Staff Governance Committee

Tue 05 November 2024, 10:00 - 12:00

Via MS Teams

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence: Sinead Braiden / Susan Fraser

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 3 September 2024

Enclosed   *Colin Grieve*

📄 Item 03 Staff Governance Committee Minutes (Unconfirmed) 03.09.24.pdf (14 pages)

10:04 - 10:05
1 min

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

Enclosed   *Colin Grieve*

📄 Item 04 SGC Chair's Assurance Report (from meeting on 3.9.24).pdf (2 pages)

10:05 - 10:10
5 min

5. Matters Arising / Action List

Enclosed   *Colin Grieve*

📄 Item 05 SGC Action List 03.09.24.pdf (2 pages)

10:10 - 10:30
20 min

6. GOVERNANCE MATTERS

6.1. Update on Equality, Diversity and Human Rights

Enclosed   *Janette Keenan / Rhona Waugh / Isla Bumba*

📄 Item 6.1 Staff Governance Equality Update - 5.11.24.pdf (6 pages)

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

Enclosed   *Neil McCormick*

📄 Item 6.2 Improved and Safe Working Environment SBAR 5.11.24 NMcC.pdf (5 pages)
📄 Item 6.2 Appendix 1 2024-09-06 HS Incident Report.pdf (10 pages)

6.3. Attendance Management Update

Enclosed   *Sandra Raynor / Jane Anderson*

📄 Item 6.3 Attendance Management Update V0.4 5.11.24.pdf (10 pages)

6.4. Delivery of Annual Workplan 2024/2025

Enclosed   *David Miller*

📄 Item 6.4 Delivery of Annual Workplan 2024-2025 5.11.24.pdf (12 pages)

10:30 - 10:45
15 min

7. STRATEGY / PLANNING

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

Enclosed   *David Miller*

📄 Item 7.1 RTP People & Change Board Update 5.11.24.pdf (6 pages)

7.2. Annual Delivery Plan 2024/2025 Quarter 2 Report

Enclosed   *Margo McGurk*

📄 Item 7.2 Annual Delivery Plan 202425 Q2 Update 5.11.24.pdf (4 pages)
📄 Item 7.2 Appendix 1 NHS Fife ADP 202425 Quarterly Report Q2 Summary v1.2.pdf (38 pages)

7.3. Employability Initiatives & Programmes Update

Enclosed   *Rhona Waugh / Alison McArthur*

📄 Item 7.3 Employability Initiatives Programmes 5.11.24.pdf (9 pages)

10:45 - 10:50
5 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

Enclosed   *David Miller*

📄 Item 8.1 IPQR Report SGCommittee 5.11.24.pdf (4 pages)
📄 Item 8.1 IPQR Position at September 2024 SG v1.0.pdf (8 pages)

10:50 - 11:25
35 min

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1. Professional Standards Update

Enclosed   *Dr Chris McKenna / Dr Shirley-Anne Savage*

📄 Item 9.1 Professional Standards Update 5.11.24.pdf (4 pages)
📄 Item 9.1 Appendix 1 Medical and Dental Professional Standards Oversight Group - Terms of Reference Feb 2024 v0.2.pdf (2 pages)

9.2. Treated Fairly & Consistently: Workforce Policies Update

Enclosed   *Sandra Raynor*

📄 Item 9.2 Workforce Policies Update 5.11.24.pdf (11 pages)

9.3. Staff Governance Standard 2023-2024: Assurance of Compliance

Enclosed   *Sandra Raynor*

📄 Item 9.3 Staff Governance Annual Monitoring Return Assurance of Compliance 2023-2024.pdf (6 pages)

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

Learning Time

Enclosed   *Jenni Jones*

📄 Item 9.4 Appropriately Trained V0.2 5.11.24.pdf (7 pages)

9.5. Wellbeing Champion Update

Verbal   *John Kemp*

9.6. Whistleblowing Quarter 2 2024/2025 Report

Enclosed   *Gillian MacIntosh*

📄 Item 9.6 Whistleblowing Quarter 2 Report 24-25.pdf (10 pages)

9.7. Whistleblowing Champion Update

Verbal   *Kirstie MacDonald*

11:25 - 11:45
20 min

10. ANNUAL REPORTS / OTHER REPORTS

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

Enclosed   *Janette Keenan*

📄 Item 10.1 N&M Revalidation Annual Report 2023-2024 5.11.24.pdf (5 pages)
📄 Item 10.1 Appendix 1 N&M FWP-N&MR-01.pdf (12 pages)
📄 Item 10.1 AHP Professionals Annual Report 2023-2024 5.11.24.pdf (5 pages)

10.2. Volunteering Annual Report 2023/2024

Enclosed   *Janette Keenan*

📄 Item 10.2 Volunteering Annual Report SBAR 5.11.24.pdf (4 pages)
📄 Item 10.2 Volunteering Annual Report 2023-2024 Appendix 1.pdf (9 pages)

10.3. Medical Appraisal & Revalidation Annual Report 2023/2024

Enclosed   *Dr Chris McKenna / Dr Shirley-Anne Savage*

📄 Item 10.3 Medical Appraisal & Revalidation Annual Report 2023-24 5.11.24.pdf (4 pages)
📄 Item 10.3 Medical Appraisal Revalidation Report 2023 - 2024 Appendix 1.pdf (8 pages)

10.4. Occupational Health and Wellbeing Annual Report 2023/2024

Enclosed   *Rhona Waugh / Sue Ponton*

📄 Item 10.4 Occupational Health and Wellbeing Service Annual Report 2023-2024 V0.4.pdf (16 pages)

11:45 - 11:49
4 min

11. LINKED COMMITTEE MINUTES

11.1. Area Partnership Forum held on 18 September 2024 (unconfirmed)

Enclosed

📄 Item 11.1 APF Minutes Cover Sheet 18.9.24.pdf (1 pages)
📄 Item 11.1 APF Minuntes (Unconfirmed) 18.9.24 V0.2.pdf (12 pages)

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

Enclosed

📄 Item 11.2 ASD&CD LPF Minutes Cover Sheet 15.8.24.pdf (1 pages)
📄 Item 11.2 ASD &CD Local Partnership Forum Minutes 15.8.24.pdf (18 pages)

11.3. Health and Social Care Partnership Local Partnership Forum held on 2 July 2024 (confirmed)

Enclosed

📄 Item 11.3 HSCP LPF Minutes Cover Sheet 2.7.24.pdf (1 pages)
📄 Item 11.3 HSCP LPF Minutes 2.7.24 (confirmed).pdf (5 pages)

11.4. Health & Safety Sub Committee held on 6 September 2024 (unconfirmed)

Enclosed

📄 Item 11.4 H&S Sub Committee Linked Minute Cover Sheet 6.9.24.pdf (1 pages)
📄 Item 11.4 H&S Sub Committee Minute (Unconfirmed) 6.9.24.pdf (6 pages)

11.5. Medical and Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)

Enclosed

📄 Item 11.5 M&D Professional Standards Oversight Group Minutes Cover Sheet.pdf (1 pages)
📄 Item 11.5 M&D Professional Standards Oversight Group Minute 14.10.24 (Unconfirmed).pdf (5 pages)

11:49 - 11:52
3 min

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1. To the Board in the IPQR Summary

Verbal   *Colin Grieve*

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

Verbal   *Colin Grieve*

11:52 - 11:55
3 min

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 NOVEMBER 2024

Verbal   *Colin Grieve*

11:55 - 12:00
5 min

14. ANY OTHER BUSINESS

12:00 - 12:00
0 min

15. Date of Next Meeting: Tuesday 7 January 2025 at 10.00 am to 12.00 noon via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 3 SEPTEMBER 2024 AT 10.00 AM VIA MS TEAMS

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

In attendance:
Lynn Barker, Head of Service, Community Care Services, H&SCP *(for Item 6.1 only)*
Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP *(deputising for Fiona McKay)*
Susan Fraser, Associate Director of Planning & Performance
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Ben Hannan, Director of Reform & Transformation
Margo McGurk, Director of Finance & Strategy *(deputising for Carol Potter)*
Brian McKenna, Workforce Planning Lead *(for Item 7.2 only)*
Neil McCormick, Director of Property & Asset Management *(part-meeting)*
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary *(part-meeting)*
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 extended a special welcome to Neil McCormick, Director of Property & Asset Management, who would now be a regular attendee at Committee meetings.

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 Carol Potter, Chief Executive, Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF), and attendees Claire Dobson, Director of Acute Services, and Fiona McKay, Interim Director Fife Health and Social Care Partnership.

The Chair advised that, in the absence of a nominated deputy for the Co-Chair, ASD & Corporate Directorates LPF, the meeting was not quorate. However, since there was only one item on the agenda for decision (Item 6.6), it was agreed that this agenda item would be tabled offline, to allow the meeting to go ahead.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 9 July 2024

The minutes of the meeting held on 9 July 2024 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 30 July 2024.

5. Matters Arising / Action List

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

6. GOVERNANCE MATTERS

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

The Chair invited the Director of Workforce to speak to the report, which provides an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 9 July 2024.

Referring to Appendix 1, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 {Implementation of Health and Care (Staffing) (Scotland) Act 2019} remains at moderate, with the level reduced from 12 to 9.

The Chair requested that Appendix 2 of the report be updated to reflect the most recent version of the Risk Assurance Principles.

Action: Director of Workforce

As part of the Deep Dive into Nursing & Midwifery Workforce, the Head of Community Care Services, H&SCP, shared an informative presentation on the role, remit and workforce planning efforts being employed in the General, School and Health Visiting Nursing Cohorts in Fife.

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

6.2 People & Change Board Update

The Director of Workforce presented the report, which provides an update on the ongoing activities of the People & Change Board in relation to Junior Doctor Rota Compliance, Supplementary Staffing, Vacancy and Sickness management and Whole Time Equivalent (WTE) reduction, in addition to supporting the non-pay elements of the 2023/24 Agenda for Change pay deal.

The Committee was provided with a comprehensive overview of the specific efforts in each area of this programme of work, the overall challenges associated with delivery, the importance of identifying and utilising data correlation and the potential savings expected to be realised from the work being progressed in relation to reductions in Supplementary Staffing across NHS Fife.

Robust discussions took place on the complement of initiatives being explored and engaged to make NHS Fife an attractive place to work for medical staff, including, amongst others, efforts to address the root cause of rota imbalances, implementation of rest breaks, upgrading of mess facilities, early escalation of rota gaps and training compliance.

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

6.3 Attendance Management Update

The Head of Workforce Resourcing & Relations spoke to the paper and provides an update on the work being undertaken by the Attendance Management Oversight Group.

It was noted that the sickness absence rate had risen to 7.17% in June, compared to 7.11% reported in May 2024. The Committee was advised of the activities being commissioned to share learning from practices adopted by a team identified within Acute Services that had seen improved staff attendance, alongside the review of a team that would fall into the "high priority" area detailed in Appendix 1, to understand what actions could be taken to compare approaches and achieve improvements.

The Committee was advised that learning gathered from a Heat Map reflecting potential linkages between absence data and the geographical location of staff would be brought back to a future Committee. Reference was also made to the array of mitigating attendance management activities described in the report, which are being employed in conjunction with the work of the Staff Health & Wellbeing Group.

The Employee Director commended the review of individual managers' approach to attendance targets, as well as the compassionate management of attendance across the organisation. It was noted that the issues that had been raised by staff-side colleagues were being reviewed.

In response to a question from the Chair, the Head of Workforce Resourcing & Relations clarified that bereavement, reported to be a significant contributor to staff absence, was primarily related to personal life rather than workplace bereavement. The reasons for the use of 'other' as an absence code were explained, with an assurance that services are being encouraged to reduce the use of this generic code.

The Director of Workforce emphasised the importance of establishing linkages between data sets and how these could be utilised to inform the overall Population Health & Wellbeing Strategy.

The Committee took a '**Moderate'** level of **assurance** from the report and the updates provided in relation to the work being undertaken by the Attendance Management Oversight Group.

6.4   Supplementary Staffing RTP Update

The Chair invited the Director of Nursing to speak to the report, which provided assurance to the Committee on the work being undertaken by the Supplementary Staffing Group to deliver a safe and sustainable reduction in the employment of high-cost agency staff.

It was highlighted that annual supplementary staffing costs have exceeded £20 million for the last two financial years. The Committee was advised of the Scottish Government's mandate to NHS Scotland Health Boards via the Supplementary Staffing Task and Finish Group to ensure that the commissioning of agency staff was by exception only, by October 2024, in addition to the delivery of other mitigating actions. It was noted that the Scottish Executive Nurse Director Group had challenged the timeline of this deliverable, noting that it was out-of-sync with the entry of newly qualified practitioners to the nursing workforce, usually occurring between September and January each year.

The Director of Nursing provided an overview of the measures being taken to reduce the reliance on Supplementary Staffing, including the recruitment of internationally educated nursing staff, initiatives to attract newly qualified practitioners, maximising the usage of the Staff Bank, utilisation of a ready reckoner to assess the most cost-efficient way to cover unfilled shifts, a review of weekly data to identify high spend areas and bed remodelling, amongst other strategies. It was advised that the cessation of the use of registered agency staff in Surgical and

Women and Children's Services, as well as non-registered staff across all areas, had been in effect from 1 April 2024.

The Committee was encouraged to note that the introduction of these measures had resulted in a bottom-line improvement within the Health Board retained budget of £1.1 million for the period from April to July 2024, with a £278,000 improvement in the Health Board delegated budget within the current financial year.

In response to a question from J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, the Director of Nursing and the Director of Finance & Strategy confirmed the expectation that the bottom-line improvement in this area would continue to move in a positive direction.

The Committee took a **'Moderate'** level of **assurance** from the report and the updates provided in relation to the work being undertaken by Supplementary Staffing Group.

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

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

The Committee was also advised of work underway to gather evidence for inclusion in the first formal Annual Report and the recent submission of the Board's first High-Cost Agency return to the Scottish Government. It was noted that the Local Implementation Group continues to meet monthly and has found benefit from utilising an MS Forms Questionnaire for gathering information from services, to assess their preparedness for the implementation of the Act.

The Committee took a '**Moderate**' level of **assurance** from the report, **noted** that the reporting is an iterative process which will evolve and that the second internal quarterly HCSA report will be received following the end of Quarter 2, along with the second quarter HCSA high-cost agency report, in December 2024.

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

Noting that the meeting was not quorate, the Chair requested that the Staff Governance Committee dates for 2025/2026 be circulated virtually for decision.
Action: Executive Assistant to the Director of Workforce

6.7   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 9 July 2024.

Following discussions that had taken place with Digital & Information colleagues, the Chair requested that the Workplan be updated to reflect that Development Sessions on the eRostering/SafeCare demonstration and the Risk Summary Dashboard Reporting Tool be scheduled in early 2025.
Action: Director of Workforce

The Committee took a '**Moderate**' level of **assurance** from the update provided in relation to the delivery of the Annual Workplan 2024/2025.

7.   STRATEGY / PLANNING

7.1   Annual Delivery Plan 2024/2025 Quarter 1 Report

The Chair invited the Associate Director of Planning & Performance to speak to the report, which details the Board's response to feedback received from the Scottish Government (SG) in relation to the Annual Delivery Plan (ADP) for 2024/25, as well as a Quarter 1 update on the progress of the 2024/25 ADP.

It was advised that of the 194 actions included in the ADP, 20 are linked to the Strategic Priorities covered by this Committee in relation to improving Staff Experience and Wellbeing. There are eight deliverables that are unlikely to meet target, none of which relate to Staff Governance.

The Committee took a '**Moderate**' level of **assurance** from the update provided in the 2024/2025 Annual Delivery Plan, Q1 Report and the Board's response to the feedback received from SG in relation to the Annual Delivery Plan for 2024/25

7.2   Workforce Planning Update

The Chair invited Brian McKenna, Workforce Planning Lead, to speak to the report. A summary of the salient points detailed in the paper was provided.

The Committee was advised that whilst revised Workforce Planning Guidance from SG is yet to be received, it is expected that neither the statutory requirement nor the technical guidance support would significantly alter current processes.

Reference was made to key dates and milestones reflected in the paper in relation to the Board's initial submission of the Workforce Plan (2025-2028) to SG by June 2025, as well as publication of the approved Plan on the NHS Fife website by October 2025.

The Committee took a '**Moderate**' level of **assurance** from the report **noting** that the Workforce Plan (2025-2028) will be developed and published in accordance with the revised guidance.

7.3   EMERGE Programme - NHS Fife / Fife College Partnership

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provides an update on the launch of the new EMERGE programme, being delivered in partnership with NHS Fife, Fife College and National Education for Scotland and which supports the Board's Employability agenda, Anchor Institution ambitions and the Population Health & Wellbeing Strategy.

It was advised that the programme would comprise a 12-month qualification through Fife College, including a work placement in the Board. As part of an interactive learning approach, students will have the opportunity to create a portfolio of evidence to showcase individual learning throughout their qualification.

The Committee was advised that the next EMERGE meeting in October 2024 was scheduled to take place at Levenmouth Academy, where there would be an opportunity to meet with students who have joined the Programme. It was intended that an Employability Paper describing wider related activities would be brought to the next Staff Governance Committee.

Action: Head of Workforce Planning & Staff Wellbeing

In response to a query from J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, in relation to programme attrition rates, the Head of Workforce Planning & Staff Wellbeing advised that lessons learned from the previously high drop-out rate reported in a similar Programme launched at Levenmouth Academy had been used to inform the design and delivery of the current programme, making it more interactive and student driven.

Whilst acknowledging the programme as being a proud achievement for NHS Fife, the Director of Workforce commended the efforts of all stakeholders involved in the development, delivery and support of this initiative. The Head of Workforce Planning & Staff Wellbeing offered appreciation to Alison McArthur, Employability and International Recruitment Coordinator, and Lyndsey Thompson, Employability Officer, for their hard work in achieving the progress to date.

The Committee took a '**Moderate**' level of **assurance** from the report and **considered** and **endorsed** the content of the EMERGE programme.

7.4 Prevention and Early Intervention Strategy

The Chair invited Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report. It was highlighted that the Strategy, in addition to being an NHS Fife Corporate Objective, was one of the nine transformational strategies within the H&SCP's 2023-2026 Strategic Plan, a key enabler of the NHS Fife Population Health & Wellbeing Strategy, as well as one of the six key principles of Health Reform mandated by the Scottish Government.

The Committee was advised that there had been significant public engagement in the design and delivery of the overall Strategy over the next three years. Reference was made to Appendix 2 of the report, which detailed the 10 Programme deliverables, of which workforce was emphasised as a key enabler. The Committee noted that a Strategic Implementation Group would be convened to facilitate oversight of the programme and that a detailed Action Plan would be shared to provide assurance of progress, as the initiative moves forward.

It was acknowledged that having a robust Primary Care Strategy was an important foundation in supporting the delivery of this programme. The Medical Director underscored that this initiative was being mobilised with existing resources and that no additional financial investment had been received.

Whilst commenting favourably on the Strategy, the Director of Communications & Engagement pointed out that the Welcome and Priority Area two of the Delivery Plan omitted reference to engagement with NHS Fife and requested that the report be amended to reflect this, so that the public could be appropriately assured that the Strategy had been endorsed by their local Health Board.

Action: Head of Service, Primary and Preventative Care Services, H&SCP

In response to a query from the Director of Reform & Transformation in relation to staff training, it was advised that a training plan would be agreed with stakeholders and shared with the Committee, seeking to balance the ongoing challenges of service delivery and workforce capacity.

The Committee took **assurance** from the approach adopted for the design of the Prevention & Early Intervention Strategy, **noted** and took **assurance** from the Delivery Plan and **reviewed** the Draft Strategy and supporting documents.

8. **NHS FIFE PROJECTS / PROGRAMMES**

8.1 **Primary Care Implementation Plan 2024/2025 Progress Update**

The Chair invited the Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report, which provided an annual update on the delivery of the Primary Care Improvement Plan (PCIP), which underpins the delivery of the 2018 General Medical Services Contract.

It was emphasised that workforce and financial pressures continue to remain the two main constraints in the Implementation of the Plan. An update on the nationally directed workstreams was provided, highlighting the Vaccine Transformation Programme, Pharmacotherapy Service and Community Treatment and Care (CTAC). It was advised that whilst there are still challenges nationally around the service specification for Pharmacotherapy, local efforts to build the service were ongoing, enhanced by the development of a multidisciplinary team. The Committee also noted that CTAC is currently delivering 86% of the General Medical Service (GMS) Memorandum of Understanding 2 requirements, as compared to 62% last year.

The Committee was apprised that a new programme endpoint of March 2026 had been agreed with (GMS) stakeholders as the target for achieving delivery of the plan for Fife. Reference was made to the relationships established with the GMS Implementation Group and the positive negotiations around transitionary payments which had supported a more effective deployment of resources, in addition to the funding envelope which was expected for 2024/2025.

Whilst acknowledging the hard work of the Primary Care Team and other stakeholders in the delivery of the PCIP, the Medical Director stressed that the GP cohort regarded the delivery of the GMS contract as a failed plan, owing to significant funding and workforce gaps.

The Committee took a **'Moderate'** level of **assurance** from the work being progressed to meet the intention of the GMS Contract via the 2024/2025 Primary Care Improvement Plan.

9.   QUALITY / PERFORMANCE

9.1   Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board's performance in relation to Sickness Absence, PDPR and Vacancy rates.

Noting an increase in the Board's reported sickness absence rates from 7.11% in May to 7.17% in June 2024, it was anticipated that the local trajectory and target of 6.5% by 31 March 2025 was unlikely to be met. Similarly, a 0.4% reduction in the PDPR metrics (43.7% as at May 2024) indicated that the Board was not predicted to meet the reduced PDPR target of 60% by 31 March 2025.

In light of the above performance levels, the Committee agreed that the assurance level of this report should be downgraded from 'moderate' to 'limited'.

It was also agreed to review the measurement and reporting of performance in relation to vacancy rates, in conjunction with how this would fit into the larger picture of organisational performance moving forward.

Action: Chair/Director of Workforce/Associate Director of Planning & Performance/Head of Workforce Planning & Staff Wellbeing

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

10.   STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

10.1   Involved in Decisions: iMatter Report

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which outlined iMatter outcomes for 2024 and the planned next steps to increase employee engagement.

The Committee was encouraged to note that engagement levels this year have reached 64%, showing a decrease of 2% over 2023, however, still exceed levels of national outcomes, expected to be 58%. The Employee Engagement Index (EEI) was noted as 76, a decrease of one point compared to 2023.

The Committee was informed that teams were now in the Action Planning stage of the iMatter Survey, the deadline for which was 16 September 2024. A summary of key activities being implemented to support this aspect was provided, which included EDG role modelling, motivational videos from Directors, redistribution of the iMatter support pack to managers, MS Teams Information Sessions, promotion of iMatter and Team Action Plan requirements via StaffLink and H&SCP platforms, email messages to managers and iMatter Team presence at key staff forums, amongst other efforts.

The Committee took a **'Significant'** level of **assurance** from the update provided regarding the progress of the Board's 2024 iMatter Campaign.

10.2   Well Informed: Communication & Feedback

The Chair invited the Director of Communications & Engagement to speak to the report, which provided an overview of the introduction of an annual Staff Internal Communications Survey, expected to help shape the organisation's internal communications strategy going forward.

It was advised that the Survey is expected to be launched on 30 September 2024 and will run for a period of 6 weeks online, with paper copies available for staff with no email access. The purpose of the Survey is to understand how staff receive news, their thoughts on tone and accessibility of language, identify barriers, how informed they feel, their opinions on how the organisation could improve its internal communications offering and their thoughts on staff feedback mechanisms. An Action Plan would be drawn up based on the collated results of the survey.

It was advised that this initiative complements the ongoing communications activity with iMatter and annual data will help to identify trends and benchmark against activity to ensure the delivery of best value to meet the evolving needs of various staff groups across the organisation. It was expected that an update would be brought back to the January 2025 meeting.

The Chair emphasised the importance of ensuring that the Action Plan is seen to be visibly deliverable for staff that engage in the initiative.

The Committee took a **'Moderate'** level of **assurance** and **noted** the update provided regarding the launch of the Annual Staff Internal Communication Survey.

10.3   Wellbeing Champion Update

In the interest of time, J Kemp, Non-Executive Member & Staff Wellbeing Champion deferred this time to the Head of Workforce Planning & Staff Wellbeing's report, in order that the Committee could be provided with a more comprehensive update at the next agenda item.

10.4   Staff Health & Wellbeing Update

The Head of Workforce Planning & Staff Wellbeing provided an overview of Staff Health and Wellbeing activities detailed in the paper, as well as an update on the recent actions taken to support the wellbeing of Doctors and Dentists in training.

