he is aware that CD has been looking at the Acute team priorities in terms of equipment replacement and that will be done through the Capital Equipment Management Group.

NM advised he would hope to come back in future months and provide a more detailed update.

10.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period June 2023 to May 2024 was circulated for information and awareness.

11 **ISSUES FROM STAFF-SIDE**

There were no issues raised by staff-side colleagues.

12 **MINUTES FOR NOTING:**

12.1 **Capital Equipment Management Group**

The Minutes of the Capital Equipment Management Group meeting held on 4 April 2024 were noted, for information.

12.2 **ASD & CD Health & Safety Committee**

The Minutes of the ASD & CD Health & Safety Committee meeting held on 20 May 2024 was noted, for information.

13 **HOW WAS TODAY'S MEETING?**

13.1 **Issues for Next Meeting**

There will be inclusivity around more of the hot topics and what matters to the Corporate Directorates.

We will have our extra-ordinary LPF re-imagining the VHK over the period of July.

13.2 **Issues for Escalation to Area Partnership Forum**

The VMF process to be escalated to APF.

14 ANY OTHER COMPETENT BUSINESS

14.1 Vacancy Management Forms (VMFs)

BM advised an issue has been raised regarding the process of VMFs and asking for a review of the process to understand the appropriate sign-off procedures to allow a VMF to get to the vacancy panel.

CD thanked BM for raising as this is causing a lot of uncertainty and anxiety for staff. CD agreed to raise this as an issue for escalation to the APF when it meets in July.

CD advised at the moment staff should be following the process that has been set out and where we are not, we need to raise that as an issue so that we ensure we are following that process consistently. If there are any issues colleagues should take these forward through their line manager in relation to delays or disruption to the process or if they are uncertain in terms of any feedback, they receive from the panel.

CD

15 DATE OF NEXT MEETING

Thursday 15 August 2024 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2023/200624

Staff Governance Committee

Staff Governance Committee (03/09/2024)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Steering Group that met on 06.08.24. Discussion points within this meeting are: Anti-Racism, Workforce update, UNCRC update.

**UNCONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP
HELD ON 6TH AUGUST AT 10AM 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:

Elric Honoré	Chief Executive, Fife Centre for Equalities	EH
Aileen Lawrie	Director of Midwifery	AL
Gordon Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IB
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing	JK
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Mhairi Gilmour	Research and Development Officer	MG
Siobhan McIlory	Head of Person-Centred Care	SM
Matt Valenti	Information Governance & Security Lead	MV
Rebecca Saunders	Child Protection Team Learning and Development Coordinator	RS
Rhona Waugh	Head of Workforce, Planning and Staff Wellbeing	RW
Karen Whatton	Lead Nurse – Care Home Assurance and Support	KW
Elaine Woodward		EW
Torfinn Thorbjornsen	Head of Information Management	TT

Heather Kirkbride Administrator Equality and Human Rights Team (Minutes)

APOLOGIES:

Alan White	Clinical Services Manager, Medical Learning Disabilities
Yvonne Bateup	Support Services Manager, Catering Services
John Smith	Porter Manager
Paula Bishop	Head of Estates
Lorna Watson	Consultant in Public Health Medicine
Brian Mckenna	Human Resources Manager
Bill Coyne	Violence and Aggression Advisor
Ruth Lonie	Communications Manager
Kerry Duffy	PPP Operational Contract Manager, Estates Central
Catherine Gilvear	Fife HSCP Quality, Clinical & Care Governance Lead
Jo-Anne Valentine	Public Health Manager (Health Improvement)
Kimberley Steel	Consultant in Palliative Care
Louise Noble	Staff Side Representative
Olivia Robertson	Senior Manager Childrens Services & Rheumatology
Nicola White	Interim FNP & Deputy Service Manager Lead Nurse School Nursing
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead
Samantha Honeyman	Estates Information Services Officer
Sinead Braiden	None Executive Board Member
Zahida Ramzan	Policy Co-ordinator, Fife Council

1. ANTI-RACISM PRESENTATION

JK informed the group of the drive from the Scottish Government for health boards to setup an Anti-Racism Strategy. NHS Grampian were due to present to NHS Fife on their Anti-Racism Strategy however this had to be postponed. This presentation will be rescheduled asap.