The Committee was advised that refurbishment plans for the Doctors' mess are progressing, following a successful bid for funding from Fife Health Charity. Reference was made to the Menopause sessions offered to staff, Lifestyle Medicine Podcasts currently being recorded with input from the Communications Team and plans to roll out Values Based Reflective Practice sessions in the Board, in conjunction with a plan for developing an accreditation pathway in this area, amongst other initiatives. The Committee was also informed of plans to host a Staff Wellbeing Conference in March 2025.

J Kemp, Non-Executive Member & Staff Wellbeing Champion, commended the Staff Health and Wellbeing activities evidenced in the paper and enquired whether premises could be identified for Peer Support, noting that Staff may potentially find

it easier to access this service if there was a dedicated space. The importance of reviewing Staff Psychological Support waiting times in line with the cost-benefit of employing additional resources to support employee wellbeing and attendance activity in an area where sickness absence levels were significant was noted. The Head of Workforce Planning & Staff Wellbeing offered to explore this further with the Psychology Team, to review what opportunities, if any, were available to secure additional value from this vital staff support service.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took a '**Moderate**' level of **assurance** from the report and **noted** the update provided on the Board's Staff ongoing Health & Wellbeing activities.

10.5 Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member and the Board's Equality & Diversity Champion, to provide an update on ongoing activities to support Equality & Diversity within the Board.

The Committee was informed of the programme of work, being undertaken by the Quality & Communities Committee, led by the H&SCP in partnership with NHS Fife and Fife Council, which included an 18-month project to improve workplace inclusion and staff experience, whilst exploring all aspects of equality. It was noted that one of the established outcomes of the project is neurodiversity and its inclusion in the workplace.

The Committee was also updated that the development of the NHS Fife Trans Policy had been paused, following growing media coverage and public debate. It was expected that a further review and consultation of this policy will be conducted throughout Winter 2024-2025 and which would incorporate learning over the past year.

It was advised that the Scottish Government mandated Equality Outcomes and Mainstreaming Plan, which requires the Board to evidence that it is working to advance equality in all areas across NHS Fife, is due for renewal in early 2025. The Committee was also informed of the Scottish Government stipulation for every Health Board in Scotland to have an Anti-Racism Strategy by March 2025.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

10.6 Whistleblowing Champion Update

In the interest of time, Kirstie Macdonald, Non-Executive Member and the Board's Whistleblowing Champion, deferred this time to the Head of Corporate Governance & Board Secretary, to present the Whistleblowing Quarter 1 2024/2025 Performance Report.

10.7 Whistleblowing Quarter 1 2024/2025 Performance Report

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

The Committee was advised that there had been one Whistleblowing concern raised during Quarter 1, which currently remains under investigation at Stage 2. Reference was also made to the update reflected in the report on the lessons learned from a case raised originally in 2023/24, which has now been recategorized as a partially upheld concern and last year's Annual Report amended appropriately.

The Committee noted that two anonymous concerns were raised during this quarter, and three articles within the local press highlighted issues of a Whistleblowing nature.

The Committee took a '**Moderate'** level of **Assurance** from the report and **noted** that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff, to encourage speaking up.

10.8   Whistleblowing Oversight Group Assurance Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, in the absence of the Chief Executive.

As reflected in the minute of the meetings held in April and July 2024, work being undertaken by the Whistleblowing Oversight Group was highlighted. This included establishing Terms of Reference for the Whistleblowing Oversight Group and the newly formed Whistleblowing Decision Team. The Committee was updated on materials that had been developed to publicise Whistleblowing Processes and Contacts for staff, with the support of the Board's Internal Communication Team.

To promote staff engagement with the Whistleblowing Programme, it was noted that J Kemp, Non-Executive Member and Staff Wellbeing Champion, and K Macdonald Non-Executive Member and the Board's Whistleblowing Champion, had agreed to participate in walkarounds during 'Speak Up' Week. It was confirmed that the newly appointed Speak Up / Whistleblowing Coordinator was due to commence in post at the end of September 2024 and that a 'Speak Up Mailbox' and 'Dedicated Voice Line' were being established to provide additional support to staff seeking to raise concerns.

Noting the level of anonymous concerns reported and the challenges associated with providing feedback to staff who raise anonymous concerns, K MacDonald reiterated the importance of offering staff the appropriate level of assurance that they will be supported if they speak up. Thanks were expressed to all stakeholders involved in progressing the work of this Group.

The Committee took **assurance** from the Whistleblowing Oversight Group Assurance Report.

10.9   Improved and Safe Working Environment

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

The Committee was updated on the mitigations being progressed in relation to the management of Reinforced Autoclaved Aerated Concrete (RAAC) in the Board's estate. It was advised that all blocks have now been assessed for the likelihood of

containing RAAC and all 29 blocks that had met the criteria for further assessment have now been surveyed. Of the seven blocks where RAAC had been discovered, four blocks are stable and require annual monitoring, to ensure there was no deterioration of the material, and three areas require further attention. Risk assessments have been undertaken of the areas which require further attention and appropriate mitigations put in place. It was advised that the RAAC found in Glenrothes Hospital and Adamson Hospital Cupar was assessed as being in good condition and therefore did not pose a significant risk.

It was explained that the Scottish Government is in the process of developing guidance and is considering creating a framework to provide external support for monitoring buildings which contain RAAC. Long term mitigation plans would include either replacing the RAAC as part of ongoing maintenance, or withdrawing buildings from use in line with the whole systems infrastructure plan.

The Committee was assured that there is no immediate risk to patients, staff, or visitors as the RAAC that has been discovered is either stable or identified risks have been mitigated.

The Committee took a '**Moderate'** level of assurance and **noted** the update provided in the report.

11.   ANNUAL REPORTS / OTHER REPORTS

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

Due to apologies given to the meeting by the Director of Acute Services and staff-side colleagues, the Chair proposed that the Committee take assurance from the information detailed in the report and submit any queries to the Responsible Executives directly.

The Committee took **assurance** from the Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024.

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

The Chair invited the Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report.

Whilst highlighting key themes, it was noted that the report celebrates the positive work undertaken in relation to joint partnership arrangements, acknowledging staff achievements as an integral contribution to the overall efforts of the past year.

The Committee took **assurance** from the Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024.

12.   LINKED COMMITTEE MINUTES

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

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

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

12.3 It was noted that the Unconfirmed minute of the Health & Social Care Partnership Local Partnership Forum held on 2 July 2024 was not received.

12.4 Health & Safety Sub Committee held on 2 July 2024 (unconfirmed)

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

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

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

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

It was confirmed that the downgrading of the assurance level in relation to the Board's IPQR Summary from 'moderate' to 'limited' due to the unlikelihood of achieving local targets would be submitted as an escalation to the NHS Fife Board by the Planning & Performance Team.

Action: Associate Director of Planning & Performance

13.2 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.

14. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 September 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.

15. ANY OTHER BUSINESS

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

16. DATE OF NEXT MEETING

Tuesday 5 November 2024 at 10.00 via MS Teams.

Meeting: **Staff Governance Committee**

Meeting date: **Tuesday 3 September 2024**

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

1. Committee's Performance against Annual Workplan

1.1   Workplan is on track. Future meetings to include routine Health & Safety updates, the Medical & Dental Professional Oversight Group and Employability programmes. These are confirmed for the November 2024 meeting.

2. The Committee considered the following items of business:

2.1   The Committee took a '*moderate*' level of assurance from the RTP People & Change Board update, noting the agreed priority areas. This was complemented by a report on the actions and corresponding savings anticipated from the work being led on Supplementary Staffing across NHS Fife.

2.2   The Committee took a '*moderate*' level of assurance from the Corporate Risks update, noting the slight reduction in the risk rating of the Health and Care Staffing Scotland Act (HCSA) risk from 12 to 9, albeit this is still in the moderate range. The Committee also took a '*moderate*' level of assurance from the separate HCSA Quarter 1 report, which is also provided to the Board today, noting the continued progress in this area.

In addition, the Committee received a deep dive, in the format of a highly informative presentation on the workforce issues affecting General Practice Nursing, Health Visiting and School Nursing.

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

2.4   The Committee took a '*moderate*' level of assurance from the Workforce Planning Update, noting that the anticipated timeline set out within the forthcoming revised National Workforce Planning Guidance would mean the draft NHS Fife Workforce plan for 2025 to 2028 would be presented to the May and final plan to the June 2025 Staff Governance Committee meetings and to the subsequent NHS Fife Board meetings.

2.5   The Committee received a detailed update on the launch of the EMERGE programme in partnership with Fife College, with input from National Education Scotland, which offers opportunities to pupils from deprived areas of Fife who are interested in health-related careers. This initiative supports our Anchor ambitions and mitigates future Workforce Planning and Delivery Risks.

2.6 The Committee took a '*moderate*' level of assurance from the update provided on the Improved & Safe Working Environment strand of the Staff Governance Standard, noting the actions in place in respect of Reinforced Autoclaved Aerated Concrete (RAAC), which support the provision of a safe environment for both staff and patients.

2.7 In addition, The Committee heard useful updates on the workforce and related aspects of the draft Early Intervention and Prevention Strategy and progress in respect of the Corporate Communications survey.

3. Update on Performance Metrics

The Committee agreed a revision from a '*moderate*' to a '*limited*' level of assurance from the Integrated Performance & Quality Report, noting concerns about the following:

- An increase in the Board's reported sickness absence rates from 7.11% in May to 7.17% in June 2024, which is therefore unlikely to meet the local trajectory & target of 6.5% by 31 March 2025.

- A 0.4% reduction in the PDPR metrics (43.7% as at May 2024), so not anticipated to meet the reduced PDPR target of 60% by 31 March 2025.

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** (with change of rating to 9 given external independent feedback on HCSA progress)

Further details on the mitigating actions being taken to manage these risks are set out in the minute.

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
September 2024

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Tuesday 3 September 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	3/9/24	**Corporate Risks Aligned to Staff Governance Committee, including Deep Dive: Nursing & Midwifery Workforce**	Appendix 2 of the Corporate Risk report to be updated to reflect the most recent version of the Risk Assurance Principles.	**DM/Dr Shirley Anne Savage**	Report author advised of action required on 23/9/24.	**Closed**
2.	3/9/24	**Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026**	Due to the meeting being non-quorate, 2025/2026 Committee dates to be circulated for approval.	**LA**	2025/2026 Committee dates circulated on 13/09/24 for approval and have been agreed.	**Closed**
3.	3/9/24	**Delivery of Annual Workplan 2024/2025**	Update Workplan to reflect that Development Sessions on the eRostering / SafeCare demonstration and the Risk Summary Dashboard Reporting Tool will be scheduled in early 2025.	**RW**	Workplan update completed and will be shared at next SGC meeting on 5/11/2024.	**Closed**
4.	3/9/24	**EMERGE Programme - NHS Fife / Fife College Partnership**	Paper describing the Board's current Employability initiatives to be brought back to next Staff Governance Committee.	**RW**	On agenda for SGC meeting on 5/11/2024.	**Closed**
5.	3/9/24	**Prevention and Early Intervention Strategy**	Welcome and Priority Area two of the Delivery Plan to be updated to include reference to engagement with NHS Fife in the development of the Prevention & Early Intervention Strategy.	**LC**	1/10/24: Responsible Executive confirmed action has been taken.	**Closed**

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
6.	3/9/24	**Integrated Performance & Quality Report**	Review the measurement and reporting of performance in relation to vacancy rates, in conjunction with how this would fit into the larger picture of organisational performance.	**CG/DM/SF/RW**	Discussions commenced with Planning & Performance Team.	**In Progress**
7.	3/9/24	**Staff Health & Wellbeing Update**	Review options for employing additional resources to reduce Staff Psychological Support waiting times.	**RW**	Discussion and relevant consideration to take place with Head of Psychology Service and Staff Health & Wellbeing Group.	**In Progress**
8.	3/9/24	**To the Board in the IPQR Summary**	Escalate downgrading of assurance level in the Board's IPQR summary from 'Moderate' to 'Limited' to the NHS Fife Board.	**SF**	Update presented to NHS Fife Board meeting on 25/09/2024.	**Closed**

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Workforce Equality Update**
Responsible Executive:	**Janette Keenan, Director of Nursing**
Report Author:	**Isla Bumba, Equality & Human Rights Lead Officer / Rhona Waugh, Head of Workforce Planning & Staff Wellbeing**

Executive Summary

This report provides an overview of the workforce related aspects of Equality activity ongoing at present. The report features an update on:

- Support for our International Recruits
- Our Staff Networks
- Fife Pride
- Speak Up Week
- The new NHS Scotland Anti-Racism Guidance
- Development of Trans Policies for staff and patients
- Our new Equality Sub Group
- Equality Outcomes
- Workforce Monitoring

It is important for the Staff Governance Committee to be aware of these emerging issues and related activity, and to have an opportunity to comment and contribute to this important area.

1. Purpose

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

This report relates to:
- Government policy / directive
- Legal requirement
- Local policy
- NHS Board Strategic Priority/ies

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
- 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 to Staff Governance Committee members on the range of current actions in place within the Board in support of the Equality and Diversity agenda.

2.2 Background

A number of Equality and Diversity work streams are progressing at present including:

Support for International Recruits

NHS Fife received an International Recruitment Pastoral Care Quality Award from the Scottish Government in April 2024. This has been awarded in recognition of NHS Fife's commitment to providing high-quality pastoral care to internationally recruited adult nurses and radiographers during the recruitment processes and their employment.

As previously reported, 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. New recruits were offered a comprehensive package of support from our recruitment and spiritual care teams as part of the international induction programme. This included the issuing of an information welcome pack and contract of employment before they arrived in the country, being met at the airport and escorted to accommodation where they were able to stay for three months, orientation tours of accommodation and local area, being issued with a SIM card, Wi-Fi access and a food welcome pack. New recruits were also issued with a laptop to undertake corporate induction and training, shown how to use our public transport apps, how to register with a Dentist and GP, how to open a bank account and provided with information on pay, benefits and tax.

Employee Networks

Whilst we had previously unsuccessfully attempted to re-launch the Diverse Ethnicity Network, following internal discussion and with it being the year of the LGBT+ worker, a new LGBT+ network was established. A planning meeting and one formal meeting have been held to date. The next meeting is scheduled for 2 November 2024.

There has been positive interest from staff, with our two initial surveys receiving over 100 responses cumulatively. The first meeting, held as a hybrid meeting, had over 20 attendees and we have had a similar number express interest for the second meeting in November 2024.

As part of the governance work around the network, an initial Terms of Reference have been drafted to outline what the purpose of the group is, and where the group can/cannot get involved. The intention is to have quarterly meetings throughout the year, at a variety of NHS Fife sites, as well as hybrid options to ensure participation is as wide as possible. As we look ahead at the coming year, we are keen to establish relationships with similar networks in other NHS Boards as well as networks in partner agencies where our goals/aims are parallel and to ensure that the organisation & network are represented where necessary/desired, including, Fife Pride as an example.

The intention is to revisit the Diverse Ethnicity Network with learning from the establishment and success to date of the LGBT+ network.

Links with Fife Council Neurodivergent Staff Network

Through recent joint working with Fife Health & Social Care Partnership colleagues, who are establishing their very first Neurodiversity network meeting on 2 December 2024, it was agreed to open the invitation to all NHS Fife staff.

This is a wonderful opportunity for our staff to meet colleagues and chat about neurodiversity while getting to know others who share a passion for this important topic. The session will be facilitated by FHSCP's Employee Resource Group Partnership Equality Network (PEN) and Fife Centre for Equalities. It is open to all FHSCP workforce members in the Voluntary sector, Independent sector, NHS Fife, and Fife Council.

Fife Pride

We are proud to have been part of another fantastic Fife Pride event on Saturday 29 June 2024. Our teams had a great day connecting with the community in another vibrant celebration of inclusion and diversity in Kirkcaldy.

Speak Up Week

Speak Up Week took place from 30 September to 4 October 2024 and focused on the importance of speaking up within the NHS in Scotland. It raised awareness of how staff can highlight concerns or issues along with the support that is available.

Encouraging staff to speak up reflects an organisation that is open, an organisation which wants to learn from concerns and issues and, importantly, values the opportunity to address them. By speaking up staff can help to make services better and make improvements for both patients and staff. Throughout Speak Up Week, a range of different topics and resources were highlighted.

NHS Scotland Anti-Racism Plan

NHS Scotland published DL(2024)23 Anti-Racism Plans - Guidance in September 2024, setting out an additional requirement to embed anti-racism within Executive objectives for 2024/2025. Each Individual set of Executive objectives should include a commitment that the Board will develop, if not already in place, and deliver against their own anti-racism plan, covering both workforce and racialised healthcare inequalities. The intention is to progress the Board's plan during 2024/2025.

In line with the above, the Director of Workforce and Director of Nursing have specific equality related objectives for the current year, which will be monitored by the Remuneration Committee and the Board.

Equality Sub Group Formation

The Equality Sub Group formed earlier this year in support of the workforce related aspects of the Equality and Human Rights Steering Group, with a focus on communication, reporting of incidents, training and pastoral care.

Links have been made with NHS Grampian, who were the first Board in Scotland to have an Anti-Racism Strategy and have active employee networks across all spheres.

Publication of the Workforce Overview and Equality Monitoring Report

In line with legislative requirements, the Board published its Workforce Overview and Equality Monitoring Report in June 2024, (Appendix 1).

Trans Policy Update

The development of both a Trans policy for staff and a Trans policy for patients are underway. A short life working group began to develop the staff policy, however progression has been paused pending the upcoming NHS Scotland once for Scotland policy. It is expected that this will be available to Fife by the end of 2024, however, the SLWG will need to review this for suitability in Fife.

The Trans policy for patients was circulated for comments in early 2024, however, further review and considerations are required prior to approval. This is hoped to be reviewed again for implementation and approval in early 2025.

Equality Outcomes

The NHS Fife Equality Outcomes Plan is due for renewal in 2025. The initial consultation with services was undertaken in September/October 2024, and the evaluation process is beginning. The final report for the 2021-2025 plan will be published in March 2025, outlining the range of progress made over the past 4 years.

2.3 Assessment

The content of this report contributes to all aspects of the NHS Scotland Staff Governance Standard. 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

Improvements within the Board's approach to Equality and Diversity will improve both quality and patient-centeredness and our employment position.

2.3.2 Workforce

The development of staff networks aims to improve staff wellbeing and promote best employment practice within NHS Fife, in line with best practice, SG guidance and our employment aspirations.

2.3.3 Financial

There are minor costs associated with supporting employee networks and Pride.

2.3.4 Risk Assessment / Management

Ensuring an equitable, diverse and fair workplace may improve staff wellbeing and promotes best employment practice within NHS Fife.

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

All of the above relates to NHS Fife Equality activity.

2.3.6 Climate Emergency & Sustainability Impact

No known impact.

2.3.7 Communication, involvement, engagement and consultation

Discussions have taken place at the Workforce Equality Sub Group and the Equality and Human Rights Strategy Group. Details will also be presented at the APF in November 2024.

2.3.8 Route to the Meeting

This paper has been previously considered by the Board Director of Nursing, the Director of Nursing – Corporate, the Employee Director, the Workforce Equality Sub Group and Workforce Senior Leadership Team as part of its development. These colleagues / 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 and members are requested to **note** the contents of this update.

3. List of Appendices

The following appendices are included with this report:

Appendix 1: Workforce Overview and Equality Monitoring Report

Report Contact(s):

Isla Bumba
Equality & Human Rights Lead Officer
Email isla.bumba@nhs.scot

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

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Staff Governance Standards Overview - Improved and Safe Working Environment**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

Executive Summary

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

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

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

- The Health & Safety department provides Health & Safety and Fire Safety advice and training and manages training for manual handling and violence and aggression. The department ensures that there are appropriate risk assessment and management arrangements in place and monitors incidents which are considered by the Health & Safety Committee. The incident report is considered by the Health and Safety Sub-Committee and the Local and Area Partnership Forums.

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

1. Purpose

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

This report relates to:
- Legal requirement
- Local policy
- NHS Board Strategic Priority (To Improve Staff Experience & Wellbeing)

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Provided with a continuously improving & 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 activity against the Staff Governance Standard undertaken in respect of Property & Asset Management including Health & Safety provisions that demonstrate that staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2.2 Background

The following requirements from the Staff Governance Standard are pertinent to Property & Asset Management including Health & Safety: -

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

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

2.3   Assessment

Governance

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

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

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

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

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

A quarterly incident report is attached at Appendix 1 (June - August 2024).

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

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

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

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

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

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

Review of Activities

- The Manual Handling Team has reviewed and updated the GM M1 Manual Handling Policy.
- The Issue with increased Radon levels at Kinghorn Health Centre have been resolved and will be reviewed in 5 years.
- The NHS Fife Ligature Risk Policy has been updated to be a Fife Wide Document.
- Work continues to provide an updated facility for Mental Health in Ward 3 at Queen Margaret Hospital.
- Incident Statistics are now reported to the Area Partnership Forum as well as the Local Partnership Forums.

Challenges

Key challenges for the Health & Safety Team moving forward are: -

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

There are no specific financial issues within this paper.

2.3.4 Risk Assessment / Management

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

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

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

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

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

- EDG, 20 June 2024
- Staff Governance Committee, 9 July 2024

2.4 Recommendation

This paper is provided to Staff Governance Group members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix: Health & Safety Quarterly Incident Report (June - August 2024)

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

NHS Fife Incident Report

June 2024 – August 2024

Health & Safety Sub Committee

NHS Fife Incident Dashboard

June 2024 – August 2024 Incidents Summary

SHARPS [staff]

29 reported in quarter

51 incidents from April 2024

MUSCULOSKELETAL [staff]

9 reported in quarter

19 incidents from April 2024

SLIPS, TRIPS, FALLS [staff]

20 reported in quarter

34 incidents from April 2024

SELF HARM [patients]

64 reported in quarter

107 incidents from April 2024

ALL INCIDENTS[staff]

761 reported in quarter

VIOLENCE & AGGRESSION [staff]

372 reported in quarter

651 incidents from April 2024

RIDDOR [all]

9 reported in quarter

14 incidents from April 2024

Page 2

June 2024 – August 2024 Staff Sharps Incidents Summary

Location Type

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
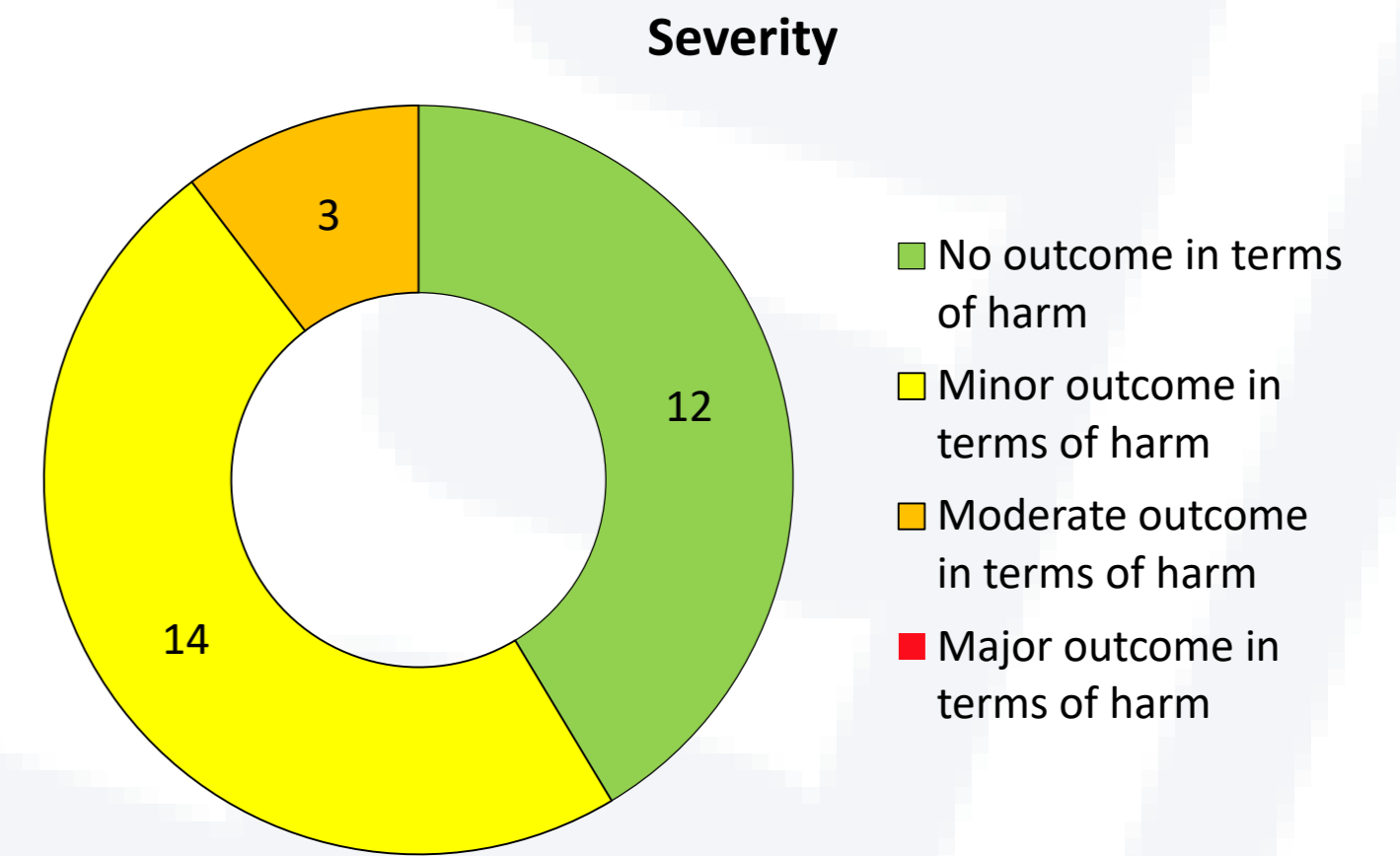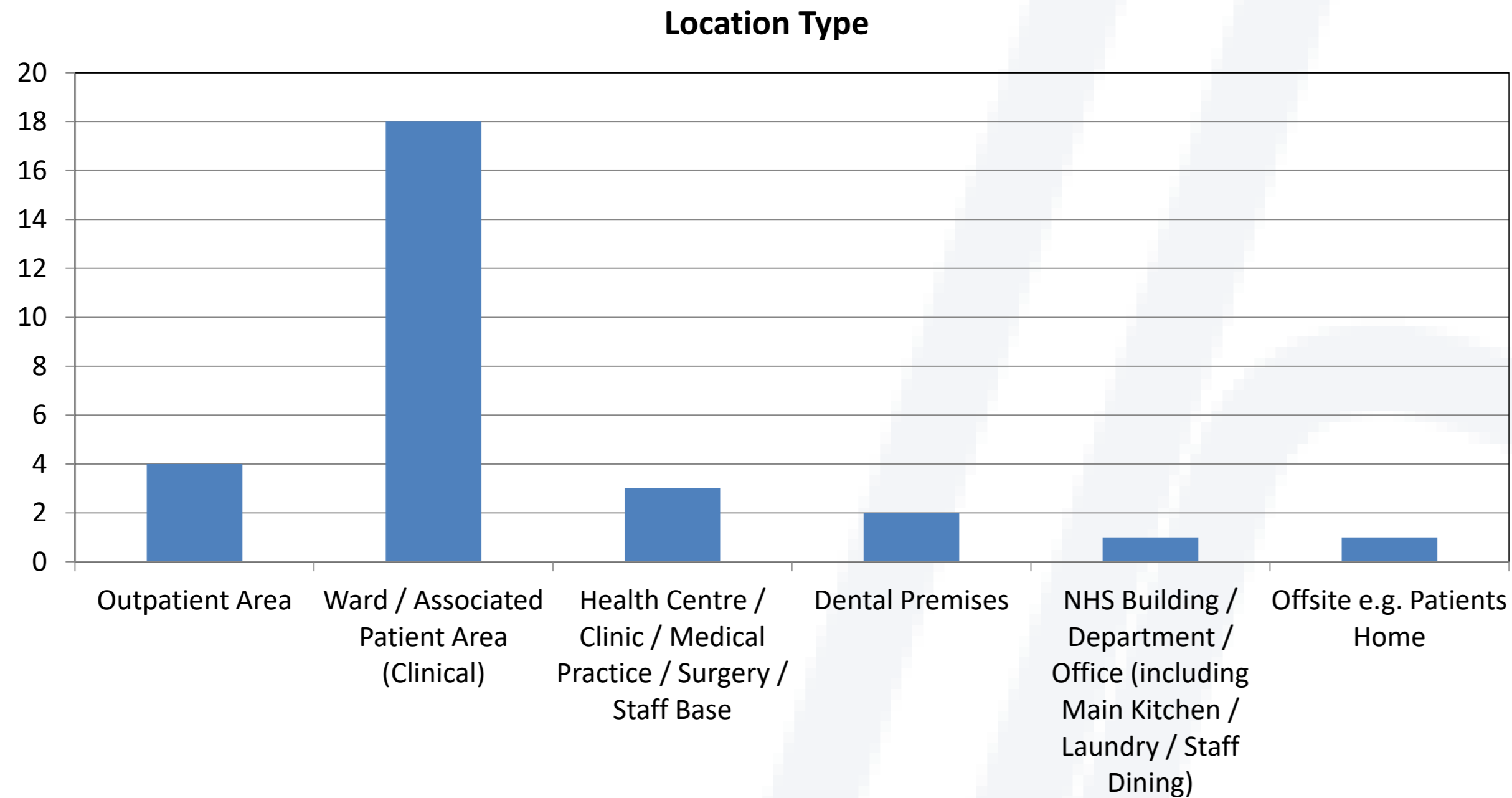
SHARPS INCIDENTS

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

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

29 x sharp incidents reported in this quarter.

12 x no harm, 14 minor harm, 3 x moderate harm, 0 x major harm

8 x sharps incidents reported with no SBAR attached

DATIX Incidents – No SBAR Attached		
Ref	Location	Approval Status
WEB189681	Ward 22 - VHK	Being Reviewed
WEB188822	A&E - VHK	Being Reviewed
WEB190030	Ward 21 – QMH	Being Reviewed
WEB190353	Patients home – Community Immunisation	Finally Approved Procedure not followed
WEB187209	Ward 43 - VHK	Being Reviewed
WEB188536	A&E – VHK	Finally Approved Procedure not followed
WEB191397	Dental Access Centre - WBH	In holding
WEB189722	Ward 34 – VHK	Being Reviewed

Slips, Trips, Falls

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm

Location
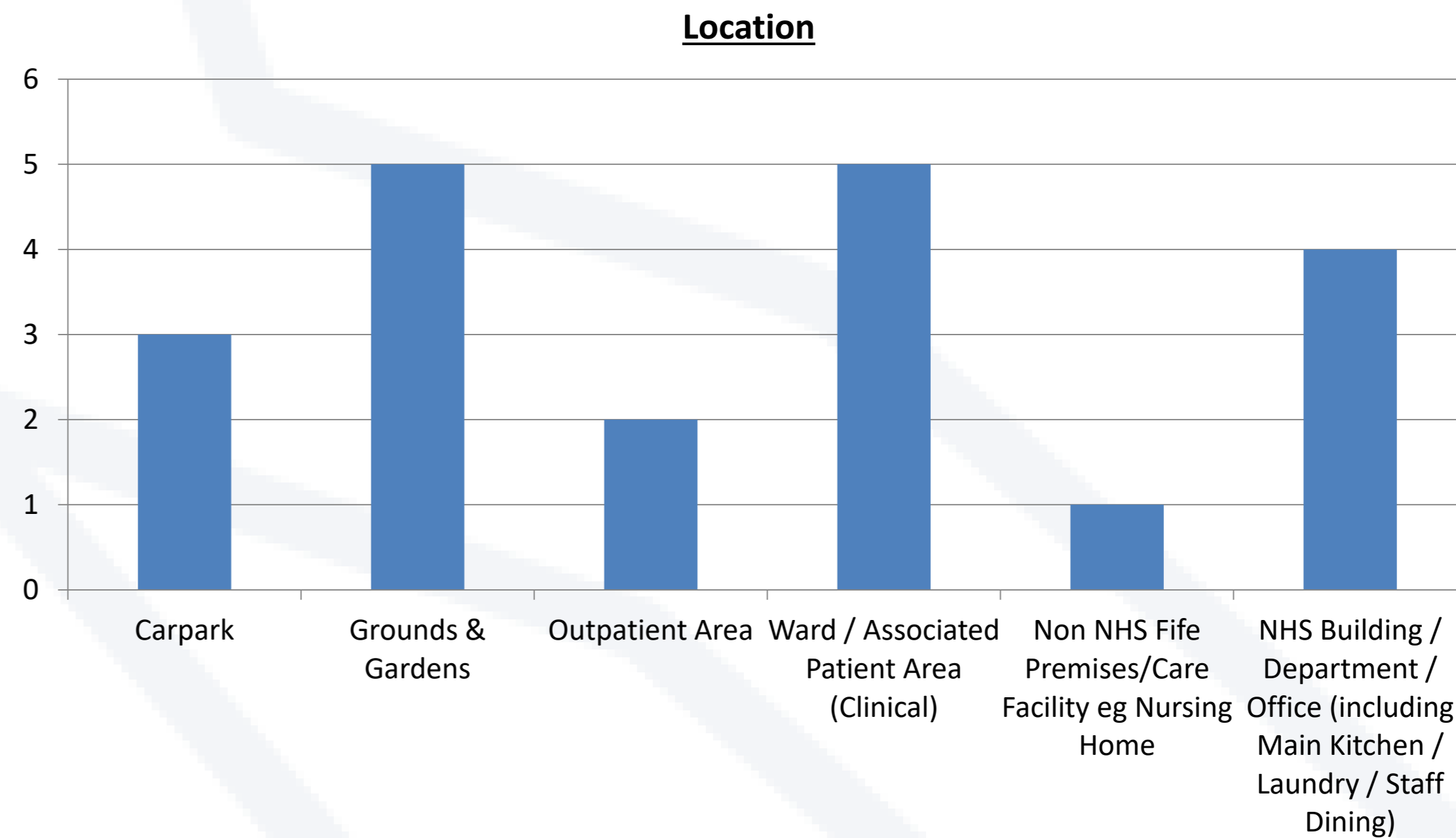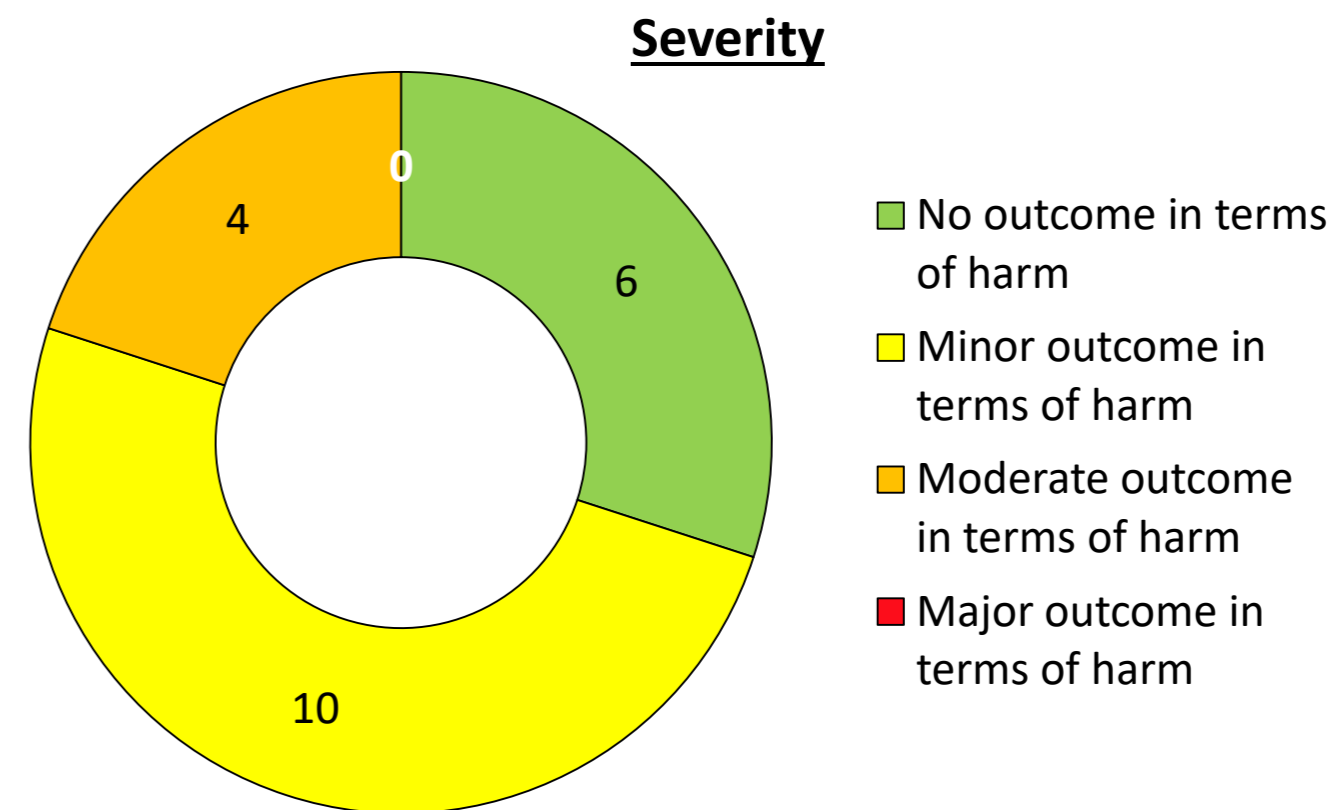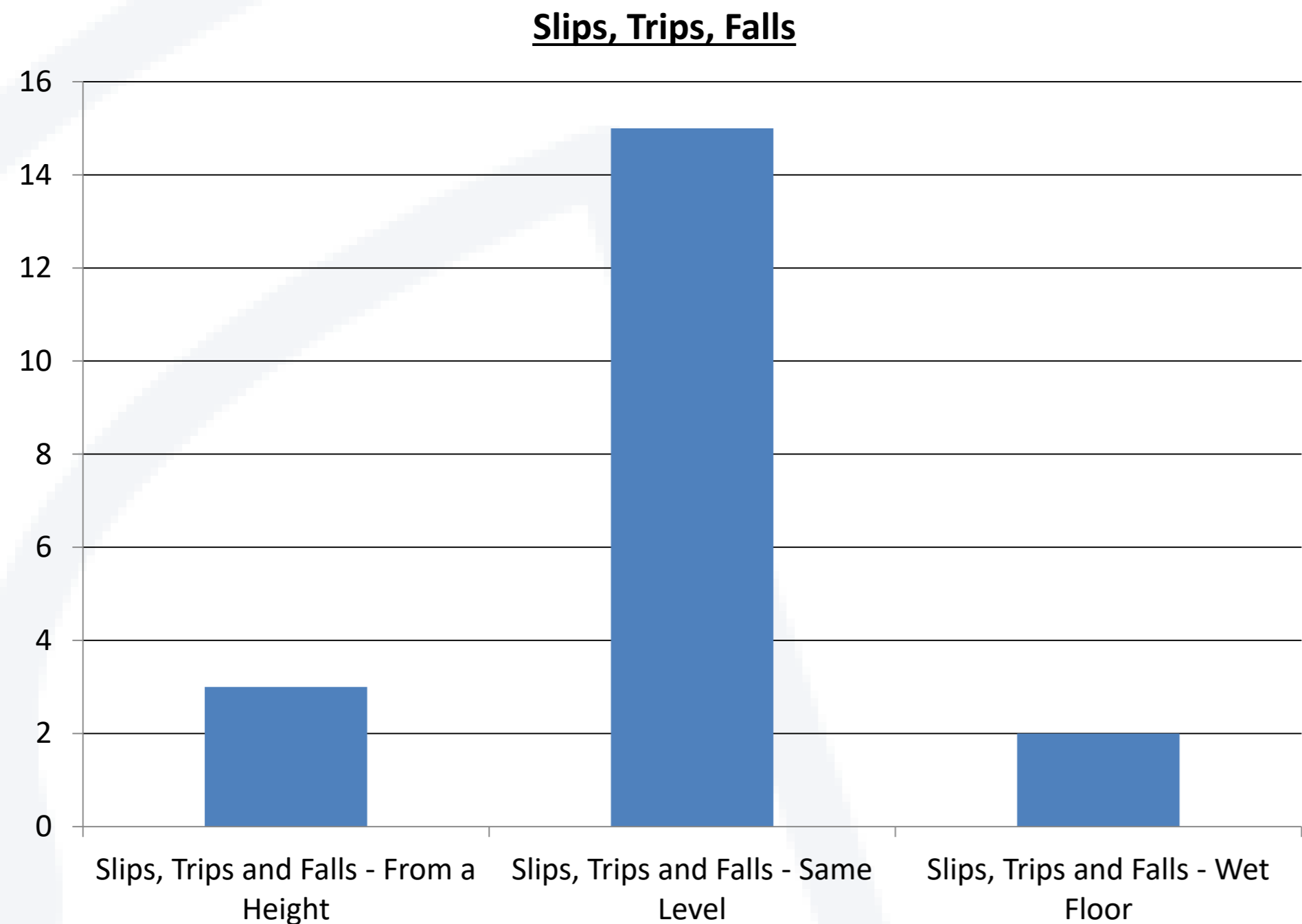
Slips, Trips, Falls

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

20 x slips, trips and falls reported in this quarter

6 x no harm, 10 x minor harm, 4 x moderate harm, 0 x major harm.

3 x falls from height

- 1 x fall from office chair
- 1 x fall down step
- 1 x fall on stairs while cleaning

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June 2024 – August 2024 Violence & Aggression Incidents Summary

Sub Category

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
- Extreme outcome in terms of harm

Comparison between HSCP and Acute Division Incidents

Acute Division (12%) of these…
…6 incidents recorded in A&E
…4 incidents recorded in Ward 41
…3 incidents recorded in AU1
…3 incidents recorded in Grounds / Gdns

HSCP (88%) of these…
…84 incidents recorded in Mayfield Assessment Unit
…31 incidents recorded in Ravenscraig
…21 incidents recorded in Ward 02 – Short Stay Psychiatry
…21 incidents recorded in Lomond

Violence & Aggression

Category searched – Unwanted Behaviors, Violence & Aggression

372 x V&A incidents reports this quarter

272 x no harm, 72 x minor harm, 26 moderate harm, 1 x major harm, 1 x extreme harm

- 1 x major harm – staff member received fractured wrist during restraint
- 1 x extreme harm – staff member repeatedly punched to the face and kicked, had to attend A&E

45 x V&A incidents for Acute Division, 327 x V&A incidents for HSCP of which 84 x Mayfield Assessment unit.

Incidents reported to Police = 47

Incidents reported as Sexual assault / harassment = 28

Incidents reported as Het crimes = 11

April 2022 – August 2024 Staff Violence & Aggression Incidents Summary

April 2022 – August 2024 Run chart
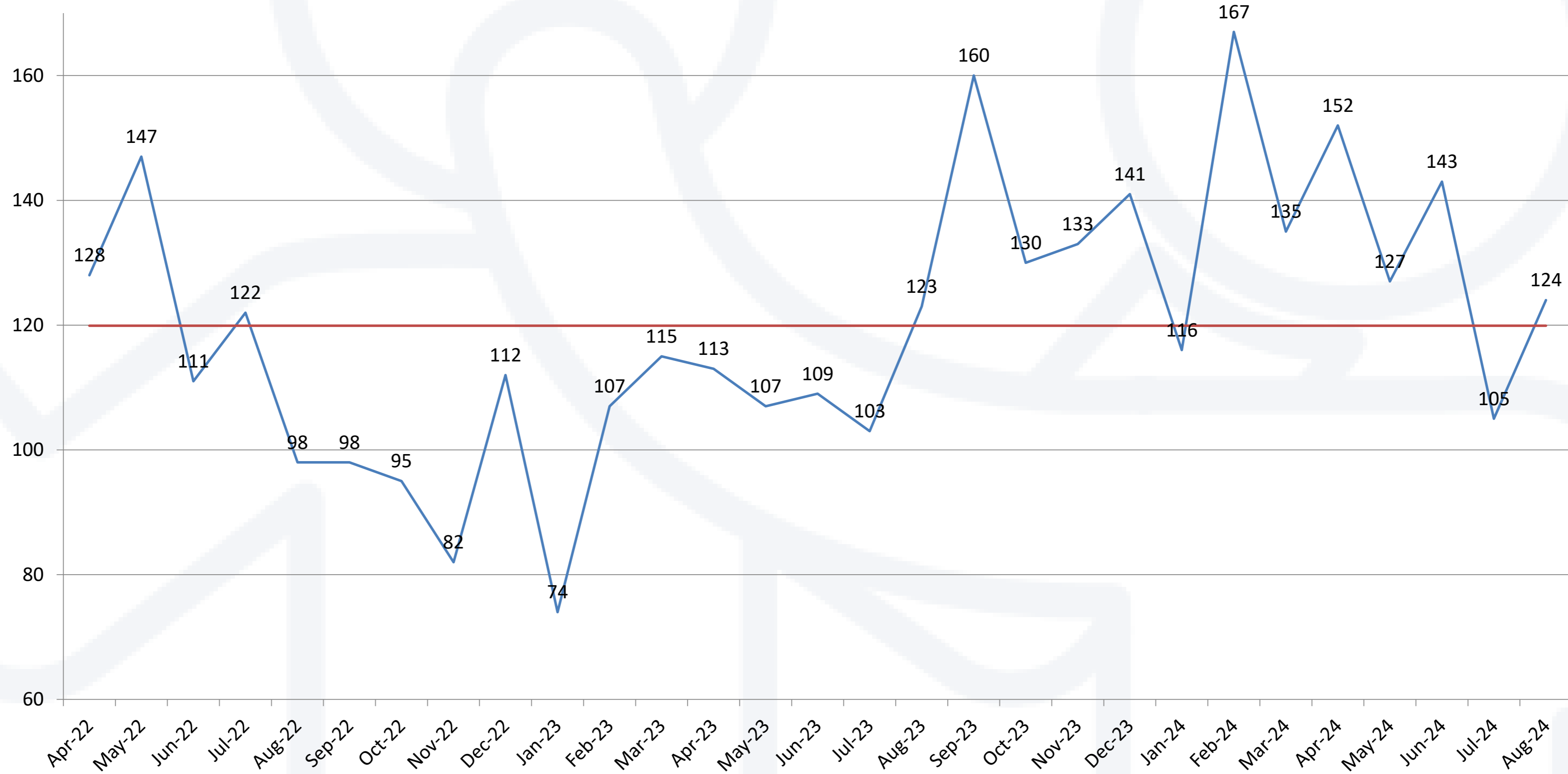
June 2024 – August 2024 Staff Musculoskeletal Incidents Summary