2. WORKFORCE UPDATE

RW provided the Workforce update which included:

- The Workforce Equality subgroup has linked in with the communications team, JM who along with IB have picked up work around training issues and Allison McArthur, International Recruitment Coordinator, in relation to pastoral work in respect of the international recruits
- Future work includes setting up the NHS Fife staff Diverse Ethnicity Network (DEN) which has been put on hold for now. The priority is to get the LGBT+ Network up and running then once there is an approved working model, this learning will be applied to the DEN.
- BM has worked on and published the NHS Fife's Equal Opportunity Report. Link will be shared with group.

NHS Fife stall at Fife Pride this year had a good turn-out. Learning from this event shape future involvement and prioritise appropriate resources for future years.

MV provided the following LGBT+ Network update:

- There has been a lot of interest in the network with the initial survey having over 80 responses. The inaugural meeting of the Network was held on the 26th July which was well attended with 14 people present and 8 joining remotely. It was decided that future meetings will have a hybrid approach at various venues.
- A draft Terms of Reference has been developed. Further work regarding budgets required before finalising the document.
- Role descriptors have been pulled together for the Network Chair, Vice Chair and secretary. There has been interest in the Vice Chair and secretary roles.
- It is planned that the Network will be self-sustaining over time with the support from NHS Fife when required.
- MV/IB and other network members will set up popup stalls across NHS Fife sites promoting the network and general Equality and Human Rights. The intention is to host these once or twice monthly across numerous sites.
- MV asked that we noted his thanks to everyone that had been involved to date and especially the Workforce Directorate for all their support around administration, planning etc.

IB added that the Health and Social Care Partnership (HSCP) enquired about joining the NHS Fife LGBT+ Network. JK & MG discussed clarifying the invite would be for staff working in health related services within HSCP. MV stated that membership will also include independent contractors such as GP staff.

A second draft of the TOR for the LGBT+ Network will be produced to reflect decisions made.

2. UNCRC UPDATE

RS provided the following update on behalf of LW:

- the incorporation of UNCRC came into force on the 16th July and impacts across all NHS Fife services including adult services
- various papers have been presented to NHS Fife and HSCP governance groups
- reporting processes are being finalised through HSCP and NHS Fife Governance structures

- there has been a review of membership of the implementation group which consists of mainly children services leads but is requiring to be broadened to include other service leads in acute services.
- to ensure staff are aware of the new legislation a section has been put on Stafflinks for staff to access articles, training resources, various pop-up boxes and links.
- The Children's Rights Well-being Impact Assessment (CRWIA) has been added to a revised Stage 1 EQIA form. Consideration for the CRIWA includes looking at impact on the Rights of Children and Young People through NHS Fife Human Resources, policies, procurement, buildings, finances, advocacy, implementing new strategies and patient written information.
- A Child Friendly Complaints workshop was held with Patient Experience team and acute and HSCP colleagues. The workshop explored how to manage complaints directly from a child or sent in by an adult on behalf of a child and creating a process which includes child friendly accessible information. The legislation covers not just children as patients but also patient's children.
- Children's services are reviewing their Participation and Engagement Framework through the Partnership Oversight Group to ensure that the voice of the child is heard.

IB added in terms of this group's agenda UNCRC will a regular agenda item.

IB stated we may consider adding UNCRC training opportunities into our equality training modules. RS mentioned that it might be good to add this to the list of mandatory modules for staff. IB/JM to discuss adding UNCRC to the mandatory equality training. AL stated concern for staff already having a long list of NHS Fife mandatory training and other training set by the Scottish Government (which maternity staff will prioritise as the SG training is needed for their revalidation). JK stated that we have non-pay agreement work reducing to 36 hours week, protected learning time and the Band 5 review which is all impacting on staff time. RW stated that Jackie Millen has action plans in place that are constantly reviewed and it is hard to get the balance right but that further discussions are needed.

3. MINUTE AND ACTION TRACKER

Action Tracker updated accordingly.



E&HR Meeting
Tracker -LIVE

4. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

4.1 LGBT+ Network

EH suggested that it might be worth NHS Fife trying to link in with other LGBT+ Networks across other organisations. FCE have got a small grant from the Robertson Trust to develop an employee resource for networks across Fife. This joint resource would help connect people together and create a sense of community. IB to discuss further with EH.

4.2 Trans Policy

GS asked for an update on the new NHS Fife Trans Policy. IB explained that due to the current political situation, the launching of the policy had been put on hold. The policy will be kept the agenda for regular updates.