Location

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
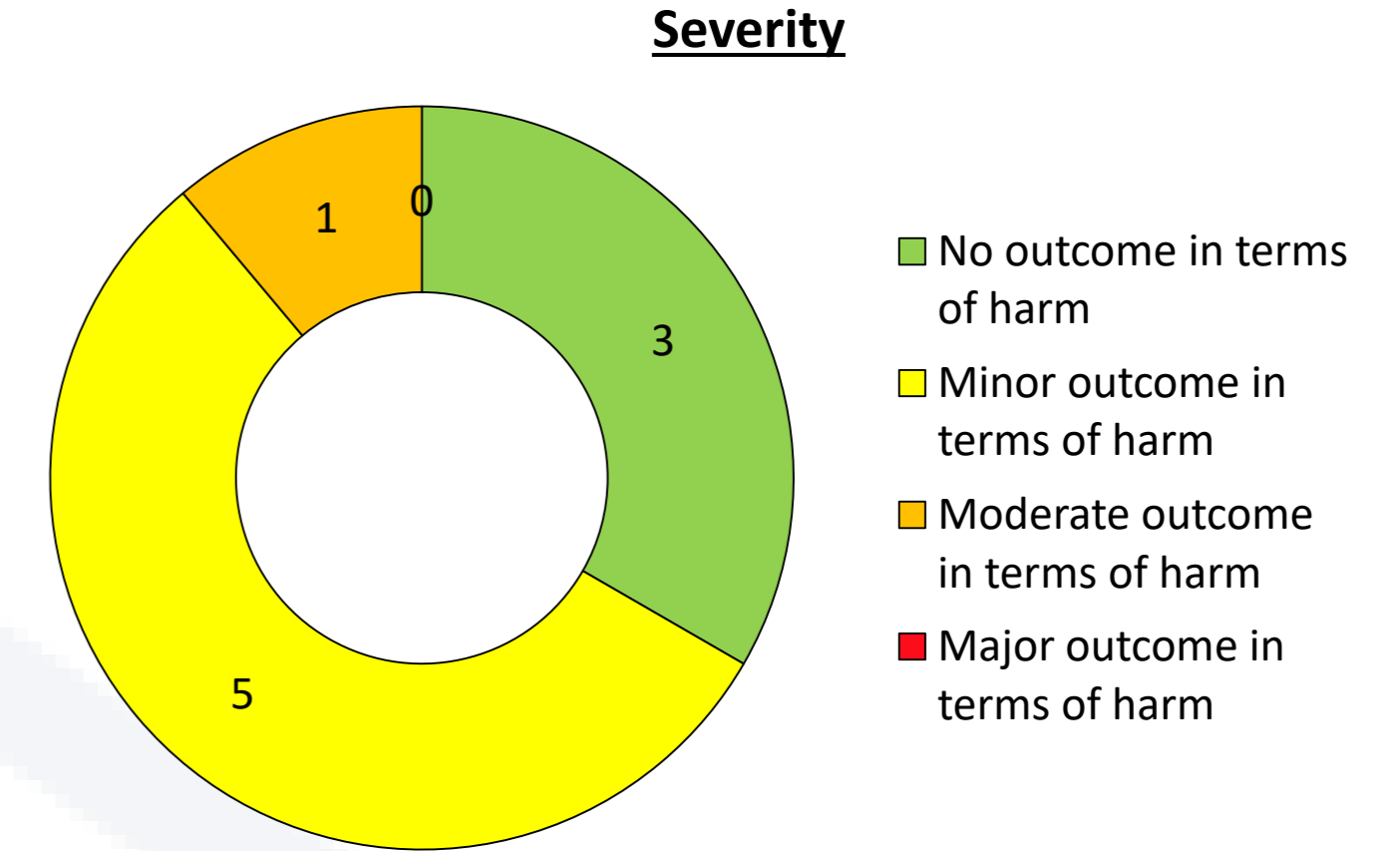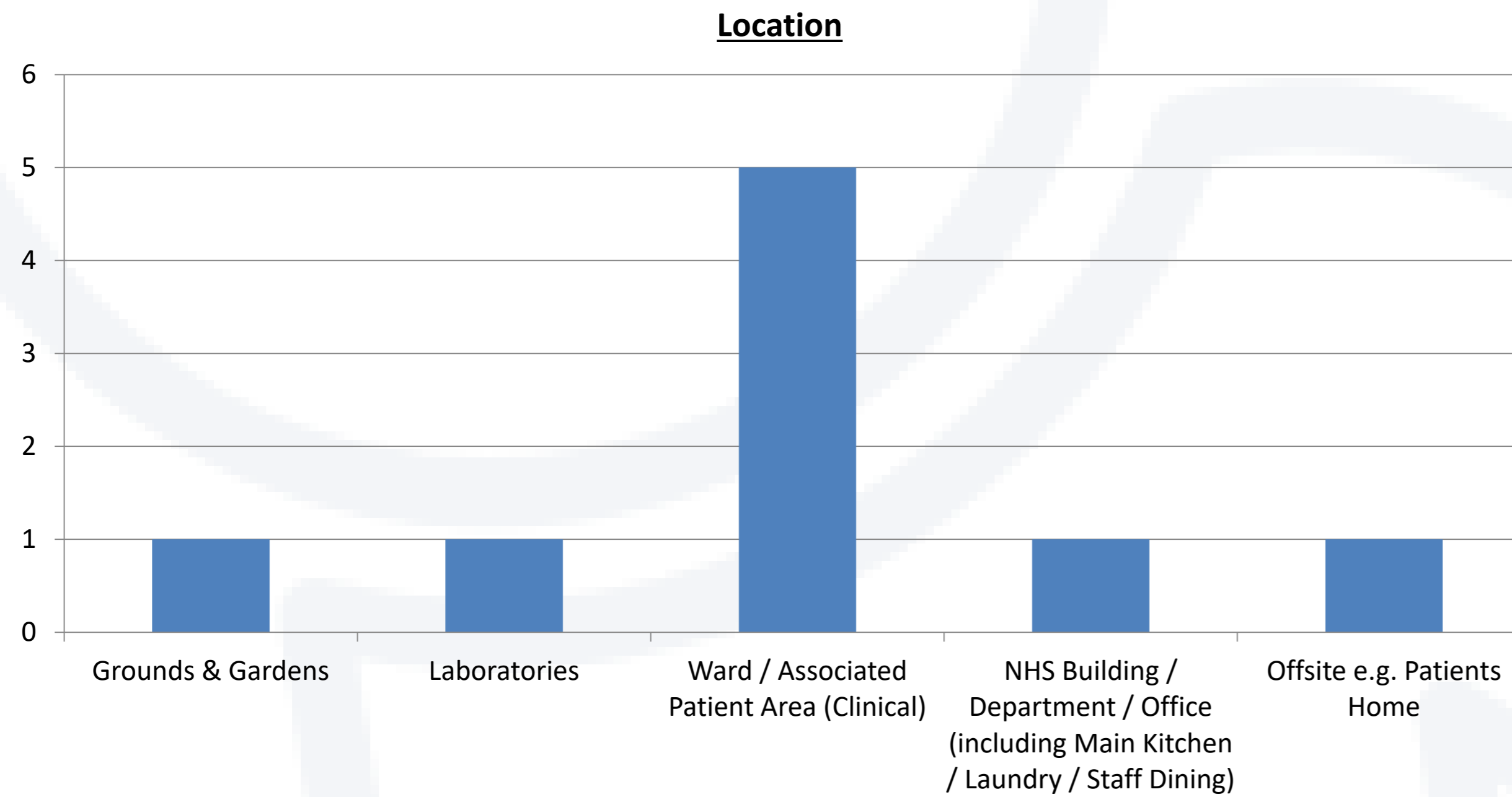
MUSCULOSKELETAL INCIDENTS

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

9 x musculoskeletal incident reported this quarter

3 x no harm, 5 x minor harm, 1 x moderate harm, 0 x major harm

• 3 x Load handling

• 6 x Patient handling

June 2024 – August 2024 Patient Self Harm Incidents Summary

Location

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
- Extreme outcome in terms of harm
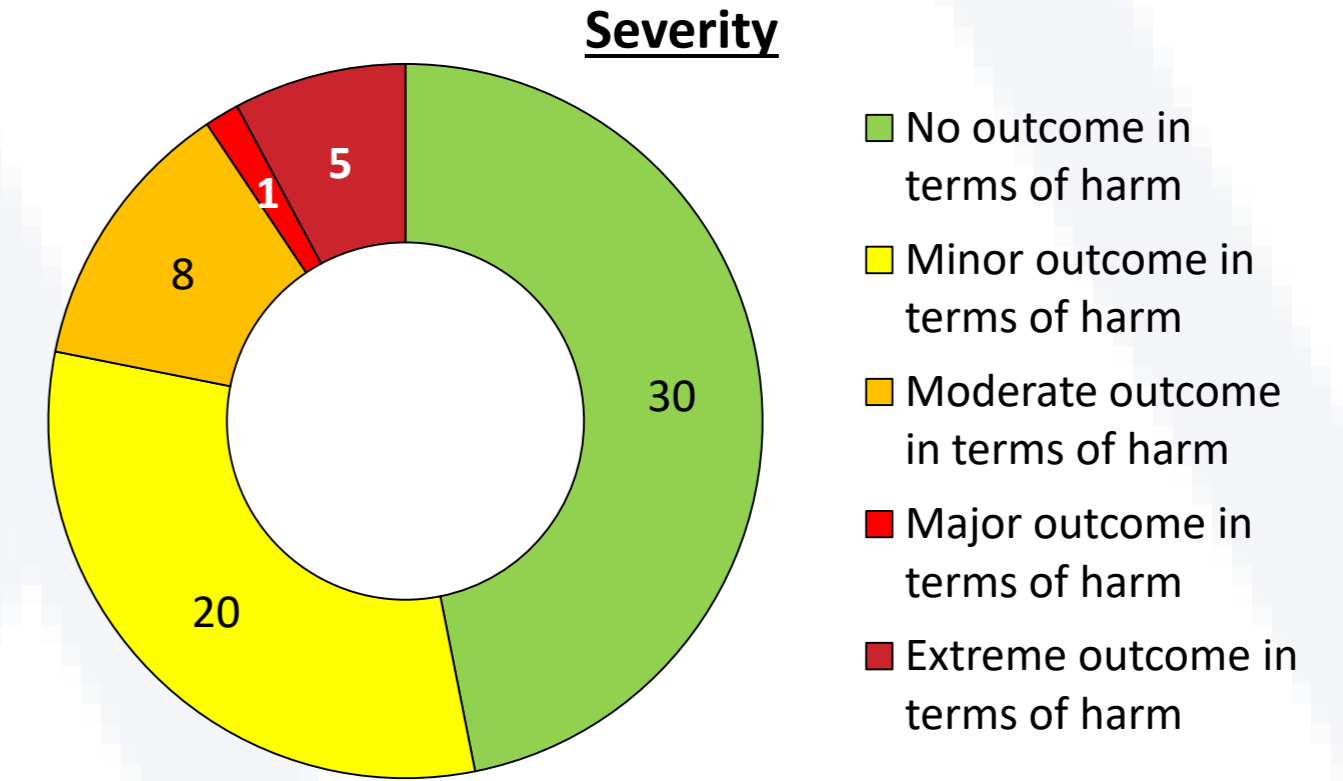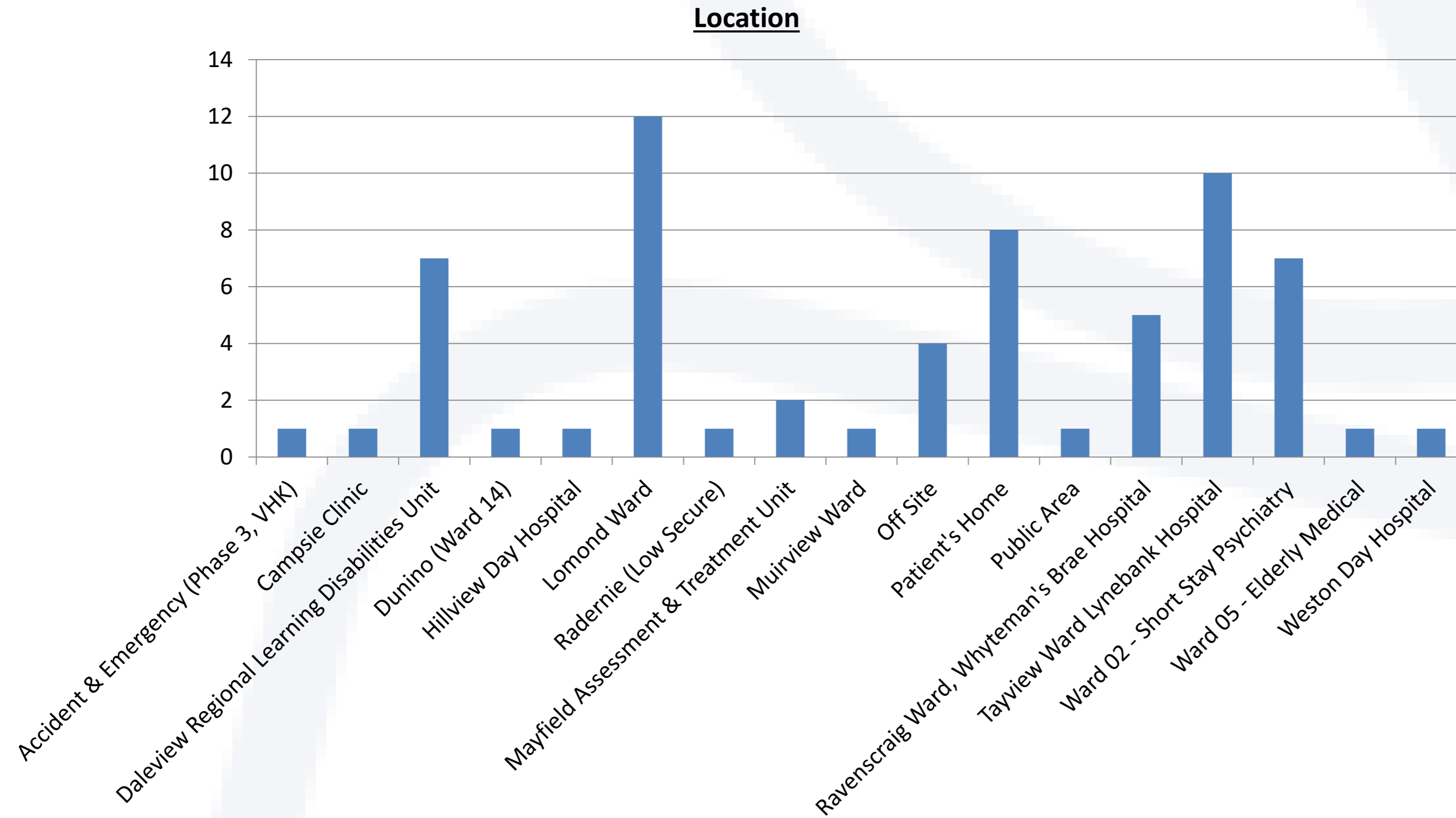
Patient Self Harm Incidents

Category searched – Suicide / Self Harm

64 x self harm incidents reported this quarter

30 x no harm, 20 x minor harm, 8 x moderate harm, 1 x major harm, 5 x extreme harm

June 2024 – August 2024 RIDDOR Incidents Summary

RIDDOR

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
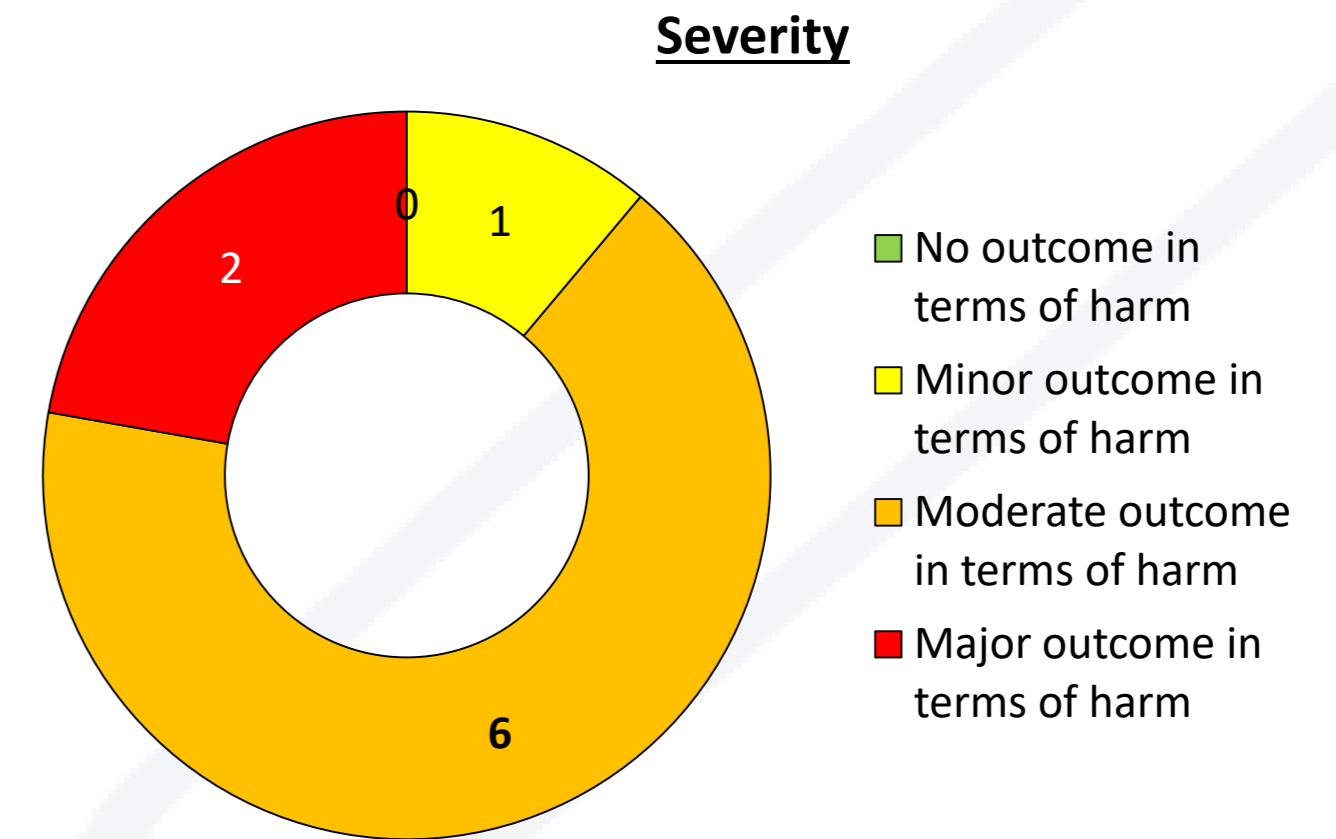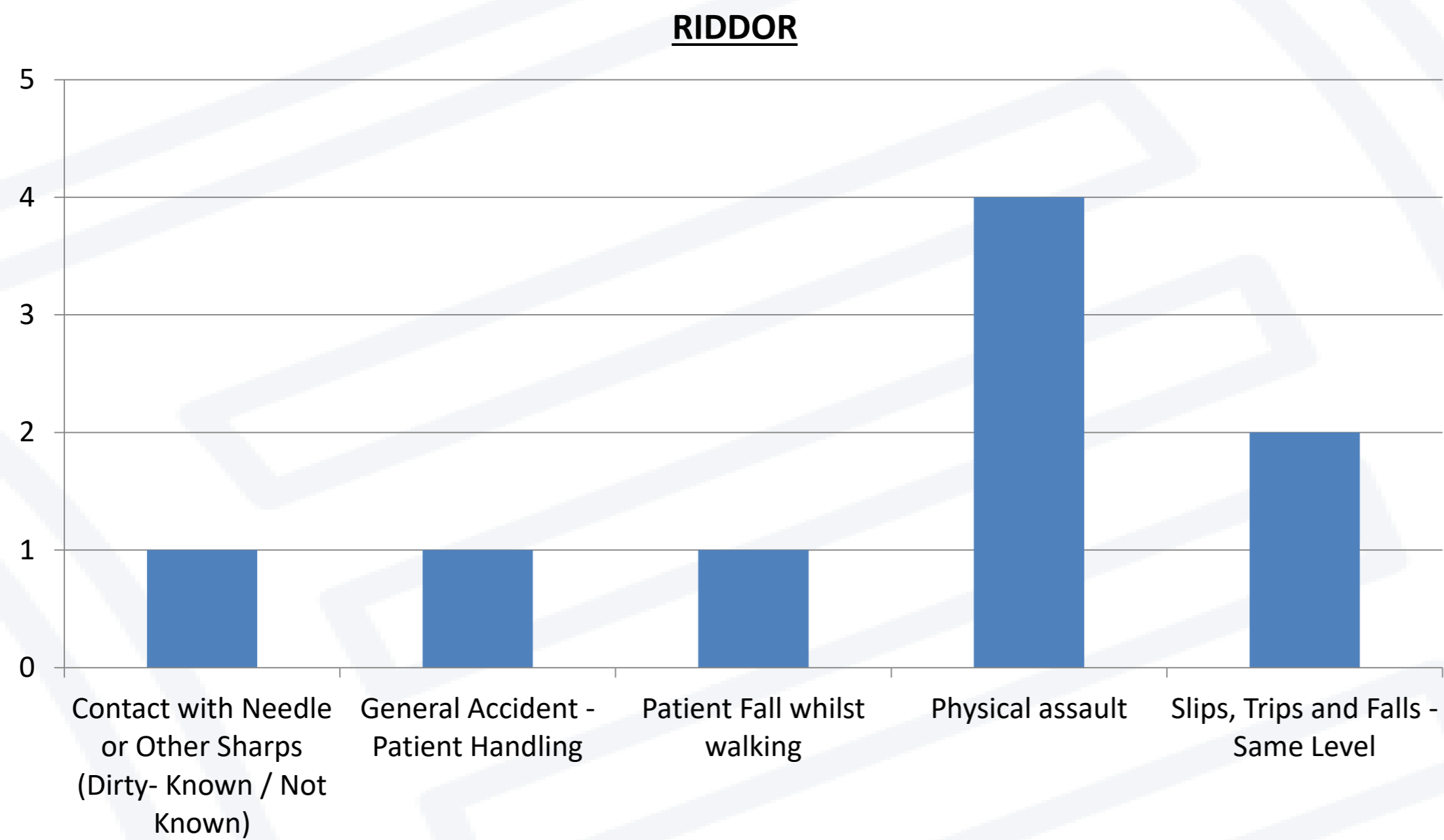
RIDDOR Incidents

Category searched – RIDDOR – Yes, its reportable

9 x RIDDOR incidents reported this quarter

0 x no harm, 1 x minor harm, 6 x moderate harm, 2 x major harm

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

1 x major outcome – Patient fall – reportable injury (awaiting clarification on supervision element)

1 x moderate outcome – Staff member fell over cable under desk – over 7 day absence

1 x moderate outcome – Staff member fell over responding to bleep – reportable injury

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

1 x moderate outcome – Staff member tried to prevent patient fall – over 7 day absence

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

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

1 x minor outcome – Needle stick injury to domestic – over 7 day absence

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DATIX Incidents – NHS Fife Division used to compile this report
NHS Fife Board
Corporate Directorates
Acute Services Division – Ambulatory Care
Acute Services Division – Women, Children and Clinical Services
Acute Service Divisions – Emergency Care & Medicine
Acute Services Division – Planned Care & Medicine
Dunfermline & West Fife CHP
Glenrothes & North East Fife CHP
Kirkcaldy & Levenmouth CHP
Community Care Services
Complex and Critical Care Services
Primary and Preventative Care Services

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Attendance Management Update**
Responsible Executive:	**David Miller, Director of Workforce**
Report Authors:	**Jane Anderson, Interim General Manager** **Sandra Raynor, Head of Workforce Resourcing & Relations**

Executive Summary

Achievements to Date:
- 6.51% attendance rate for August 2024.
- Consistent application of Promoting Attendance Review panels.

Future Activity:
- Benchmarking with other Boards to identify any actions for Fife which are being discussed in partnership with intention to implement in Fife to improve attendance.
- Hear a good news story from a team in Acute who have improved their attendance and identify any learning.
- Understand / analyse teams that sit consistently around the 4% levels to understand how.

Challenges:
- 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 September 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

As previously discussed, 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 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

April saw a rise to 7.35%, with a reduction in May to 7.11% with increases in absence in both June and July to 7.17% and 7.47% respectively before falling to 6.51 % in August 2024, however we have seen a slight rise in September to 7.07%.

NHS Fife Sickness Absence
2020/2021, 2021/2022, 2022/2023, 2023/2024 and 2024/2025

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Yearly Ave
2021/2022	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	6.02%
2022/2023	5.14%	5.63%	6.25%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%	6.95%	6.76%	6.59%
2023/2024	6.18%	6.83%	6.61%	6.63%	6.91%	6.93%	7.39%	7.64%	7.80%	8.27%	7.64%	6.62%	7.12%
2024/2025	7.35%	7.11%	7.17%	7.47%	6.51%	7.07%							7.11%
Target	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%

Following a recent Area Partnership Forum, three teams have been identified that fall into the high priority areas from within Critical and Complex Care where their managers are committed to exploring the causes and to undertake a test of change.

Analysis of areas with recent improved attendance figures highlighted several contributing factors including a renewed focus on managing attendance by local managers and ensuring cases are progressed in accordance with policy timescales. Other factors highlighted included the conclusion of a number of long-term sick cases with staff either successfully returning to work or being supported to an alternate conclusion. Bespoke training sessions provided by the HR Operational team have also had a positive impact in supporting attendance management.

Work continues to benchmark with key Boards to identify any actions Fife could take onboard 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.

Appendix 2 of this report provides a range of heat tables showing sickness absence of staff against the Scottish Index of Multiple Deprivation (2020) score for their home post code. The deprivation score rankings are in quintiles, running from 1 - 5. 1 is the most deprived; with 5 being the least deprived. Breaking the population of Scotland into quintiles is one of the preferred methodology of PHS as it broadly distributes the population of Scotland evenly between each quintile category. Fife is believed to be reflective of the overall Scotland position, a belief that is evidenced by the number of staffing living in each quintile.

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 Workforce

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.

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 saving 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, HR Team Leader, 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 appendices are included with this report:

- Appendix 1: NHS Fife Sickness Absence Tableau Reports – September 2024
- Appendix 2: Heat Map Data

Report Contacts:

Jane Anderson
Interim General Manager
Email: jane.anderson2@nhs.scot

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

NHS Fife

NHS FIFE

TABLEAU REPORTS AS AT SEPTEMBER 2024

NHS Fife Absence Rates – April 2023 to September 2024

Sickness Absence Rate

September 2024
7.07%

Show trend by
- Month
- Quarter

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	6.18	6.83	6.61	6.63	6.91	6.93	7.39	7.64	7.80	8.27	7.64	6.62
2024/25	7.35	7.11	7.17	7.47	6.51	7.07						
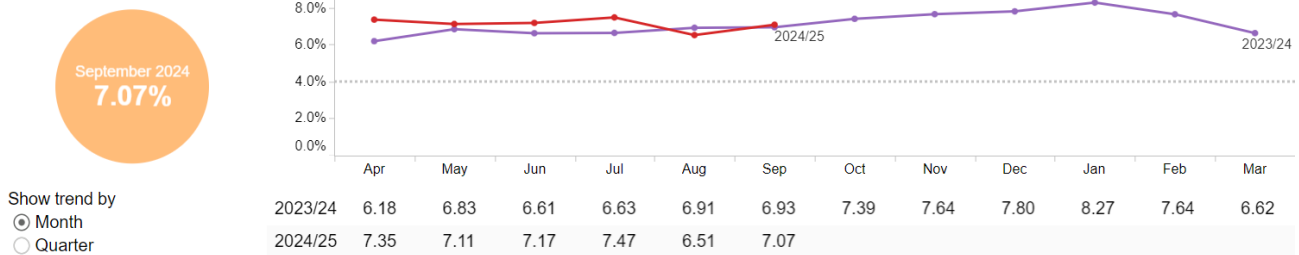
NHS Fife Staff in Post, Supplementary Staffing (WTE), Staff Leave, Age Profile, Leavers and New Starts and Establishment Gap – September 2024

Staff in Post	Supplementary Staffing (WTE)		Staff Leave
8,226 WTE	**51.82** Excess	**33.59** Agency	Annual Leave, Maternity Leave, Sick Leave, Study Leave, Other Leave, COVID-19 Related...
10,060 Headcount	**39.88** Overtime	**340.6** Bank	**20.65 %** Hours Absence Rate

Age Profile	Leavers & New Starts	Establishment Gap
WTE (Staff in Post)	Leavers 982	**2.33%**
8, 250, 761, 958, 1,052, 1,035, 1,028, 1,149, 1,189, 659, 135	Starters 1,338	Average
16 to, 20 to, 25 to, 30 to, 35 to, 40 to, 45 to, 50 to, 55 to, 60 to, 65 +	For the last 12 months.	

NHS Fife Absence Rates by Financial Structure – April 2024 to September 2024

Absence Rate by Financial Structure

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

- ⦿ Absence Rate
- ◯ Short Term Absence Rate
- ◯ Long Term Absence Rate
- ◯ Hours Lost

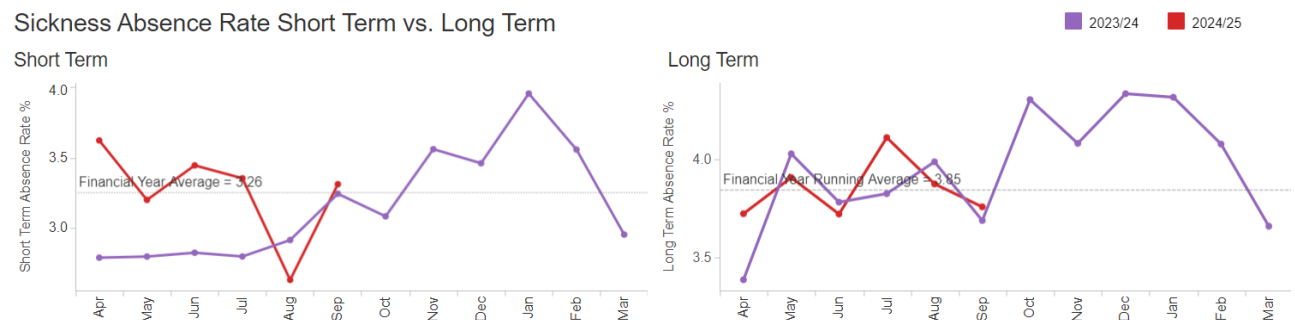| Export	Health Board	Division	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Total
Click here to select all data for export into Excel	NHS Fife	**Acute Nursing Directorate**	7.49	9.19	10.45	9.46	0.00	0.00	6.19
		Community Care Services	9.12	8.96	9.24	9.45	8.34	9.15	9.04
		Complex And Critical Services	7.82	7.34	8.03	8.72	7.49	8.30	7.95
		Corporate Services	5.29	5.44	4.44	5.01	4.64	4.80	4.94
		Director Of Acute Services	0.00	0.00	0.00	1.87	0.00	0.00	0.31
		Estates Directorate	4.40	4.83	7.04	7.57	3.03	4.03	5.15
		Facilities Directorate	9.93	9.89	10.14	10.45	8.82	9.11	9.73
		Fe Health And Safety	2.23	1.07	1.86	1.46	5.25	6.40	2.99
		Health And Social Care Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical Directorate	9.23	8.69	8.06	8.11	7.90	8.63	8.44
		Primary Care + Prevention Serv	5.66	5.65	5.49	5.37	5.10	5.58	5.47
		Professional/business Enabling	6.91	6.51	7.02	5.62	5.18	4.16	5.91
		Surgical Directorate	6.95	6.67	6.39	7.23	5.56	5.70	6.42
		Women, Children + Clinical Ser	5.52	4.97	6.48	6.33	5.27	6.44	5.83
	Total		7.35	7.11	7.17	7.47	6.51	7.07	7.11

NHS Fife Absence Rates and Hours Lost by Job Family – September 2024

Absence Rates and Hours Lost by **Job Family ▼** and Month **September … ▼**   Staff in post (WTE)

Job Family	Absence Rate %	Hours Lost
ADMINISTRATIVE SERVICES	4.91%	10,728
ALLIED HEALTH PROFESSION	4.47%	5,059
DENTAL SUPPORT	2.89%	305
HEALTHCARE SCIENCES	5.91%	1,592
MEDICAL AND DENTAL	2.30%	1,809
MEDICAL SUPPORT	6.45%	551
NURSING/MIDWIFERY 1-4	11.58%	23,492
NURSING/MIDWIFERY 5+	7.58%	34,042
OTHER THERAPEUTIC	5.34%	3,708
PERSONAL AND SOCIAL CARE	5.70%	443
SENIOR MANAGERS	0.47%	8
SUPPORT SERVICES	8.88%	10,969

- ▇ Meeting target
- ▇ Not meeting target

Staff in post (WTE): 8,346.2; 8,230.6
Legend: ▇ 2023/24 ▇ 2024/25

NHS Fife Absence Rates Short Term v Long Term – September 2024

Sickness Absence Rate Short Term vs. Long Term

Legend: ▇ 2023/24 ▇ 2024/25

Short Term

Financial Year Average = 3.26

Long Term

Financial Year Running Average = 3.85

NHS Fife Division Absence Rates and Hours Lost by Age Group – September 2024

Overall Absence Rate and Hours Lost by Age Group
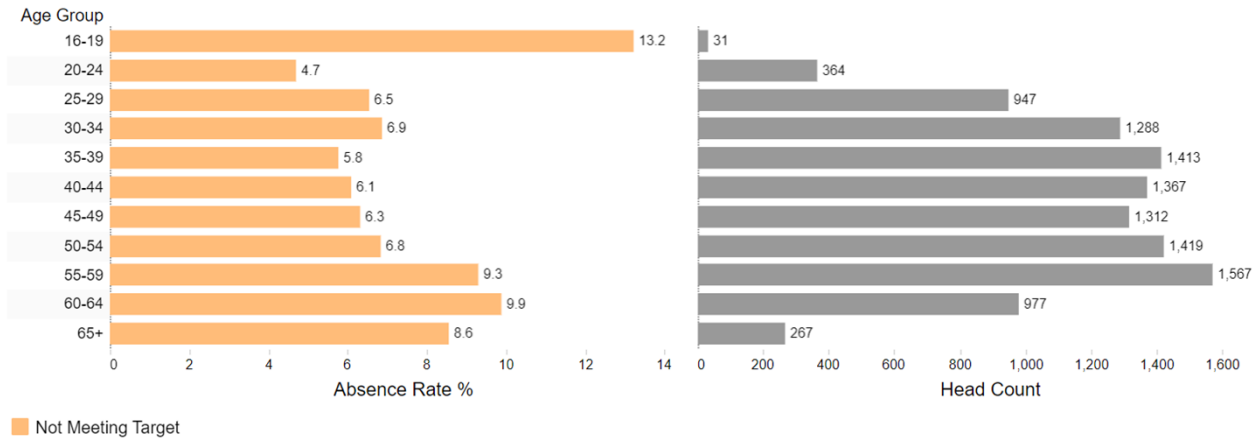This chart will hide age groups with a headcount of 5 or less

Age Group	Absence Rate %	Head Count
16-19	13.2	31
20-24	4.7	364
25-29	6.5	947
30-34	6.9	1,288
35-39	5.8	1,413
40-44	6.1	1,367
45-49	6.3	1,312
50-54	6.8	1,419
55-59	9.3	1,567
60-64	9.9	977
65+	8.6	267

Choose Short Term / Long Term: Overall
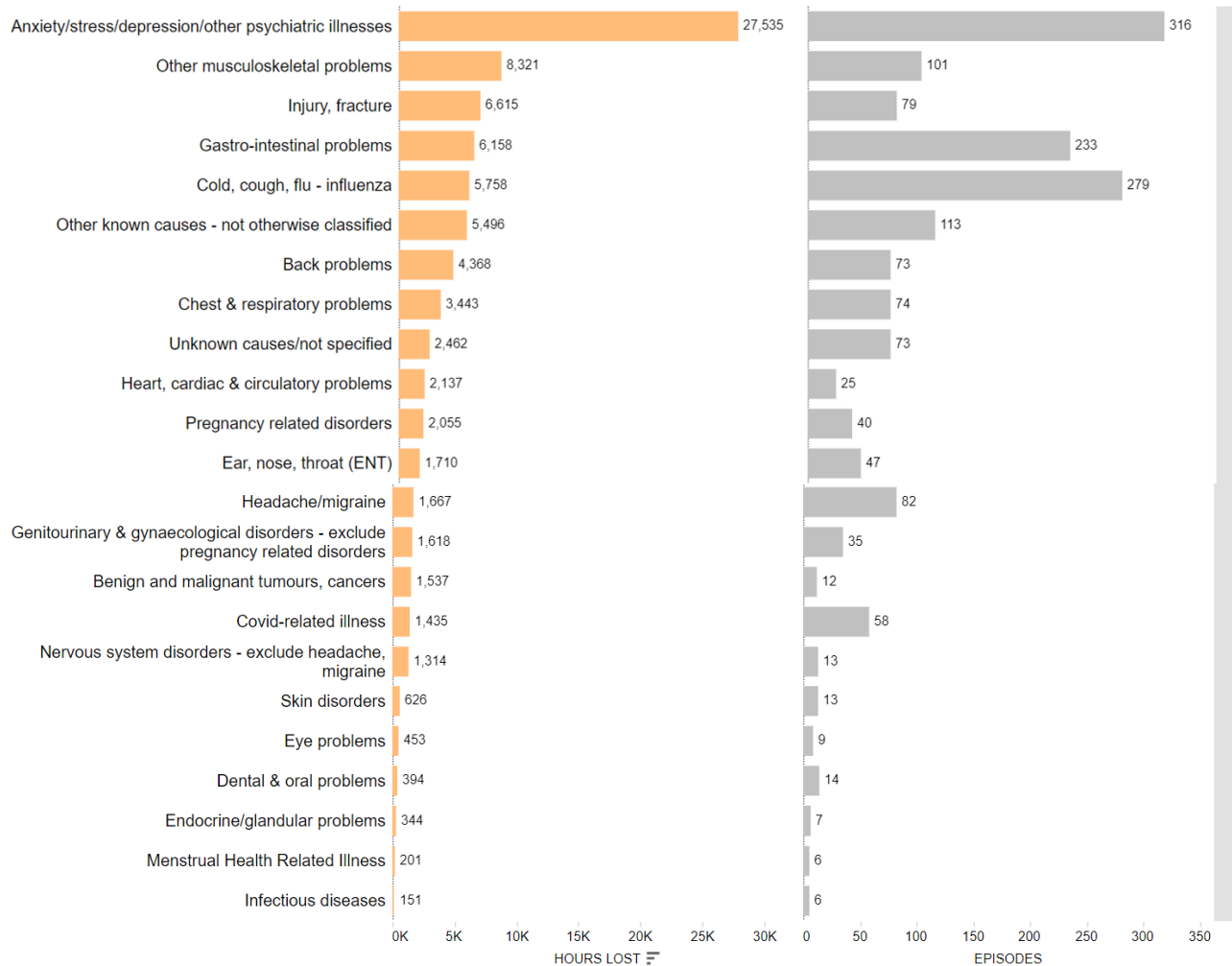Select Month(s): September 2024

Not Meeting Target

NHS Fife Absence Episodes and Hours Lost by Reason – September 2024

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

Reason	Hours Lost	Episodes
Anxiety/stress/depression/other psychiatric illnesses	27,535	316
Other musculoskeletal problems	8,321	101
Injury, fracture	6,615	79
Gastro-intestinal problems	6,158	233
Cold, cough, flu - influenza	5,758	279
Other known causes - not otherwise classified	5,496	113
Back problems	4,368	73
Chest & respiratory problems	3,443	74
Unknown causes/not specified	2,462	73
Heart, cardiac & circulatory problems	2,137	25
Pregnancy related disorders	2,055	40
Ear, nose, throat (ENT)	1,710	47
Headache/migraine	1,667	82
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	1,618	35
Benign and malignant tumours, cancers	1,537	12
Covid-related illness	1,435	58
Nervous system disorders - exclude headache, migraine	1,314	13
Skin disorders	626	13
Eye problems	453	9
Dental & oral problems	394	14
Endocrine/glandular problems	344	7
Menstrual Health Related Illness	201	6
Infectious diseases	151	6

7/10

46/284

NHS FIfe Hot Spot Areas – July to September 2024

High Priority Departments - Latest Three Months
Filter Department by Priority

High Priority ▾

Export
Click here to select all data for export into Excel

Department	WTE (Current)	Absence Rate	
Community Respiratory Team	6.6	27.1	■
Medical Records Nef	6.1	26.3	■
Wbh Day Nursing Ravenscraig	25.8	21.2	■
Hs - Frs Ward Nurses	18.5	20.7	■
S'eden Day Nurse Dunino	19.5	19.8	■
Addictions Drugs Mission Fund	16.9	19.2	■
Qmh Antenatal Clinic	9.5	19.1	■
Cs - Ict Lmouth Cameron Ot	8.2	19.0	■
Pall Care Outreach	17.5	18.9	■
S'eden Admin Medical Support	9.6	18.8	■
Icass Dunfermline Admin	10.6	18.2	■
Practice Education Facilitator	6.9	17.6	■
Pall Care Hospice	25.3	17.5	■
Cs - Ict Cupar Dn Team	15.4	17.4	■
Radernie Low Secure Day Nurs	24.0	17.3	■
Qmh Ward 5	41.3	17.0	■
Hs - Frs Physiotherapy	6.6	16.8	■
Pharmacy Vaccine	6.0	16.7	■
Camhs Primary Mental Hlth Team	6.8	16.5	■
Switchboard	9.9	16.3	■
Cancer Audit Team	12.8	16.2	■
Ld Service Tayview Ward	16.3	15.8	■
Vhk Endoscopy Specialist Nurse	10.6	15.7	■
Vhk Ward 6 Assisted Discharge	54.0	15.7	■
Child Development Centres	10.8	15.6	■
Ff Vhk Portering	51.0	15.4	■
Qmh Mh Day Nursing Ward 2	25.1	15.4	■
Ff Adamson Hos Cleaning	8.1	15.3	■
S'eden Day Nurse Lomond	24.6	15.0	■
Women And Children Management	10.4	14.9	■
Hs - Glen Hosp Wd 1 Nurs	23.7	14.9	■
Hp Irc + Training	6.5	14.6	■
Vhk Ward 23 Cardiology	49.2	14.6	■
Qmh Endoscopy Regional Centre	10.1	14.5	■
Cs - Ict Cupar Physio	8.0	14.5	■
Ntc Sg Addnl - Radiology	7.4	14.4	■
Camhs Generic Community Team	12.2	12.9	■
Vhk Antenatal Clinic	16.2	12.9	■
Lynebank H Nurse Cpn	22.1	12.9	■
Ff Qmh Fac Cleaning	50.2	12.7	■
Medical Secretaries	56.4	12.7	■
Ff Qmh Fac Cleaning Wkly	6.9	12.6	■
Ff S'eden Cleaning Gen	25.9	12.3	■
Vhk Ward 31 - Orthopaedics	48.1	12.3	■
Vhk Labs Microbiology	35.5	12.2	■
Vhk Ward 34 Haematology	25.8	12.2	■
Vhk Theatre General - Phase 3	61.4	11.8	■
Vhk Maternity Assessment	18.0	11.8	■
Qmh Outpatients	16.0	14.4	■
Vhk Outpatients	21.1	14.4	■
Vhk Midwife Led Unit	19.8	14.3	■
S'eden Day Nse Muirview	22.2	14.1	■
Hs - Cam Hosp Letham Nurs	23.7	14.0	■
Speech Therapy Salt Admin	7.5	13.9	■
Creditors	9.8	13.6	■
Vhk Ward 33 - Orthopaedics	38.3	13.4	■
East Region Health Protection	7.4	13.3	■
Vhk Orthoptics	6.7	13.1	■
Ff Vhk Cleaning Ph 3	37.5	13.0	■
Hs - Glen Hosp Wd 3 Nurs	16.8	12.9	■

High Priority Departments - Latest Three Months
Filter Department by Priority

High Priority	▼

Export	Department	WTE (Current)	Absence Rate	
	Ff Cam Hos Cleaning	17.4	11.8	■
	Vhk Mhdu	26.4	11.7	■
	Kirkcaldy Team District Nrs	32.3	11.6	■
	Ff Vhk Cleaning	114.4	11.6	■
	Vhk Icu	68.8	11.3	■
	Hs - Glen Hosp Wd 2 Nurs	24.2	11.3	■
	Kirkcaldy Hospital At Home	18.2	11.2	■
	Hs - Cam Hosp Balcurvie Nurs	26.1	11.0	■
	Vhk Ward 43 Respiratory	46.0	11.0	■
	Vhk Endoscopy	43.5	10.9	■
	Integrated Sexual Hlth Nursing	16.0	10.8	■
	Cs - Ict St Andrews Dn Team	23.3	10.7	■
	Ntc Core - Vhk Ward 10 - Orthopaedics	25.1	10.7	■
	Vhk Ward 32 Moe	39.3	10.6	■
	Vhk Shdu	29.5	10.5	■
	Comm Alcohol & Drug Service	53.8	10.5	■
	Ff Vhk Catering Pat	43.3	10.2	■
	Hs - St Andrews Hosp Wd 2 Nurs	17.1	10.0	■
	Cowdenbeath Team District Nrs	25.3	9.9	■
	Ff Vhk Laundry Fac Gen	25.6	9.8	■
	Vhk Neonatal Unit	36.6	9.8	■
	Admissions Unit 1	96.9	9.6	■
	Vhk Consultant Led Unit	47.6	9.3	■
	Vhk Ward 22 Renal	38.2	9.3	■
	Vhk Ward 41 Moe	41.0	9.3	■
	Vhk Gynae Ward 24	20.9	9.2	■
	Cairnie House Day Nursing	18.2	9.2	■
	Qmh Ward 8	21.9	9.1	■
	Vhk Ward 51 Acute Medical	18.9	9.0	■
	Vhk Labs Clinical Chemistry	28.4	9.0	■
	Vhk Ward 53 General Medicine	41.4	8.9	■
	Qmh Ward 7 Stroke	29.7	8.6	■
	Cpn Old Age Central Fife	22.1	8.5	■
	Qmh Ward 6	31.2	8.5	■
	Vhk Odp	36.2	8.1	■
	Acute Pharmacy Technical Servs	62.5	7.9	■
	Vhk Ward 52 - General Surgery	36.4	7.8	■
	Camhs Demand And Wait List	32.2	7.7	■
	Pcif Ctac	80.7	7.6	■
	Covid-19 Vaccination Costs	70.9	7.4	■
	Vhk Ward 42 Stroke	38.1	7.3	■
	Acute Pharmacy Clinical Servs	71.2	7.3	■
	Qmh Theatres	57.7	7.1	■

Appendix 2: Heat Map Data

| | Staff living in quintile: | 1907 | 2322 | 2040 | 2143 | 2403 | | | | | | |
| | Hours available in quintile: | 2821435 | 3442478 | 3028816 | 3205485 | 3536824 | | | | | | |

Row Labels	Hours Lost 1	2	3	4	5	(blank)	Hours Available 1	2	3	4	5	Absences 1	2	3	4	5	(blank)	Total Hours Lost	Total Absence
Anxiety/stress/depression/other psychiatric illnesses	89306.79	88833.29	68604.45	66901.47	50821.37		3.17%	2.58%	2.27%	2.09%	1.44%	327	312	257	216	216		364726.37	1328
Asthma	1108.20	442.50	612.50	255.00	196.50		0.04%	0.01%	0.02%	0.01%	0.01%	9	8	7	5	7		2614.70	36
Back problems	13663.81	12255.35	10099.00	7371.89	9516.94		0.48%	0.36%	0.33%	0.23%	0.27%	96	103	85	67	82		53224.58	433
Benign and malignant tumours, cancers	9966.19	9371.90	14003.10	6545.48	7883.63		0.35%	0.27%	0.46%	0.20%	0.22%	10	15	17	11	17		47770.31	70
Blood disorders	1526.08	423.00	2678.10	1375.00	3538.64		0.05%	0.01%	0.09%	0.04%	0.10%	7	7	4	7	6		9540.82	31
Burns, poisoning, frostbite, hypothermia	143.50	219.00	13.50	4.75	64.50		0.01%	0.01%	0.00%	0.00%	0.00%	4	5	1	1	2		445.25	13
Chest & respiratory problems	16495.86	14835.90	9863.16	9844.36	12490.30		0.58%	0.43%	0.33%	0.31%	0.35%	180	216	150	151	178		63897.08	875
Cold, cough, flu – influenza	16081.74	16628.25	16184.81	14535.00	14934.43		0.57%	0.48%	0.53%	0.45%	0.42%	490	567	527	506	534		79077.23	2624
Covid-related illness	2958.66	4872.85	5052.51	4779.87	8112.71		0.10%	0.14%	0.17%	0.15%	0.23%	99	147	120	133	138		25905.60	637
Dental & oral problems	1079.75	1210.74	1567.69	428.22	1271.32		0.04%	0.04%	0.05%	0.01%	0.04%	45	45	25	29	29		5626.72	173
Ear, nose, throat	4052.93	4004.02	3688.08	3428.73	5075.50		0.14%	0.12%	0.12%	0.11%	0.14%	88	111	91	75	101		20316.26	466
Endocrine/glandular problems	1308.35	1901.25	2280.53	1039.35	124.25		0.05%	0.06%	0.08%	0.03%	0.00%	14	15	8	8	3		6653.73	48
Eye problems	2502.30	1737.97	1877.95	844.30	1356.49		0.09%	0.05%	0.06%	0.03%	0.04%	20	23	22	15	22		8330.51	102
Gastro-intestinal problems	17721.27	26417.09	15013.79	14780.79	13079.29		0.63%	0.77%	0.50%	0.46%	0.37%	506	616	462	415	428		87354.02	2427
Genitourinary & gynaecological disorders	6945.18	10310.66	9637.08	4801.26	5333.76		0.25%	0.30%	0.32%	0.15%	0.15%	75	89	76	59	57		37215.44	356
Headache/migraine	2924.61	4939.85	2325.93	3172.57	1828.43		0.10%	0.14%	0.08%	0.10%	0.05%	116	163	114	123	110		15357.19	626
Heart, cardiac & circulatory problems	5996.65	4697.70	5583.77	7212.59	2692.86		0.21%	0.14%	0.18%	0.23%	0.08%	30	27	26	27	17		26183.57	127
Infectious diseases	590.35	1501.40	704.90	511.00	488.60		0.02%	0.04%	0.02%	0.02%	0.01%	25	23	21	15	12		3796.25	96
Injury, fracture	21521.78	19479.88	15456.43	10369.55	11015.95		0.76%	0.57%	0.51%	0.32%	0.31%	101	111	98	70	76		77918.09	456
Menopause	1094.20	47.65	394.75	121.25	451.47		0.04%	0.00%	0.01%	0.00%	0.01%	2	4	3	4	3		2109.32	16
Nervous system disorders	3305.34	3694.90	2755.62	2343.39	1030.63		0.12%	0.11%	0.09%	0.07%	0.03%	14	22	12	14	9		13129.88	71
Other known causes not elsewhere classified in SA schem	21361.24	21414.75	17299.79	15024.80	14500.36		0.76%	0.62%	0.57%	0.47%	0.41%	202	206	167	148	157		89661.44	880
Other musculoskeletal problems	25855.52	37690.40	12070.41	14559.72	16743.84		0.92%	1.09%	0.40%	0.45%	0.47%	120	139	86	74	80		107252.89	499
Pregnancy related disorders	3771.65	6869.79	3338.00	3896.40	3281.22		0.13%	0.20%	0.11%	0.12%	0.09%	33	44	33	35	27		21157.06	172
Skin disorders	2166.25	3093.67	2188.61	1594.37	252.16		0.08%	0.09%	0.07%	0.05%	0.01%	28	31	16	16	13		9364.56	104
Substance abuse			11.50	16.00			0.00%	0.00%	0.00%	0.00%	0.00%			1	1			27.50	2
Unknown causes/not specified	14385.21	14722.37	9753.72	13149.67	11391.13		0.51%	0.43%	0.32%	0.41%	0.32%	228	252	205	210	219		64045.94	1114
Violence & Aggression	90.00	23.00			31.50		0.00%	0.00%	0.00%	0.00%	0.00%	1	2			2		144.50	5
(blank)																			
Grand Total	**287923.40**	**311639.13**	**233059.69**	**208906.77**	**197507.78**	3810.03	**10.20%**	**9.05%**	**7.69%**	**6.52%**	**5.58%**	**2870**	**3303**	**2634**	**2435**	**2545**		**1242846.82**	**13787**
Average length of absence:	100.32	94.35	88.48	85.79	77.61														

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 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 September 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 25 September 2024 so that the Committee can clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2 Background

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

2.3 Assessment

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

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No known impact.