RS informed the group that the Care Inspectorate had launched the 'Guidance for CYP service on the inclusion of transgender including non-binary people'. The guidance had been taken to the Health Management team. To share link to guide with group.

[Guidance for CYP service on the inclusion of transgender including non-binary young people.pdf](https://www.careinspectorate.com/guidance-for-cyp-service-on-the-inclusion-of-transgender-including-non-binary-young-people.pdf)
(careinspectorate.com)

RW asked for an update on the NHS Fife's Equality Priorities/Equality Outcomes (EO) report. IB will be adding the EO to the next meeting's agenda.

5. DATE OF NEXT MEETING

The next meeting will take place on Thursday 7th November at 2.30pm via MS Teams

STAFF GOVERNANCE COMMITTEE

Tuesday 3rd September 2024

No issues were raised for escalation to the Staff Governance Committee from the Medical and Dental Professional Standards Oversight Group held on 9th July 2024.

Medical and Dental Professional Standards Oversight Group

Note of Meeting Held at 3.00 pm on Tuesday, 9th July 2024 on Microsoft Teams

Present:

Dr C McKenna
 Dr A Kelman
 Dr H Hellewell
 Dr M Philp
 Dr E O’Keefe
 Dr J Pickles
 Dr S Savage
 Dr J Tomlinson
 Mrs A Gracey

Designation:

Executive Medical Director/Responsible Officer, NHS Fife (Chair)
 Associate Medical Director Fife Health & Social Care Partnership
 Deputy Medical Director, Fife Health & Social Care Partnership
 GP Appraisal Lead
 Director of Dentistry
 LNC Representative
 Associate Director for Risk and Professional Standards
 Director of Public Health
 Medical Appraisal & Revalidation Coordinator

Apologies:

<p>Prof Morwenna Wood Dr I MacLeod Dr J Morrice Ms L Cooper Dr A Kelman Ms J Anderson Mrs M Watts Dr M Clark Ms S Ali Dr K Steel Dr S McCormack Mr E Dunstan Ms G Couser Mrs R Waugh</p>	<p>Director of Medical Education Deputy Medical Director – NHS Fife Acute Associate Medical Director, Women and Children Head of Primary and Preventative Care Services Associate Medical Director Fife Health & Social Care Partnership Interim General Manager, Women Children and Clinical Services General Manager, Surgical Directorate Associate Director of Medical Education Medical Education Manager Associate Director of Medical Education Associate Medical Director – Medical and Surgical Directorate Secondary Care Appraisal Lead Associate Director of Quality and Clinical Governance Head of Workforce Planning and Staff Wellbeing</p>
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ACTION

1 Welcome/Apologies for absence

Apologies noted as above.

2 Draft Note of previous meeting (11/04/2024)

Minutes accepted by group as an accurate record.

DMc

3 Action Tracker

Action: Emma O’Keefe, Director of Dentistry to be added to the Terms of Reference.

Status – Complete & Closed

Action: Medical Education SLT minutes/action tracker to be fed into the group. Further discussions required between SAS and GC to agree what is relevant to bring to this group.

Status: Ongoing

Action: ED requested that last year’s job plan ‘end of year’ progress could be shared to allow each Directorate/Specialty to review. AG was asked to share this at the next meeting.

Name of meeting: MDPSOG	Version : DRAFT	Created by DMc
Meeting held on: 09/07/2024		Created on: 19/07/2024

Status: AG stated that she had asked Allocate to add this as she does not have the access to do this. Agreed to remove this action from the tracker.

Action: Closed.

Action: LC noted that the Partnership E job-plan portfolio wasn't correct. LC to liaise with AG to fix this issue.

Status: Complete & Closed

Action: Medical Workforce Planning – Acute Services and HSCP minutes and terms of reference to be shared with this group,

Status: Ongoing.

Action: SAS/AG to circulate the Framework for Medical Appraisal and Revalidation to the group.

Status: Complete and closed.

4. **Medical Appraisal and Revalidation.**

It was reported that there were 43 doctors due for revalidation between 1st April 2024 and 30th June 2024. 40 were positively recommended and 3 deferrals were made. All 3 deferrals were due to the doctors' intentions to retire.

In secondary care there was 1 new appraiser trained, who is starting imminently, with another due to start their training in September 2024. However, there is also an appraiser stepping down from the role as of 1st September 2024.

There are currently 57 appraisees unallocated. This should be reduced by 10 once the new appraiser starts. Primary Care also have a new appraiser who started on the 1st July 2024, carrying out a half session/week.