2.3.7 Communication, Involvement, Engagement and Consultation

Discussion at previous Staff Governance Committee meetings.

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2024/2025 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the previous meetings and items planned for the meeting on 5 November 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 25 September 2024.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2024/2025

Governance – General								
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**	
Minutes of Previous Meeting	**Chair**	✔	✔	✔	✔	✔	✔	
Action List	**Chair**	✔	✔	✔	✔	✔	✔	
Minutes of Other Committees & Groups	**Chair**	✔	✔	✔	✔	✔	✔	
Escalation of Issues to Fife NHS Board	**Chair**	✔	✔	✔	✔	✔	✔	
Chair's Assurance Report Presented to Fife NHS Board	**Chair**			✔	✔	✔	✔	
Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board	**Chair**		✔	✔	✔	✔	✔	
Governance Matters								
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**	
Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026	**Director of Workforce**			✔				
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2024/2025	**Director of Workforce**	✔	✔	✔	✔	✔	✔ **Final**	
Annual Staff Governance Committee Workplan: Proposed 2025/2026	**Director of Workforce**					✔ **Draft**	✔ **Final**	

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

Governance Matters (Continued)							
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**
Annual Review of Staff Governance Committee Terms of Reference	**Head of Corporate Governance & Board Secretary**						✓
Corporate Risks Aligned to Staff Governance Committee	**Director of Workforce**	✓ **Deep Dive: Pharmacy Workforce Overview**	✓	✓ **Deep Dive: Nursing & Midwifery Workforce**	**Deferred to 7/1/25**	✓	✓
Staff Governance Committee Annual Statement of Assurance 2023/2024	**Head of Corporate Governance & Board Secretary**	✓					
Staff Governance Committee Self Assessment Report 2024/2025	**Head of Corporate Governance & Board Secretary**						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**				✓		
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	**Director of Workforce**	✓		✓ **Quarter 1 Report**		✓ **Quarter 2 Report**	✓ **Quarter 3 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**	✓		✓	✓	

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Strategy / Planning							
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**
Reform, Transform and Perform Update	**Director of Reform and Transformation**	✓ (Private)	✓ (Private)	✓	✓	✓	✓
Corporate Objectives 2024/2025	**Chief Executive / Director of Finance & Strategy**	**Deferred to 9/7/24**	✓				
Annual Delivery Plan 2024/2025	**Director of Finance & Strategy**	✓	✓ **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 2024/2025 Mid-Year Review	**Director of Finance & Strategy**				**Deferred to 4/3/25**		✓
Workforce Planning Update	**Head of Workforce Planning and Staff Wellbeing**		✓	✓	**Deferred to 7/1/25**	✓	✓
NHS Fife Projects / Programmes							
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**
Primary Care Improvement Plan 2024/2025	**Director of Health & Social Care Partnership**			✓ **Progress Update**		**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							
• Appropriately Trained							
- Medical Appraisal & Revalidation Annual Report 2023/2024	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2023/2024	**Director of Nursing**				✓		
- Core Skills / Mandatory Training - PDPR Uptake - Protected Learning Time	**Associate Director of Culture, Development & Wellbeing**		✓		✓		✓
• Improved and Safe Working Environment	**Director of Property & Asset Management**	Deferred to 9/7/24	✓	✓	✓	✓	✓
• Well Informed – Communication & Feedback	**Associate Director of Communications**	✓		✓			
• Treated Fairly and Consistently - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions - iMatter Report	**Associate Director of Culture, Development & Wellbeing**			✓		✓	

Annual Reports / Other Reports

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

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Annual Reports / Other Reports (Continued)							
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**
Staff Governance Annual Monitoring Return 2023/2024	**Head of Workforce Resourcing & Relations**	✓ 2022/2023 Feedback	✓ 2023/2024 Update		✓ 2023/2024 Draft Return		
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024	**Co-Chairs of LPF**			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024	**Co-Chairs of LPF**			✓			
Occupational Health and Wellbeing Service Annual Report 2023/2024	**Head of Workforce Planning & Staff Wellbeing**				✓		
Whistleblowing Annual Report 2023/2024	**Head of Corporate Governance & Board Secretary**	✓					
Volunteering Annual Report 2023/2024	**Director of Nursing**				✓		
Linked Committee Minutes							
	Lead	**14/5/24**	**9/7/24**	**3/9/24**	**5/11/24**	**7/1/25**	**4/3/25**
Area Partnership Forum	**Head of Workforce Resourcing & Relations**	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	**Director of Acute Services**	✓	✓	✓	✓	✓	✓
Health and Social Care Partnership Local Partnership Forum	**Director of Health & Social Care Partnership**	✓	✓	Not provided	✓	✓	✓
Workforce Planning Group	**Head of Workforce Planning & Staff Wellbeing**		✓			TBC	TBC

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

Linked Committee Minutes (Continued)

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Health and Safety Sub Committee	**Director of Property & Asset Management**	✔	✔		✔	✔	
Equality & Human Rights Strategy Group	**Director of Nursing**		Meeting Cancelled	✔		✔	
Medical & Dental Professional Standards Oversight Group	**Medical Director**		✔	✔	✔	✔	✔

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**		✔	✔	✔	✔	✔

Staff Governance Annual Workplan 2024-2025
22 October 2024
*Items on the agenda and their timing continue to be reviewed and may be subject to change

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Originator: Workforce Directorate

10/12   59/284

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

Staff Governance Annual Workplan 2024-2025
22 October 2024
 *Items on the agenda and their timing continue to be reviewed and may be subject to change

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Originator: Workforce Directorate

11/12

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Briefing Sessions	
Session 1: Tuesday 18 February 2025 at 2.00 pm to 3.30 pm	**Lead(s)**
• Staff Governance Standard: Employee Director	Lynne Parsons, Employee Director
• eRostering & SafeCare Demonstration	Nicola Maher, Programme Manager /
Future Briefing Session Topics	**Lead(s)**
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Associate Director Digital & Information
• 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)

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

12/12   61/284

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 5 November 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, covering:

- Supplementary Staffing – savings achieved to date
- Non-Compliant Rotas
- Voluntary Severance
- Recurring Pay pressures
- Non-pay elements of 2023/24 pay award

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.

The Workforce workstream had their initial meeting on 21st February and met fortnightly until 17th April. 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 and transformation work required to produce efficiencies. The group continue to meet fortnightly to provide governance oversight to the projects in this programme of work, a further review of group membership was undertaken in early September to ensure that membership was fully representative.

2.3 Assessment

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

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

Supplementary Staffing

The use of supplementary staff is established practice to cover staff absence due to leave or where there are vacancies within services. Annual supplementary staffing costs have totalled circa £50M across NHS Fife for the last two years. In order to reduce the reliance on supplementary staffing across the system, a savings target of £5M was approved in Boards financial plan for 2024/25 for Health Board retained services and a £3M savings target was approved in the 2024/25 financial plan for the Health and Social Care Partnership (HSCP). Table 1 below describes the reduction in supplementary staffing, namely nursing and medical staffing to the end of September 2024 and highlights how NHS Fife has successfully supported delivery of the Scottish Government Supplementary Staffing Task & Finish Group recommendations as below:

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

Supplementary staffing on Health Board retained services have reduced from average monthly cost in 2022/23 of circa £2m to just over £1m in 2024/25. This reduction reflects the various initiatives taken forward in 2023/24 to invest in permanent staffing and fill vacancies alongside improved grip and control measures. Extremely challenging workforce issues have prevented the HSCP from reducing the monthly spend on supplementary staffing at the same level as health board retained services. However, initiatives are being taken forward by HSCP management teams which should see reduction emerge in the coming months.

The Supplementary Staffing group have developed escalation processes for nursing and medical locums for standard placements in addition to those provided for direct engagement locums. They have also provided oversight of monthly review of the Top 5 Spend areas in Acute Services and HSCP and supported deep dives into areas of concern and provided supportive or corrective action.

	Table 1	Total Spend to Sept 2024	2024/25 Average Spend per Month	2023/24 Average Spend per Month	2022/23 Average Spend per Month incl Covid 19
Health Board Retained	Medical NHS Locum	1,576,848	262,808	226,061	209,307
	Medical Agency	1,763,750	293,958	447,248	557,773
	Nurse Agency	338,854	56,476	519,260	632,325
	Nurse Bank	2,437,351	406,225	564,298	558,170
	Sub Total HBR	**6,116,803**	**1,019,467**	**1,756,867**	**1,957,575**
Health Delegated (H&SCP)	Medical NHS Locum	1,045,134	174,189	245,321	208,792
	Medical Agency	6,125,094	1,020,849	913,579	452,483
	Nurse Agency	1,731,263	288,544	505,706	602,075
	Nurse Bank	6,255,453	1,042,575	979,358	809,198
	Sub Total H&SCP	**15,156,944**	**2,526,157**	**2,643,964**	**2,072,547**
	Total	**21,273,747**	**3,545,624**	**4,400,831**	**4,030,122**

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

Direct Engagement

The Direct Engagement model of locum engagement was rolled out from 5th August to deliver VAT cost savings associated with agency locums. Savings from start up to present* are to the value of £109,503 across all of NHS Fife (Acute and HSCP). Additional work is being undertaken to increase compliance rates, which are currently at 50%, with a stretch aim of reaching 90% by January 2025 to maximise savings potential. The direct engagement model has the potential to achieve in the region of £1M savings in future years if target compliance levels are reached. There will be additional cost savings associated this year as locum agency commission rates have been capped in line with framework agreements

instead of locally negotiated rates which were often alleviated from the framework maximum cap. Travel expenses and 100% on call arrangements have also now ceased which will increase efficiency savings on locum spend. From 4th November 2024, all locum bookings including non-framework will be on the centralised booking system, TempRE which will increase visibility for monitoring and reporting purposes.

*Savings and spend correct as of timesheets processed and paid up until 20/10/2024.

Non-compliant Rota Review

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

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

Voluntary severance

A voluntary severance policy has been prepared and agreed in principle by Area Partnership Forum and will be made available to select groups of staff through targeted communications to managers. A suggested £1M of National Resource Allocation (NRAC) funding has been identified to provide this pending Board approval.

Recurring Pay Pressures

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

Non-pay elements of 2023/24 pay deal

As part of the pay settlement for Agenda for Change (AfC) staff in the 2023/24 pay deal recommendations were made to introduce three non-pay related components to the deal, these were:

- Reduction in working week
- Protected learning
- Review Band 5 nursing roles

Reduction in Working Week

The Short Life Working Group (SLWG) for the reduction in working week have ensured that, where guidance was available, clear communications were provided to services on implementation of the reduction. They have also worked to map progress during the 6-months from implementation and agreed reporting on financial implications. Further work is planned to understand the implications this will have as further reductions in year 2 and 3 take effect.

Band 5 Nursing Review

A short life working group was stood up to oversee this project and work is underway to deliver briefing sessions to both band 5 nurses and their line managers over the coming months as well as the training of new job evaluation matchers to manage the additional activity in the system. The group are also overseeing the implementation of the quality checking of submissions and batching guidance that was issued nationally.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

The financial and workforce risks within NHS Fife are clearly understood, and the work of the People & Change Board will help NHS Fife to address some of these in a controlled manner. A risk register from the three main strands of the programme has been created,

risks are logged on Datix and reviewed monthly along with mitigations. Any required escalation is through the RTP governance structure.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

There are no appendices included with this report.

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

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 5 November 2024**
Title:	**Annual Delivery Plan 2024/25 Q2 update**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

Executive Summary

- This report contains quarter 2 update on progress for Annual Delivery Plan (ADP) 2024/25.

- There are 21 deliverables aligned to Improve Staff Experience and Wellbeing Strategic Priority. As of the end of Sep-24 (quarter 2 of 2024/25), there are 16 (76.2%) being **'on track'**. Additionally, there **are five** deliverables that are **'at risk'**.

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

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	9	22	1	1	35
Improve Quality of Health and Care Services	1	24	58	4	-	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	6	12	40	2	-	60
Total	**9**	**50**	**138**	**7**	**1**	**205**

- This report provides Moderate Level of Assurance.

1.   Purpose

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

This report relates to:
- Annual Delivery Plan 2024/25

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 final Annual Delivery Plan 2024/25 and accompanying approval letter from the Scottish Government to the NHS Fife Board for final approval.

2.2 Background

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

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

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

The 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

2024/25 Quarter 2 Update

There are now **205** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are 43 deliverables that are not aligned to a Recovery Driver.

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

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

As of end of Sep-24 (Quarter 2 of 2024/25), there are seven deliverables that are **'complete'** with most (67.3%/138) **'on track'**. There are nine deliverables that are **'unlikely to complete on time/meet target'**. There is also **one** deliverable that has been **'suspended/ cancelled'**.
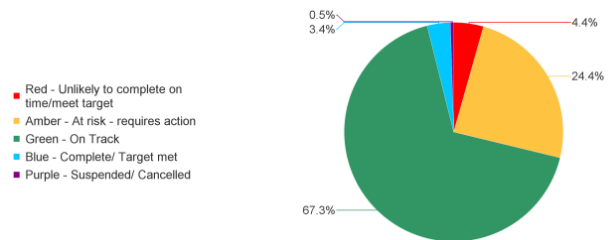
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met
Purple - Suspended/ Cancelled

There are 21 deliverables aligned to Improve Staff Experience and Wellbeing Strategic Priority. Listed below is the deliverable **'at risk'** at quarter 2 than were 'on track' at quarter 1.

Deliverable
At risk – requires action

	Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.

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

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors Group 17 October 2024
- Clinical Governance Committee 1 November 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – this report provides a **Moderate** level of assurance.
- **Endorse**– Endorse the ADP Q2 return for endorsement at the committees and formal approval at Board and for submission to Scottish Government.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife ADP 202425 Quarterly Report Q2

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

Annual Delivery Plan 2024/25 - Q2 Progress Summary

Q2 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	1	8	13	1		**23**
2. Urgent and Unscheduled Care	2	6	7			**15**
3. Mental Health		5	11	2		**18**
4. Planned Care			9			**9**
5. Cancer Care	1	1	4			**6**
6. Health Inequalities		7	18	1	1	**27**
7. Women & Children Health	2	5	5	1		**13**
8. Workforce		2	16			**18**
9. Digital & Innovation	1	8	12			**21**
10. Climate		2	11			**13**
Other	2	6	32	2		**42**
To Improve Health and Wellbeing	2	9	22	1	1	**35**
To Improve the Quality of Health and Care Services	1	24	58	4		**87**
To Improve Staff Experience and Wellbeing		5	16			**21**
To Deliver Value & Sustainability	6	12	40	2		**60**
ALL			2			**2**
Total	**9**	**50**	**138**	**7**	**1**	**205**

- Red - Unlikely to complete on time/meet target
- Amber - At risk - requires action
- Green - On Track
- Blue - Complete/ Target met
- Purple - Suspended/ Cancelled

0.5%
3.4%
4.4%
24.4%
67.3%
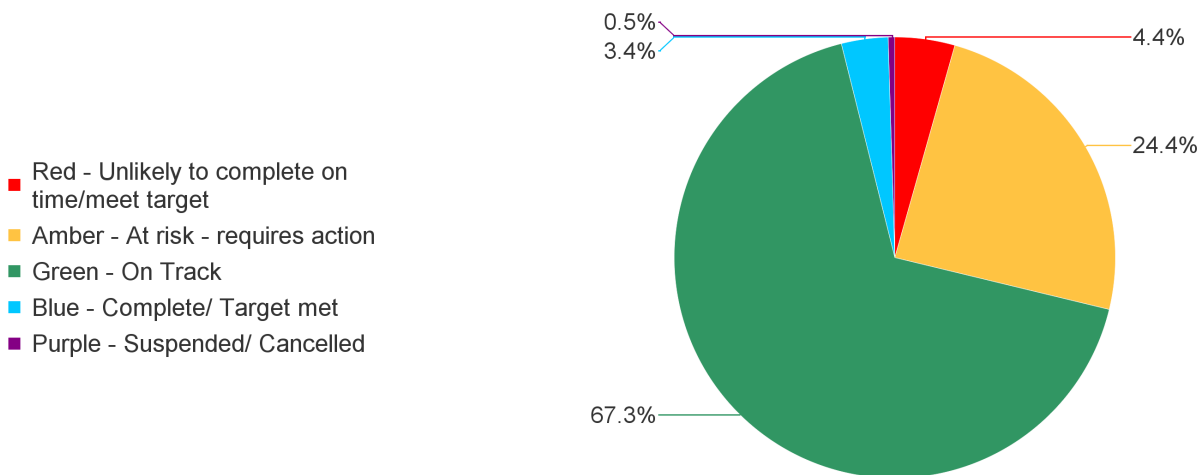
Annual Delivery Plan 2024/25 - Q2 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation	Digital	Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services'	To Deliver Value & Sustainability	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
SLA and External Activity	Finance & Strategy	Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside	To Deliver Value & Sustainability	**Red - Unlikely to complete on time/meet target**	**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	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	To Deliver Value & Sustainability	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	To Deliver Value & Sustainability	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Digital & Information Projects	Digital	Ongoing	Assess Benefits for Quarter	To Deliver Value & Sustainability	**Green - On Track**	**Amber - At risk - requires action**
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing. Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.	To Deliver Value & Sustainability	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Estates Rationalisation	Property & Asset Management	Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead) Cameron phased decants are underway as planned and on track. Site plans for Stratheden and discussions with Fife Council are underway and on track	VHK E&F/L8 bookable desks works Identify further hot desk hubs Cameron alternative clinical area identified for displaced team Fife Council solutions in place (Fife House & Bankhead) including IT Cameron phased decants Site consolidation/disposal plans further developed	To Deliver Value & Sustainability	**Green - On Track**	**Green - On Track**
Infrastructure - Workforce	Digital	Completed work for Cameron	Decommission Cameron Establish other hotdesking locations	To Deliver Value & Sustainability	**Green - On Track**	**Green - On Track**
Non-compliant Rotas	Medical Directorate	Assurance remains as moderate due to controls put in place at service level to encourage rota compliance. Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.	Approve SOPs/escalation process Approve and distribute new induction packs and implementation Approval of Wellbeing comms Potential Doctors mess redesign Rotas go live, monitoring to commence Communications strategy for new DDiT & Gateway EU live Rota monitoring begins	To Improve the Quality of Health and Care Services	**Green - On Track**	**Green - On Track**
Procurement Savings within Acute Services	Acute Services	21 schemes in progress, In year on track for 79%/ FYE will be 88% of target: -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up 11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	**Amber - At risk - requires action**	**Green - On Track**

Annual Delivery Plan 2024/25 - Q2 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	The PDS cannot influence Dental registration in Fife, however we continue to provide targeted and emergency treatment appointments for patients. We work closely with the Scottish Government to have a collaborative approach to Dental body corporates. Ensure SDAI grants are available to GDP's in the areas of greatest need.		1. Primary and Community Care	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Children's speech, language and communication development Plan		Work with Health Promotion has not been a focused priority due to other pressures in both services. Although relevant strategic strands have been identified, SLT colleagues have not yet been informed of the forums that exist and how to start to engage with others to develop a plan.		7. Women & Children Health	**Green - On Track**	**Red - Unlikely to complete on time/meet target**
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		National discussions ongoing to scope Public Health response	No further progress from Q1		**Amber - At risk - requires action**	**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)		A delivery plan for Fife has been developed, due to be reviewed and agreed by End of October. Task Group for HCV elimination in Fife has not yet been reestablished due to operational/workforce pressures. SG expectation is for elimination by March 2025. Finance & resource dependencies being considered as available budget insufficient to meet in year target.		1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Improved Fife-wide ADHD pathways for children & Young people	7.1	Due to a change in Children's Service Manager in the H&SCP and also the lead for the ADHD review, there has been no further progress or update provided. It is hoped this will recommence as soon as possible.		7. Women & Children Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
National - Child Health Replacement	9.1	Await delivery via National Teams		9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 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	Initial application decision expected 03.10.2024 with final decision 03.11.2024.	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Contribute to Fife Partnership Board review of Fife strategic assessment and opportunities for collaborative working and using the Marmott principles. Application submitted for the Institute of Health Equity and Public Health Scotland Collaboration Programme using the Marmot Principles.	6. Health Inequalities	**Amber - At risk - requires action**	**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	Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.		1. Primary and Community Care	**Green - On Track**	**Amber - At risk - requires action**
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The aim is to take the strategy to IJB within 3rd quarter and will align with the national strategy. The working group has been established and work is ongoing.	Work on the draft strategy will continue, this will include a review of the draft strategic priorities to ensure alignment with identified issues and challenges.	3. Mental Health	**Green - On Track**	**Amber - At risk - requires action**
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The refreshed National CP Guidance has meant that all processes within multi agencies have had to be reviewed and streamlined. This is transformational change and has required extensive work to put in place. we envisage all pathways to be completed and full guidance implementation by Dec 24.		7. Women & Children Health	**Green - On Track**	**Amber - At risk - requires action**
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis		Clinic provision running at 45 clinics per week. Q1 data 85% of LDP Standard. We have progressed this work on target with provision of stands as planned.	Weekly Outreach work in identified localities of deprivation and need. Work continues to develop a robust referral pathway to the service from across the FHSCP, acute & primary services. Referrals from maternity services for pregnant smokers has remained steady, there are currently 42 active caseloads for pregnant smokers, weekly clinics in the VHK maternity unit.	1. Primary and Community Care	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group.	Identify funding source to continue NHS actions including income maximisation for pregnant women and parents of under 5s beyond Sept 2024; explore expansion to community child health services, bid submitted. Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty	7. Women & Children Health	Amber - At risk - requires action	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	Work continues on the development of Clinical Pathways and achieving the National CAMHS spec.		3. Mental Health	Green - On Track	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	Ongoing recruitment continues to ensure the service is fully staffed.

The Early Intervention Service continues to ensure children and young people receive the right intervention at the right time and by the right people.

The focus groups continue to be developed and will be rolled out in due course.

The service has recently reviewed its RTT trajectory and introduced improvements to ensure it meets and sustains RTT by February 2025. | Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access

Ongoing recruitment to ensure workforce is at full capacity

Fife CAMHS Early Intervention Service will develop a Parent and Carer Focus Group to identify areas of improvement to better meet the needs of families in Fife prior to referrals being made. | 3. Mental Health | Green - On Track | Green - On Track |
| Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award | 6.3 | Work remains on track to achieve our milestones outlaid in Q4 for 2024/25 | | 6. Health Inequalities | Green - On Track | Green - On Track |
| Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines. | 6.7 | Contributed to End of Yr 2/Programme End Report which was received favourably at governance groups.

Attended 2nd meeting of new HRPM Safety Group, contributed to discussions re dissemination of Programme End Report, ongoing EQIA requirements for HRPM work and prioritisation of future areas of work of group, including ways to demonstrate impact | Provide public health perspective on HRPM Safety Group

Advise and support evaluation aspects of HRPM work | 6. Health Inequalities | Green - On Track | Green - On Track |
| Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners. | | The Public Health Intelligence Team has continued to undertake work across all priorities including work on children and young peoples health and wellbeing, infant feeding and alcohol and drug related hospital admissions. | Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate. | 6. Health Inequalities | Green - On Track | Green - On Track |

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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	The safety programme is progressing as planned, with key groups and engagement in place. The annual report is currently going through governance committees.	Continuing to ensure safety groups have focussed delivery of agreed objectives. Establishment of owners within MDT to broaden buy-in and drive. Continued development of engagement report Board development session on meds safety to be delivered Annual report progressing through governance committees for review	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Develop and Enhance Children's Services		Phase 2 IRD health operating model pilot PDSA completed, final phase commenced. Project team established to progress phased approach to health raised IRDs. Multi agency GIRFEC Guidance Training through PDS (Funded through WFWF). Child Wellbeing Pathway Implementation Group established to lead on the CWP refresh which aligns to the GIRFC refresh. UNCRC Incorporation Act becomes law in July 2024. Merging of health care and care experience community group with the Promise SLWG to progress the Promise work in NHS/HSCP Fife. Promise Plan 24-30 published by SG and being discussed at HC & The Promise merged group.	Continue Roll out of multiagency training (GIRFEC)	7. Women & Children Health	**Green - On Track**	**Green - On Track**
Development of improved digital processes i.e. online pre-employment and management referral programmes.		COHORT upgrade in progress.	Consideration and development of options for OH system procurement in line with current system contract expiry.	8. Workforce	**Green - On Track**	**Green - On Track**
Ensure effective coordination and governance for adult screening programmes in Fife		The Cervical Exclusion Audit - review of all 10,409 records is complete and all participants have received letters about the audit outcome. Follow up clinics at Primary Care and Gynaecology are still ongoing. Ongoing work to recruit staff to deliver the Inequalities Action Plan and the Bridging the Gap Project.	Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit.	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.		Review of vaccine preventable disease and uptake data as per annual workplan at Area Immunisation Steering Group (AISG) meeting on 03/06/24. AISG Annual Assurance statement submitted to Public Health Assurance Committee at meeting 12/06/24. Annual Immunisation Report submitted and presented at Public Health & Wellbeing Committee on 01/07/24 along side refreshed Immunisation Strategic Framework 2024 - 2027.	Submission of Annual Immunisation Report. Refreshed 2024-2027 Immunisation Strategic Framework. Submission of AISG annual assurance report to Public Health Assurance Committee.	6. Health Inequalities	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	EDG paper prepared on future OH Service delivery.	Review and retention of bank and admin fixed term contracts Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife Examine the effects of diversification of service provision and implications on OH Team resources Consultation on model of OH Service delivery ongoing	8. Workforce	Green - On Track	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Home First Strategy Delivery Plan 2024-2025 has received Committee(s) approval; delivery plan also includes progress against 2023 deliverables. First Annual Report for the Home First Programme was submitted to Committee(s) in summer 2024.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	A new NHS Fife/HSCP community transport leaflet has been produced. A refresh of the NHS Fife/HSCP travel expenses leaflet has been completed. Both leaflets are being promoted and distributed through a range of networks and are on NHS Fife and HSCP webpages. Progressing work on gathering data on travel claims.	Transport information and resources available and a system in place to measure uptake .	1. Primary and Community Care	Green - On Track	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	During Q2 Locality Planning Groups and short life work groups continue to manage and execute the 7 locality delivery plans. Below highlights projects that started/finished in Q2. •Ongoing monitoring and evaluation of the KY Clubs – supporting people affected by alcohol and drug harm (Kirkcaldy and Cowdenbeath) •Home First – weekly verification to review patients with 2+ admissions or 3+ attendance to A&E in the previous 12 weeks (Levenmouth). The data collection for the ToC end 24th Sept. •Mental Health Response Car – test of change commenced in the Levenmouth Locality on 7th June for 6 months. •Local Development Officers continue to monitor the projects awarded funding from the Unpaid Carers Community Chest fund (Fife wide). •Falls Prevention initiative in partnership with Mobile Emergency Care Service and Community Safety completed test of change (Dunfermline) – recommendation to extend the pathway Fife wide.	Establish short life working groups to manage and execute the 7 locality delivery plans. Monitor and evaluate the round 1 of the community chest applications (fund for unpaid carers). Co-ordinate and facilitate the 7 locality meetings in September - review and update delivery plans.	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	On Track Group has been established and approved by the ADP Committee. TOR in place, chair appointed, process tested and approved in line with PHS guidance	Establish stand up ADP subgroup with TOR and reporting governance to ADP Committee

Monitor process for efficiencies

Manage action planning and implementation group | 6. Health Inequalities | **Green - On Track** | **Green - On Track** |
| Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy | 6.2 | Public Health continues to provide support to the ADP on alcohol and drugs issues including in the implementation of the ADP Annual Delivery Plan, mapping the provision of alcohol services in Fife and the redesign of pathways into, through and out of residential rehabilitation.

The purpose of the multi-agency exercise was to ensure system resilience in the event of an emergency involving unknown potent substances in the community. | Provide public health advice on alcohol and drugs to support Fife ADP and other colleagues. Contribute to the implementation of the National Drug Mission Priorities, MAT treatment standards and the ADP 2024-2027 strategy and delivery plan as required.

Continue to advocate for prevention and early intervention.

A multi-agency suspected drug related mass casualties incident exercise was held in late August 2024. | 6. Health Inequalities | **Green - On Track** | **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 | Working groups of Food4Fife partnership have developed action plans and are implementing them. Partnership awarded Silver Sustainable Food Places Award for the Food4Fife Strategy. Community Planning partners met with Public Health Scotland and agreed systems approach to physical activity to be adopted in Fife. | Priority actions from the food strategy delivery plan to be agreed.

Partnership approach to physical activity being developed with public health Scotland | 6. Health Inequalities | **Green - On Track** | **Green - On Track** |
| To embed a working business continuity management systems process that is measurable and able to be easily monitored. | | BCMS dashboard is monitored by resilience team. A resilience co-ordinator job recruitment is confirmed as now approved, this will support the resilience BCMS & reporting needs. | Compliance and performance metrics is reported quarterly through the Resilience Forum | 2. Urgent and Unscheduled Care | **Green - On Track** | **Green - On Track** |
| Work with local authorities to take forward the actions in their local child poverty action report | 7.3 | Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group.

Monitoring of income maximisation pathway - MW, HV, FNP, CARF | | 7. Women & Children Health | **Green - On Track** | **Green - On Track** |

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Work with partners to increase efforts to reduce the impact of climate change on our population.		Invitations have been issued for interest in Sustainability Ambassador forum. Until interest is expressed and reviewed, this element will not progress. Early actions have been taken this quarter. Continuing to support our planning colleagues to review and submit health elements of the LDP evidence report. The evidence report is required to progress with "The place matters call".	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**	**Green - On Track**
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	Achievement of Disability Confident level 3 status Work ongoing to progress with employability programmes - making focus on developing the young workforce and exploring links to scope engagement making a focus on child poverty and the priority groups and areas of multiple deprivation Employability engagement sessions planned for September 2024 and Feb/March 2025 targeting high school pupils Continue working in collaboration with Fife College to progress EMERGE initiative. Explore routes and links to promote Community Benefits Portal NHS has partnered with MCR Pathways to support care experienced and vulnerable young people to realise full potential through education Roll out Life Chances initiative with Fife Council, develop Armed Forces Talent Programme	Continue to scope out opportunities whilst working through NHS Anchor strategic objectives to build upon our AI workplan. Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas. Employability engagement sessions and future programmes are being developed. Continue to explore opportunities and promote Community Benefits Portal to attract bids. 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, this event is likely to be into 2025	6. Health Inequalities	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 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	The Fife ND service has recently rolled out a new service design. This is not yet fully operational as requiring to respond and adapt to initial issues.	Co-produce and deliver pre and post diagnostic support to children, siblings and families Fully operationalise Triage model aligned to National ND Specification Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neuro-developmental Specification. This will be achieved through the reallocation of and streamlining existing assessment pathways and the implementation of learning from partnership test of change to co-produce delivery of pre and post diagnostic support to children, young people and their families.	3. Mental Health	Green - On Track	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	Due to funding restrictions this deliverable cannot be achieved. However additional one stop shop in Kirkcaldy launched and has evaluated well. This will continue and has been sustained by a grassroot organisation	Set up SLWG to focus on locality based approaches for alcohol and drug use in the Glenrothes area with support from locality and community workers, lived experience and ADP commissioned services Project plan development for KY Glenrothes Assessment of additional Kirkcaldy locality one stop shop to be conducted and hand over to grassroot organisation to continue delivery	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	All capital projects are on hold.		7. Women & Children Health	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		There are a number of delayed Stage 1's within in the system Concentrated focus on reducing all Stage 1's that are over 10 days. New system to ensure all Stage 1's without consent are closed on day 11. Concentrated focus on ensuring there is a greater uptake from Services to close Stage 1's through local resolution.			**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		PET and services have agreed to temporarily pause weekly complaint meetings to focus on more timely updates and escalation of Stage 2 complaints. Commence data collection within PET to review the length of time taken to draft a response letter and to focus on improvement work. This should be completed within 5 working days.			**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**
Continue to deliver the Community Listening Service.		Discussions ongoing within Directorate as to possible solutions to ensure service is maintained	Review impact of withdrawing service in light of financial constraints of continuing coordinator role. Review possible avenues how any possible gap can be filled	8. Workforce	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.		Work on finalising the Mental Health & Wellbeing Strategy has re-started and contributions from PH perspective have been incorporated into draft Strategy and accompanying EQIA. Mental Health SIG still to be re-established and PH representation on this and advisory role into the evaluation framework will recommence once this group starts to meet again and Mental Health & Wellbeing Strategy is approved.	Attended meetings of Mental Health & Wellbeing Strategy Working Group Provided PH perspective on draft Mental Health & Wellbeing Strategy Provided PH perspective on EQIA for strategy	3. Mental Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Awaiting a meeting to discuss and plan a lived experience group.			**Amber - At risk - requires action**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Life Curve App to be further rolled out across Fife. Perusing ReSPECT. Scottish Government removing funding and currently arranging a meeting with SG to look at options. Ongoing discussions with digital colleagues in regards to potential solution (To support SPOA). Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	Advanced plans to test Urgent care hub within a Cluster, plans to be agreed at end of Quarter 4. Initial plans presented and endorsed by GMS implementation Group Sept 2024.	Clearly agree scope and ambitions from this work; identify potential test initiatives	2. Urgent and Unscheduled Care	Amber - At risk - requires action	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	Test of 'waiting well' approach commenced in AMH Psychology	Begin testing a 'waiting well' approach to improve the experience of people who have to wait for PT. Review supervision and support for other services and agencies to increase access to high-quality interventions. Scope options for 3rd and Independent Sector commissioning to support delivery.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		Working Together engagement event re-arranged for October 2024. Ongoing collaborative working for a whole system approach to infection prevention continues through LISDP. Progress of delivering strategy must be considered in line with RTP and available resources.	Continue bi-monthly LISDP Steering Group meetings HAI-Executive, ICM and ICD to attend CNOD "Working Together" engagement event	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		Transition to new systems are now in the preparatory phase with forms being streamlined and templates being created, however at this stage D&I have not yet been able to give a definitive transition and 'go live' date. Q2 milestones moved forward to Q4 instead.		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		We have recruitment challenges in Podiatry, limiting our workforce to deliver on this milestone.		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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	Ongoing review of roles, especially epilepsy in view of the difficulty recruiting to the B6 post. Job evaluation is required.	Ongoing review of specialist services required. Epilepsy B6 out for recruitment, but may require an amended JD to go through job evaluation for consideration at B7.	7. Women & Children Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Support the creation of Person Centred Care Planning Principles		Challenges due to clinical pressures			**Amber - At risk - requires action**	**Amber - At risk - requires action**
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Progress has slowed in order to align with Acute Services.		2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**
Develop and scope an SDEC model of care to support same say assessment and increase our ambulatory models of care.	2.2	Awaiting approval by EDG and NHS Fife Board- not approved at first submission. From August new model redesigned and remains in development. Acute Medical Recruitment unsuccessful for new consultant post. Work progressing to schedule unscheduled care.		2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Children's Services is developing a data dashboard to ensure visibility of all relevant multi-agency data, which will be used to inform KPIs and measure progress.		7. Women & Children Health	**Green - On Track**	**Amber - At risk - requires action**
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	Ongoing discussions with digital colleagues in regards to potential solution. Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Specification shared with MDT. Meeting requires to be held with MD which will inform workforce. Competing demands have delayed same. Will recover in Q3	MDT to Scope clinical demand to review / refine service specification to inform workforce. Pathways meeting o be held with MDT	3. Mental Health	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	MAT 3 could not be reviewed and other provision responding high risk events has not been included due to a failure of the referral pathway for NFO caused by an IT upgrade within SAS with a new process trialled by SAS. This has delayed until November.	New SLAs developed Phase 2 for MAT 7 and MAT 9 commenced Developing better mechanisms for capturing numerical and experiential data Experiential Plan developed with Lived Experience Panel to include feedback to ADP subgroups delivering plan Mapping of MAT Standards across other commissioned service and to include Justice Services	6. Health Inequalities	**Green - On Track**	**Amber - At risk - requires action**
Rheumatology workforce model redesign		An options appraisal is underway for the workforce model that can deliver the service needs. Baseline work underway to understand the capacity of the resource and the demand for service - this involves review of overdue review patients, review of referrals process and review of internal processes		1. Primary and Community Care	**Green - On Track**	**Amber - At risk - requires action**
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	Guide has been circulated across clinical groups and will be considered in detail in the coming months, including delivery of targeted patient reviews	Circulation of guide to key stakeholders within the Board	10. Climate	**Green - On Track**	**Amber - At risk - requires action**
Targeted actions to improve the quality of our Immunisation services	1.2	Limited progress on proposals within 2023 Strategic Review of Childhood Immunisation Programme. Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.	QI work programme	1. Primary and Community Care	**Green - On Track**	**Amber - At risk - requires action**
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		St Andrews staff changes and appointment of new Dean in 4Q 24/25. Meetings with new Director of Research at St Andrews. Focus of discussions has become about Sponsorship, meeting planned with leadership from St Andrews in Oct/November		6. Health Inequalities	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		All milestones completed; awaiting further information on the implementation timeline of InPhase in NHS Scotland. ICM to join NHS Fife InPhase project team Lead IPCN contributed to the national task and finish group to establish requirements for a once for Scotland eSurveillance system for IPCTs	MEG- completion of initial scoping exercise and quote for IPC Audits across NHS Fife. InPhase - Introductory meeting with NHS Fife D&I and Clinical Governance teams Completion of first Task and Finish Group for once for Scotland eSurveillance system			**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.		The IPCT have launched the new IPC Link Practitioner Framework across NHS Fife in September 2024, after a successful pilot at QMH. IPCT welcome the opportunity to facilitate a hub and spoke model with 1 day placements for student nurse`s.  Furthermore, NHS Fife IPCT were invited to deliver bespoke IPC training to over 100 second year student nurse`s at University of Dundee School of Nursing Fife campus. NHS Fife IPCT are engaging with the consultation process for new LDP standards with ARHAI Scotland. Changes to the NIPCM and TBPs - postponed by ARHAI Scotland to Spring 2025.	Explore opportunities for implementing IPC Link Practitioner Framework Further develop student nurse placements with the IPCT Engagement with ARHAI Scotland for new LDP standards for CDI, ECB and SAB		**Amber - At risk - requires action**	**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	Work started on the refresh of the Cancer Framework. A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps. A refreshed Framework has been created in draft format. Meetings are in the process of being arranged to review commitments		5. Cancer Care	**Green - On Track**	**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 streams have commenced in inpatient areas, week commencing 9 Sep. Full Implementation will be rolled out Apr-25 with new annual leave allocation. Pause on antenatal audits as implementation of RSV. Antenatal Education, positive reviews from service users.	Continuity of carer: Implementation plan has an extended date of June 26. Recruitment has taken place and vacant posts appointed to. Full implementation is expected within the timeframe. Antenatal education programme is in place and being reviewed on a regular basis Neonatal redesign - continued engagement with Regional planning team to review modelling and escalate concerns.	7. Women & Children Health	**Green - On Track**	**Green - On Track**
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	This work continues in order that the service can achieve full compliance.	Work with system supplier to embed supplementary questionnaire within TrakCare as part of current clinical workflow to allow recording Work with NHS Fife Information Services to ensure reporting of items from supplementary questionnaire	3. Mental Health	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	Process maps finalised - management team will arrange sessions with the 3 localities to go through the new processes and will be embedded by end October 2024. New OA CMHT SOP near completion and will be ready to be shared at the policy and procedure group at the end of the year. New Transition of care between adult and older adult services SOP has been ratified at the policy and procedures group 18/09/2024 and will be circulated thereafter. 3 localities - East, West and Central are all now co-located - some remedial works have just been completed in Central.	Continue progression of CMHT development now encompassed within scope of the Reform, Transform and Perform Framework. 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 2024/5 Integration of SW/Third Sector as part of CMHTs	3. Mental Health	**Green - On Track**	**Green - On Track**
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Ongoing requests for information, provided as requested for the different COVID-19 inquiries	Provide information as requested to aid the COVID-19 inquiries		**Green - On Track**	**Green - On Track**
Continued development of digital front door for patients	9.62	Waiting List Validation work completed. Digital Letters testing ongoing	Extension of Waiting List Validation	9. Digital & Innovation	**Green - On Track**	**Green - On Track**
Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups		Ongoing	Link practitioner event for falls in September, CAIR used to show data		**Green - On Track**	**Green - On Track**
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service in hours, and local service out of hours.		1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		VAM guidance and funding unchanged. Additional recruitment to East Region Health Protection Service completed, which will support early stages of investigation and response. Community testing functions would require to be stood-up again, and being explored as part of HCID pathways.	Have additional workforce in post to support any VAM response. Draw on findings of inquiries.	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	On trajectory. Orthopaedic waiting times reducing with no Fife patients over 102 weeks. Ophthalmology numbers remain high and focus on theatre efficiency to increase throughput. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list at end Sept 31,783 against proposed figure of 33,532	4. Planned Care	**Green - On Track**	**Green - On Track**
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Team to commence reviews of packages first week in October	Review of packages to comment in next quarter regarding change of equipment provided. Reducing the unit cost on target also - increase in hours provided inhouse reducing the unit cost	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Delivery of Clinical Governance Strategic Framework		Overall on track to deliver; update scheduled for CGC in November 24	Delivery of work plan		**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Delivery of Clinical Governance Strategic Framework - Adverse Events		Adverse event lead is working collaboratively with 2 other boards as an expert advisor to devise and deliver 'Safety Learning Reviewer' foundation programme. The programme is the first step in Scotland's Health and Social Care, to provide education on human factors and a training package to assist boards to embed human factors approaches to adverse event reviews consistently.	Development of human factors approach to support Adverse Events management and proactive quality planning.		Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Strategic framework objectives have been agreed within Pharmacy and are progressing with agreed leadership	Deliverables within each workstream agreed and outline plans in place	8. Workforce	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Awaiting outcome of the work on risk appetite and on track for completion.			Green - On Track	Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Framework at final draft stage. Shared governance model agreed, to be launched and implemented.		8. Workforce	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working across a range of specialties continues. Progression made with bariatric services and reciprocal hernia surgery with NHS Lothian.	Aim to complete recruitment for long term vascular vacancy achieved.	4. Planned Care	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Service recommendations presented to CCCS QMAQ and awaiting feedback.	Service recommendations to be presented via C&CCS QMAG initially for consideration. Cost neutral recommendations to be considered.	3. Mental Health	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	Review of draft framework with wider engagement to develop further		Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Continue to focus day surgery within QMH and scheduling of VHK day surgery kept to a minimum. No cancellations of lists within Q2 due to bed pressures		4. Planned Care	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Regular meetings with Academic Liaison Group set up. Collaborative working opportunities can be identified via this group. Connections made with University of St Andrews funding specialists for potential collaborations.	Attend meetings of the HISES Academic Liaison Group of 5 regional Universities plus 3 regional NHS Boards.	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance Theatre efficiency	4.1	Theatre efficiency on average 85%. Continue to monitor activity through Theatre Action Group monthly and minimise elective cancellation on the day. Continue to explore opportunities to increase trauma operating capacity. Actively contacting patients to ensure DNA rates remain low. Backfill of unused sessions being utilised with waiting times monies to increase cost efficiency whilst managing waiting times.	All targets for Green Theatre Project have been met. Target of reducing spend by £100K by end Q2 delivered (actual £130K).	4. Planned Care	Green - On Track	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Waiting Well workshop planned for October 2024 to promote existing work.	SLWG to convene to assess pathways and minimise duplication of work across Acute and Community.	4. Planned Care	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	This work remains ongoing and on track to achieve milestones.	Trial additional MDT roles within UCSF, including Pharmacy and Mental Health roles	1. Primary and Community Care	Green - On Track	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Continue to have low waiting times compared to Scotland average. Surveillance numbers of cancer monitoring at lowest number for some time. Telephone pre-assessment has improved patient experience and reduced unnecessary cancellations	Test and implementation of telephone pre-assessment for endoscopy patients	5. Cancer Care	Green - On Track	Green - On Track
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Increasing utilisation of block room continues	Training of anaesthetists for block usage and development of SOP to support new pathways	4. Planned Care	Green - On Track	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	All areas performing and feedback on heat map to SG shows engagement across all specialties.		4. Planned Care	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Fife Psychology Service continuing work on Trak implementation - IT advising will be implemented 16/12/24		3. Mental Health	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of works established with revised dates for phase 1 (Ward 1 to Ward 3) completed	Revise programme of work to move Ward 1 first to Ward 3 followed by Ravenscraig to ward 1. Dates established for move due to delay in redesign and works completion: March 2025	3. Mental Health	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Terms of reference for Steering Group confirmed and monthly meetings confirmed. Monthly review by Steering Group to confirm governance routes, or identify efficiencies for the group.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	CBC calls continue to increase. FNC data submitted monthly to National team in line with data definitions.	Schedule of patients TOC High priority placed on alternative pathways and support given to ANPs with GP discussion	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		EiC lead shares progress of CAIR users with HON across Acute and HSCP	Numbers reported to SG		**Green - On Track**	**Green - On Track**
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		High uptake of SICPs training sessions across Fife Care Homes Care Home IPCT over 70% of care Homes have partaken in annual IPC Assurance walkarounds	Promote SICPs training sessions to all care homes in Fife Promotion of yearly IPC assurance walkabouts to all Homes	8. Workforce	**Green - On Track**	**Green - On Track**
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation		Continue to work with Clinical Governance to improve service and try to reduce amount of legal claims	Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		**Green - On Track**	**Green - On Track**
Local Enhanced Services Review		There is a risk that by carrying out this review, in light of wider sustainability pressures, practices stop some LES, impacting on HSCP service delivery. Working closely with practices, LMC and GP Sub-Group to conduct a full review, ensuring recommendations and action planning are fully scrutinised prior to implementation.		1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Local - Implement Paperlite / Electronic Patient Record	9.61	Plan agreed by Steering Group	Complete Waiting List Validation work	9. Digital & Innovation	**Green - On Track**	**Green - On Track**
Maximising Scheduled Care capacity	4.3	Overall waiting times on track with the submitted trajectories presented to FP&R in July. Backfill and additional theatre lists throughout Q2 and increase on OP activity.		4. Planned Care	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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	Coproduction work continuing, focused on identifying potential opportunities within existing funding.		3. Mental Health	**Green - On Track**	**Green - On Track**
Non-compliant Rotas		Assurance remains as moderate due to controls put in place at service level to encourage rota compliance. Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.	Approve SOPs/escalation process Approve and distribute new induction packs and implementation Approval of Wellbeing comms Potential Doctors mess redesign Rotas go live, monitoring to commence Communications strategy for new DDiT & Gateway EU live Rota monitoring begins		**Green - On Track**	**Green - On Track**
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Initial hubs commence middle of October 2024, with initial focus on ear care clinics Continued development of HUBS to support MOU2 .		1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Pandemic Preparedness: Critical to major incident levels.		NHS Fife Pandemic Framework document draft in progress	COVID -19 Public Enquiry module 1 recommendations to be published		**Green - On Track**	**Green - On Track**
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	On Track Rapid Action Group established more fully. All actions have commenced and are overseen by a senior leadership meeting on a monthly basis. Links to CPC supported. Continual monitoring of harm has continued. CPC training focused on risk in development and to be delivered next quarter. Changes to hospital liaison pathway agreed including use of third sector QR code and education provision changes to be rolled out	Actions within action plan to commence Regular monthly meetings of rapid action group to continue YP and children alcohol and drug use training plan for workforce to begin Thorough monitoring of data including hospitalisation rates, ED attendance and non fatal overdoses to continue	6. Health Inequalities	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertaken IV Abs. Additional staff across Fife are now also undertaking training. DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions. Discussions are being held as to how this work can be increased.		2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	Assessment practitioners based within hospital settings to facilitate discharge as soon as fit to leave Delayed discharges have remained at low level in 2 years DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions (FELS) - Increased capacity achieved. Drivers to technician Change management process advancing to completion.		2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Undertake MHUUC Project Board directed activities to develop evidence base to support development of change and improvement ideas for MH urgent care	Progress delivery of Mental Health Urgent & Unscheduled Care (MHUUC) Project to benchmark and develop options appraisal for service improvement	3. Mental Health	**Green - On Track**	**Green - On Track**
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Ongoing review of the Optimal Lung Cancer Pathway with improvements made and actions identified Review of the Prostate Improvement Group to revise purpose and remit.		5. Cancer Care	**Green - On Track**	**Green - On Track**
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope and contribute to areas which would benefit from Public Health research/evaluation input including inequities in palliative care, evaluating impact of green health initiative and considering ways to demonstrate impact of inclusion health framework	Contribute to discussions around evaluating impact of different areas of work being taken forward across Fife to improve the health of the Fife population	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Support for Doctoral Training Program (DTP) Fellows		Budget review submitted with some discussion re: duplication and accurate reporting from Finance Dept at University of St Andrews. Meetings with potential Cohort 4 candidates took place, 6 selected for interview	Budget reviews for Cohort 1 and Cohort 2 to submit to Wellcome Trust/DTP. Cohort 4 interviews and selection.	8. Workforce	**Green - On Track**	**Green - On Track**
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Emergency planning metrics are currently being assessed for EPRR report metrics with Datix administrators	Meeting with risk and governance Director July 24 to agree risk profiling metrics /reporting procedure for NHS Fife	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
To meet the recommendations of the WHP by end Dec 2024	7.2	Nurse led appointments have reduced menopause waiting times from 54 weeks to 15 weeks with increased nurse and consultant cover.