Fife data was submitted for the quality assurance exercise in May 2024 and a letter was received saying they were content with the work in Fife (letter attached to this agenda for the groups information). JP asked AG about the 47 unallocated appraisers. It was confirmed that due to the goodwill and flexibility of the current appraisers these appraisals have been covered. This is an ongoing problem.

5. **Consultant and SAS Doctor Job Planning.**

AG shared the current E-job-plan report showing the status by department of the total number of signed off job-plans. Compared with past reports there is progress being made with most of the job-plans.

AK updated the group on the HSCP job plans; all except one are at the 2nd sign off stage; leaving only the 3rd sign off. AK and HH are working on aligning it with Acute with the GMs or similar signing it off. HH is taking forward a paper to **HSCP SLT** to inform them that they will be changing the process and GMs can be sighted first with that final sign off allocation. There was discussion around the need for the 3rd sign off. AG confirmed that she has the ability on Allocate to reduce it to two if required.

Name of meeting: MDPSOG	Version : DRAFT	Created by DMc
Meeting held on: 09/07/2024		Created on: 19/07/2024

Further discussions are required to decide on the sign off process. AK is meeting the GMs to discuss this and create a process for HSCP to ensure that financial and service needs have been discussed to allow sign off.

Action: HH, IM, SMc, AK to discuss the need for the 3rd sign off and any issues there may be excluding this.

**HH/IM/SMc/
AK**

6. Medical Education.

There was a discussion around the Medical Education SLT and whether minutes should come to this meeting. GC to recommend what should be tabled at this meeting going forward.

SAS/GC

Action: SAS to discuss with GC.

7. Dental Education.

EO'K updated the group that in terms of vocational training for dentists coming into practice there are 12 places in Fife, however, only 8 were filled. This will affect NHS Fife Dentistry and our National discussions are English and foreign students coming up to Scotland so difficult to predict who will stay in Scotland.

On a positive note, there is a core trainer joining our Public Dental Service. There are no new ST's this year in Fife and six vocational trainees staying on in Fife with five coming into Fife for associate posts.

Medical Workforce Planning – Acute Services/ HSCP.

8.

There was discussion on using a Flash Report to report to this group similar to the one used at the Primary Care Oversight Group. HH updated that the GP tender processes for the practices that are currently looking to convert to a 17J practice is still ongoing. They are looking at further work on recruitment and retention, utilising, portfolio career opportunities, advance practices development to continue to be that expert medical generalist.

To bring work around rheumatology future meeting.

There is also significant work being done in Psychiatry.

Action: HH to share flash report with SAS or AG

HH

10. Any Other Competent Business.

11. Date, Time and Venue of Next Meeting. – To be confirmed Monday, 14 October 2024 at 3.00pm via Microsoft Teams

Name of meeting: MDPSOG	Version : DRAFT	Created by DMc
Meeting held on: 09/07/2024		Created on: 19/07/2024

Distribution List:

Dr C McKenna, Medical Director – NHS Fife
Dr I MacLeod, Deputy Medical Director – NHS Fife Acute
Dr H Hellewell, Deputy Medical Director – Fife Health & Social Care Partnership
Dr J Tomlinson, Director of Public Health
Dr E O’Keefe, Director of Dentistry
Dr S Savage, Associate Director for Risk and Professional Standards
Ms G Couser, Associate Director of Quality and Clinical Governance
Dr S McCormack, Associate Medical Director – Surgical and Medical Directorate
Dr J Morrice, Associate Medical Director, Women & Children
Dr A Kelman, Associate Medical Director, Fife Health & Social Care Partnership
Ms J Anderson, General Manager, Women, Children & Clinical Services
Ms L Cooper, Head of Primary and Preventative Care Services
Mrs A Gracey, Medical Appraisal and Revalidation Co-ordinator
Dr M Philp, GP Appraisal Lead
Mr E Dunstan, SC Appraisal Lead
Prof Morwenna Wood, Director of Medical Education
Dr M Clark, Associate Director of Medical Education
Dr K Steel, Associate Director of Medical Education
Ms S Ali, Medical Education Manager
Mrs R Waugh, Head of Workforce Planning and Staff Wellbeing
Dr J Pickles, LNC Representative

Name of meeting: MDPSOG	Version : DRAFT	Created by DMc
Meeting held on: 09/07/2024		Created on: 19/07/2024