Menopause educational activities in place in secondary care.

Discussions ongoing with GPs re: new BMS on line training.

Unable to expand EPC scanning with current clinical geography and band of EPC staff. Significant investment required to workforce. Currently good access to bereavement nurse for all pregnancy loss patients at all gestations

All TOP patients get offered post TOP contraception. TOPS rates rising nationally. | Endometriosis is now covered within the existing gynaecology OP nurse team as noted in Q1 with a specific focus on signposting to existing services for pain management to prepare for surgical journey if this is the chosen pathway. | 7. Women & Children Health | **Green - On Track** | **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. | | HCSA Quarter 1 Report submitted to Fife NHS Board meeting on 25 September 2024. Initial HIS Board Engagement meeting held 9/09/2025. | Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed. | 8. Workforce | **Green - On Track** | **Green - On Track** |
| Undertake regular waiting list validation. | 4.7 | Use of patient hub to contact patients to assess ongoing need for surgery. | Implementation of weekly validation report to medical secretaries. | 4. Planned Care | **Green - On Track** | **Green - On Track** |
| Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy | 5.1 | Work started on the refresh of the Cancer Framework.
A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps.
A refreshed Framework has been created in draft format.
Meetings are in the process of being arranged to review commitments | | 5. Cancer Care | **Green - On Track** | **Green - On Track** |
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Shared care remains in place, however unable to fund deliver Open Eyes locally, which has reduced our ability to fully deliver Glaucoma shared care scheme	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Delivery of Research Innovation and Knowledge Strategy		Draft RIK Strategic priorities identified from Development Day Workshop session, reviewed and comments from RIK leadership team incorporated. Survey developed for input/comments from RIK Dept staff.	Draft RIK Strategic Priorities generated and available for review by RIK leadership team	9. Digital & Innovation		**Green - On Track**
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Launch of national guidance Sept 2024, EiC lead meeting with HON and lead nurses	Testing guidance			**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Ongoing	Ongoing review			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	MDO protocol meeting held 29/8/24. Next review of MDO protocol due Aug 2025. Procedure for ensuring follow up on release from prison remains in date and appropriate (next review due Aug 2026)	Training sessions on MDO protocol delivered on 27/3/24, 8/4/24, 29/3/24, 2/5/24. Multiagency MDO protocol review meeting has been arranged for 29/8/24.	3. Mental Health	Green - On Track	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.		New objectives written	New objectives written		Green - On Track	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.		EPRR Framework documents are now published. Emergency planning and exercising ongoing. Business Continuity support to services ongoing.		6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	The investment for additional staff to lead on the production and delivery of awareness raising campaigns has been cut from 3 staff to just 1, with the expectation that this will increase back to 3 staff next financial year. The recruitment of a Project Worker to lead on this work was not successful in recruiting a suitable candidate. The role will be readvertised in Q3. As a result the action is behind schedule.	Plan and begin delivery of improvements resulting from Carers Experience Survey.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Analysis on an ongoing basis of the existing staffing model to ensure HV pathway is being delivered.		7. Women & Children Health	Amber - At risk - requires action	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	a review of the eligibility criteria is being led by the Principal Social Work Officer. This work is in the early stages to which we have contributed information about eligibility regarding unpaid carers and other authorities approach to eligibility criteria for unpaid carers' access to additional support.	We will review the local eligibility criteria to ensure it meets best and common practice with a view to increasing opportunities for earlier intervention that is also fully aligned to national carers strategy and national care service	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
National - eRostering	9.1	Rosters to be rebuilt to support RWW and Finance Establishment corrections		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	A planned review of the Social Work Assistants (Carers) has started but not completed yet. The results of the satisfaction survey are being worked on and further work will take place during Q3 to progress the review of the model.		6. Health Inequalities	Green - On Track	Amber - At risk - requires action
PPD Succession Planning		In collaboration with Services, ~180 NQP recruited to B5 vacancies. Cohort 3 Assistant Practitioner now complete. 3 Return to Practice staff now in post (1 x Acute, 2 x Partnership). 5 HCSW recruited to the Open University programme (4 x Adult, 1 x Mental Health). 11 HCSW recruited to hence programme (9 x Adult, 2 x Mental Health, 1 x Learning Disability).	Review current training programme and commence regular meetings with Fife College and partner HEIs.		Amber - At risk - requires action	Green - On Track
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		Most recent cohort have been retained into operational roles per plans - this ensures development of the skill mix within Pharmacy	Planning for recruitment and exploring options to create local pipeline via Modern Apprenticeships Retention of current cohort into operational roles		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Continue to deliver and enlarge on Staff Support/VBRP Project.		Ongoing collaborative work with a number of aligned services to support delivery of this project	In order to evaluate the programme, IPQR measures (e.g. Scottish Spiritual Care Patient Reported Outcome Measure) in place for Spiritual Care along with staff feedback will be used to: Establish how, through the provision of dedicated resources, the continued delivery of project has supported the development and delivery of VBRP® within NHS Fife; Evaluate the value of VBRP® to staff well being, Demonstrate how learning from and development of VBRP® was shared across the organisation, Explore how reflective practice is essential if we are to learn from what happened to develop and improve not only our future practice, but our personal and professional wellbeing too, reconnecting with the values that brought us into healthcare; Evaluation of how the implementation of offering a dedicated reflective space supports recovery and supports resilience amongst staff and; Communicate with all staff ensuring those staff groups which have not previously engaged in Phase 1 are targeted. This includes offering VBRP® on a variety of sites and days / times. Identify any barriers which may prevent certain staff teams / groups engage with VBRP® and work with Heads of Departments and service managers to overcome such barriers	8. Workforce	**Green - On Track**	**Green - On Track**
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	EMERGE programme commenced August 2024 in collaboration with Fife College. Life Chances programme launched in September 2024.	Implementation of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Identification of an accreditation framework underway.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	**Green - On Track**	**Green - On Track**
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.		Rollout of SafeCare within 7 HSCP wards. Review of Acute activity necessitates rebuild of some rosters and re-alignment to finances. Pause in Acute activity until corrections completed.	BAU Team established and in place.	8. Workforce	**Green - On Track**	**Green - On Track**
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2	Work continues to be taken forward to both increase staffing across CIS and CTAC as an integrated Service and advances around Locality based teams	Workforce education strategy & training programme.	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Exploring linkage between RTP and future shape / size of workforce, exploring some analytics with D&I. Revised SG Workforce Planning guidance with timescales for publication of 2025-2028 Workforce Plan publication anticipated to be issued within near future.	Review and continued development of Service level Workforce Plans.	8. Workforce	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
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.		On track. Board continues to increase DPP numbers as a key enabler of future prescribers	PGFTPs commence on revised rotational programme Further Legacy staff commence IP course. First cohort of PSWs complete MA. Revised rotational programme for B6 and B7 Pharmacists agreed DPPs increased to 11 Increase peer review for staff on programmes.	8. Workforce	**Green - On Track**	**Green - On Track**
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		FTY pharmacists started with cohorts also completing in November. Development of internal approaches following review is ongoing. Simulation planning also ongoing. .	Foundation year trainee pharmacists start. Further completion of cohorts at end November. This new cohort will have a revised approach to prescribing education, developing towards graduate prescribers from 2025/26, around a six week block in one clinical area Board considering role of simulation in Fife		**Green - On Track**	**Green - On Track**
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role	6.1	The work remains ongoing in partnership with our commissioned third sector partners. The additional internal role for participation and engagement has been vacated. This, together with the unsuccessful recruitment noted in reference HBE2425-01, may have an impact on the delivery of this specific action which itself is secondary to the other support offered in schools to support unpaid young carers.		6. Health Inequalities	**Green - On Track**	**Green - On Track**
Improving support and developing the Mental Health workforce	3.5	Service redesign proposals in order to achieve financial efficiencies have been submitted for approval to SLT. Workforce tools due to be run for inpatient services in October however application of outcomes will need to reflect outcome of proposals	Establish Workforce projections and skill mix required, informed by workforce tools. Develop workforce plan, aligned to national MH workforce delivery plan and local strategy	3. Mental Health	**Green - On Track**	**Green - On Track**
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce review underway in the Acute Division to provide baseline data			**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Progression with ScotCOM in collaboration with the University of St Andrews		Student numbers reached to go live with programme as planned. Work continues to secure full GMC approval. Recruitment for clinical educators and support staff started.	Staff recruitment to support ScotCOM programme. Collaborative working with NHS Forth Valley and Borders.		**Green - On Track**	**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	the review of the Short Breaks Service Statement has commenced. Additional investment in short breaks has been commissioned although only a third of the available investments has been commissioned due to our partners' risk assessment of deliverability with the resources available and significant sector wide recruitment challenges. We aim to secure further commitments as staff members are recruited. This is a systemic and longer term sector wide issue.	Commence a complete a review and update our short breaks service statement (SBSS).	6. Health Inequalities	**Green - On Track**	**Green - On Track**
We will launch and develop a leadership framework – Our Leadership Way in Fife.		The volunteer group have met twice (July & Sept) and have begun to build further insights into the core leadership behaviours that matter the most. Plans are emerging to set up focus groups in Nov-Jan, and to extend efforts to reach the broad network of the volunteer group.	The collaborative volunteer group will look to build on the SLG initial exploration of Our Leadership Way by; Exploring ways to gather further perspectives on the leadership behaviours that matter, matter the most; develop and take forward the initial ideas for action to form a programme of work that will underpin the leadership framework.	8. Workforce	**Green - On Track**	**Green - On Track**

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation		Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services'	9. Digital & Innovation	**Red - Unlikely to complete on time/meet target**	**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.		Preparatory work continues, however funding has not yet been secured to progress the full ambition around automation. Discussions are ongoing	Progress on centralisation of procurement to VHK, including establishment of workplan and agreed dates		**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
SLA and External Activity		Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside		**Red - Unlikely to complete on time/meet target**	**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	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	2. Urgent and Unscheduled Care	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Roll out of Digital Pathology	5.1	No progress due to difficulties with LIMS, Vantage and Digital Pathology integration, meetings are being held to find resolution.		5. Cancer Care	**Amber - At risk - requires action**	**Red - Unlikely to complete on time/meet target**
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Development of final re-design elements prior to re submission of final plan prior to implementation. Flow improved across Front Door with Ambulance Turnaround Times achieving trajectory.	Redesign TOC SDEC commenced	2. Urgent and Unscheduled Care	**Green - On Track**	**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	Local implementation (phase one) continues with significant numbers of issues still to be resolved. National timeline remains unclear.		9. Digital & Innovation	**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	8. Workforce	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Significant focus both in Pharmacy, Digital and wider MDT on delivery of stock control system and meds rec system, from September through to Spring 2025 particularly. Timelines are challenging but plans for delivery are in place.	UAT on meds rec system following change controls Further build and train of pharmacy stock control - primary file control complete Preliminary start of HEPMA build. Project plan finalised.	9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Enhanced data availability and sharing		Work continues with Finance and Workforce on data availability - items being built	Work commence with availability of corporate data	9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%	3.4	Work is on going to review the combined monitor (NHS & FC) spend on Mental Health. Once confirmed, this will allow us to gain greater understanding of the totality of spend against frontline services and the ability to deliver by March 2026 (noting the SG target - 10% of the boards income is given to MH services). Q3 and Q4 milestones may need to be reviewed in due course.		3. Mental Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	MIU re-directions improved to 80%. Breaches have reduced by 50% compared to same time previous year	Review of overnight provision ensuring patients go attend right place New skill-mix staffing model to support minors triage and reduce waits implemented	2. Urgent and Unscheduled Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
National - GP IT Reprovisioning - GP Sustainability	9.1	Business Case moves through Primary Care Governance Delays to Docman Upgrade	Have agreed implementation plan	9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**
National - LIMS Implementation	9.1	Await delivery via National Teams		9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.		We will continue to develop the programme of works. SG have confirmed the LCITP funding route is closed. Previously stated milestones relating to this funding will not be completed.	Full development of programme of works showing alignment to 2030 emissions targets	10. Climate	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Digital & Information Projects	9.31	Ongoing	Assess Benefits for Quarter	9. Digital & Innovation	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing.

Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid. | 6. Health Inequalities | Green - On Track | Amber - At risk - requires action |
| To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US) | 5.2 | SG Funding to support additional CT MR and US activity has resulted in significant improvement of waiting times with 65% of patients being seen within the 6 week target in Aug-24, up from 45% in Mar-24.

Withdrawal of US funding from end of quarter 2 will, without locum activity, reduce department's capacity. Monthly demand exceeds core capacity by 132 patients (2,168 - 2,036). By 31 Mar-25 longest waiting time will likely exceed 15 weeks. | Ongoing monitoring of DCAQ, processes in place to monitor cancellations ,short notice cancellation processes in place to maximise capacity, booking guidance SOP's updated and staff training programme development.

Collaborative work with service leads to monitor diagnostic turnaround times and assess options for optimising pathways   Review of Radiology out of hours service to maximise efficiency to support hospital flow particularly in light of new models of care in medical and surgical directorates.

Radiology OOH service currently adopts an on-call model, this requires financial investment to expand to a shift system with increased workforce to meet the out of hours demand for imaging. | 5. Cancer Care | Green - On Track | Amber - At risk - requires action |
| Develop and Implement the Corporate Communication Strategy | | The Corporate Communications Strategy was approved by EDG in August 2024. The Communications team will now work to implement this inline with NHS Fife's Population Health and Wellbeing Strategy and Re-form, Transform and Perform objectives over the coming months and years. Supported by project communications plan and quarterly communications activity reports and evaluation. | Corporate Communications Strategy and Framework at EDG for approval on 1 Aug-24 | | Amber - At risk - requires action | Green - On Track |
| Develop and Implement the Public Participation and Community Engagement Strategy | | The Public Participation and Community Engagement Strategy and Operational Plan were approved by the Board in July 2024. Now working to implement in support of projects associated with Re-form, Transform and Perform and coordinate activity with the HSCP Engagement Team as appropriate. | Community Engagement and Public Participation Strategy and Operational plan presented to Board on 30 Jul-24

Public Engagement Campaign launched in Sep-24 to help educate and inform the people of Fife of the pressures on the health care budget, changes that will need to be made to ensure and break-even position and opportunities around how they can help inform some of the more difficult decisions or changes to services being explored | | Amber - At risk - requires action | Green - On Track |

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop Strategic vision across all of Primary Care	1.2	Progress to BAU status ongoing; current SLA with being explored for best value, with possible move to formal tender by end of financial year. Phase 3 PCIP Comms Plan commenced and progressing. CTAC and CIS continue to grow connections between the services; evaluation and final implementation plans progressing. PCIP update report presented across governing bodies July-Sept.	Progress Community Link Workers workstream to a state of business as usual. Commence phase three of the PCIP Communication Plan (public facing phase). Evaluate the effectiveness of the integration between CTAC and the Community Immunisation Service.	1. Primary and Community Care	**Amber - At risk - requires action**	**Green - On Track**
Procurement Savings within Acute Services		21 schemes in progress, In year on track for 79%/ FYE will be 88% of target: -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up 11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.	Ongoing reviews of expenditure and savings opportunities.		**Amber - At risk - requires action**	**Green - On Track**
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Standard RTP reporting established with reporting calendar. Portfolio approach agreed and further work will be delivered in Q3 Programmes now established with PIDs approved by NHS Fife Board. Programme Boards now meeting fortnightly.	Monthly performance reporting established Portfolio approach agreed 4 key Programmes established with Boards		**Amber - At risk - requires action**	**Green - On Track**
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Waste initiatives progressed so far: Exploring funding for new bins and a trial within a ward is going ahead, a blueprint will then be created for all other wards with improved recycling processes. Glass recycling is in place. Updated posters and bin labelling has been applied.		10. Climate	**Green - On Track**	**Green - On Track**
Action plan for the National Green Theatres Programme		We are on target with the CfSD bundles. The most recent bundle included rub not scrub which NHS Fife has already adopted.	Continue to make progress with implementation bundles supplied by CfSD	10. Climate	**Green - On Track**	**Green - On Track**
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment saw 105 applicants join NHS Fife however due to finances this activity is paused for 24/25. Work continue on the ERRS model to introduce further phases of the model.	Continue to review of ERRS model to gain wider service benefits across the model	8. Workforce	**Green - On Track**	**Green - On Track**
Complete NHS Fife's Phase 2 M365 Programme		MCAS deployed	Complete implementation of additional security controls	9. Digital & Innovation	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Decarbonisation of Fleet in line with Targets	10.41	Infrastructure Update NHS Fife secured funding via Transport Scotland of £386,115.30. This supported infrastructure installs across 7 sites within NHS Fife. We also introduced an EV charging Hub at VHK site (located at the laundry area) This will facilitate charging of our 3.5t Luton vehicles for our 2030 decarbonisation objective.	Set out plans to increase charging infrastructure using 'switched on fleet' grant	10. Climate	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	NISD Audit complete August 2024	Cyber Resilience Audit	9. Digital & Innovation	Green - On Track	Green - On Track
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	On Track - Evaluation complete and outcomes for staff and students are good. Workforce development commenced and school nurses have been trained in ABI and DBI to improve delivery and response to children and young people affected by alcohol and drug use.	Evaluate process and outcomes comparable to previous year and/or to other schools on staff confidence/knowledge and student knowledge Establish workforce development network alliance for school nursing, and third sector services delivering education, support and counselling to children and young people of school age	6. Health Inequalities	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		PAMS Strategy has been suspended by SG in favour of the Whole System Infrastructure Plan	Papers taken to FCIG, FP&R and the Board outlining the process for submission of part 1 to SG in January 2025	10. Climate	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	The strategy was positively received and supported at IJB on the 27th of September.	Draft Strategy will be presented to NHS Fife Board and IJB for approval via committees Commence 1st phase of 3 year delivery plan	1. Primary and Community Care	Green - On Track	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife Innovation Project Review Group Terms of Reference confirmed and meetings being set for every second month.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	To encourage local teams consider current and future atlas of variations		Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	Clear governance process, with all scheduling plans overseen via the CIS Programme Board. This sees a review of individual plans and overarching, in terms of workforce, logistics and communication. Midwifery supporting flu and covid vaccinations		1. Primary and Community Care	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	Ongoing	Key Process Review Implemented	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance the capacity and capability across the team		All procurement vacancies successfully filled. There is an ongoing development plan in place to improve knowledge and capability.			**Green - On Track**	**Green - On Track**
Estates Rationalisation		Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead)\n\nCameron phased decants are underway as planned and on track.\n\nSite plans for Stratheden and discussions with Fife Council are underway and on track	VHK E&F/L8 bookable desks works\n\nIdentify further hot desk hubs\n\nCameron alternative clinical area identified for displaced team\n\nFife Council solutions in place (Fife House & Bankhead) including IT\n\nCameron phased decants\n\nSite consolidation/disposal plans further developed		**Green - On Track**	**Green - On Track**
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme.		Focus on RTP led workforce growth analysis and refining HCSA reporting to satisfy future SG requirements and High Cost Agency legislative reporting. These align to eRostering, SafeCare and Workforce Planning actions.	Creation of on line Workforce information overview accessible within NHS Fife\n\nReview of Workforce Analytics as part of Directorate service change proposals completed\n\nOngoing production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	**Green - On Track**	**Green - On Track**
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		Staffing turnover within the Financial Management Team has been a challenge, and it has been difficult to recruit to posts at all AFC bandings. At the commencement of Q2 we had 26% vacancies however at the end of Q2 we have identified 4 preferred candidates to 4 posts. The remaining 3 vacancies will be addressed as a priority but within vacancy panel conditions.			**Green - On Track**	**Green - On Track**
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024		We are undertaking targeted reviews of the use of dry powder inhalers in place of those containing propellants such as CFC, particularly for reliever inhalers, currently prescribed as metered dose inhalers (MDI). We are also exploring the potential reduction in the number of reliever MDI inhalers prescribed which are often disposed of unused/ partially used.		10. Climate	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improve sustainability of Primary Care	1.1	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) (On track to test in West of Fife) Test Urgent Care Hub close to Acute site to determine potential increased redirection rate (Consider this test post west of Fife test) Develop hub to establish MDT approach, across Primary care and community services (Consider this test post outcome of West of Fife Test) Develop workforce across in/out of hours (Consider SANP role in hours. Out of Hours testing Pharmacist resource in PHs and with quantify effectiveness of the role post October PH) Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF) (As above west of Fife TOC)	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) Test Urgent Care Hub close to Acute site to determine potential increased redirection rate Develop hub to establish MDT approach, across Primary care and community services Develop workforce across in/out of hours Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF)	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Increase capability within the team to deliver service improvement and meet growing service demand		Development of the financial services team is ongoing. As of August 2024 the Direct Engagement process has gone live and the financial process has been robustly implemented.			**Green - On Track**	**Green - On Track**
Infrastructure - Workforce	9.31	Completed work for Cameron	Decommission Cameron Establish other hotdesking locations	9. Digital & Innovation	**Green - On Track**	**Green - On Track**
IPQR Review		Monthly reports continue to be produced and distributed to relevant groups. Population Health metrics relating to Screening and Child Health/ Development have now been incorporated. Quarterly review of trajectories complete, will be ongoing. Service updates are now collated on MSTeams, no issues reported. Team are currently exploring use of PowerBI, undertaking a 4-week course run by KIND network.	Embed new process for Service Updates Quarterly review of trajectories/targets Monthly reports produced and distributed accordingly Incorporate agreed metrics relating to Population Health Agree BI tool to use		**Green - On Track**	**Green - On Track**
Local - Records Management Plan Implementation	9.2	Ongoing		9. Digital & Innovation	**Green - On Track**	**Green - On Track**
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Mental health data group established as business as usual. Dashboard available and demand and capacity information in development	Dashboard with core dataset available to access Demand and Capacity data available for all specialities All Mental Health Quality Indicators will all be reported on monthly basis	3. Mental Health	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Outline plans to implement an approved Environmental Management System.		We have finalised our environmental policy and it has been approved by the board. It is not publicly available on our website	Have a full environmental policy approved by the board	10. Climate	**Green - On Track**	**Green - On Track**
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel		We have launched a year round cycle to work scheme with Halfords which is already had high staff uptake	Put in place a new cycle to work scheme for staff	10. Climate	**Green - On Track**	**Green - On Track**
Outline plans to increase biodiversity and improve greenspace across our estate		We hosted an online event alongside FCCAN which outlined greenspace opportunities to community groups. The event was successful and we have had many follow up discussions with community groups since.	Host a greenspace event to outline opportunities available to community groups	10. Climate	**Green - On Track**	**Green - On Track**
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Two NHS Fife vacancies successfully filled. Dialogue continues with the consortium re further development. NHS Fife are a proactive member of the consortium board.			**Green - On Track**	**Green - On Track**
Reduction of Medical Gas Emissions through implementation of national guidance		Work is still ongoing and we are tracking usage. We are projecting the lowest use of nitrous this year since reporting began and we are tracking usage. We are introducing an alternative to Entonox in ED.	Review the use of cylinder use for Nitrous oxide and aim to reduce where possible	10. Climate	**Green - On Track**	**Green - On Track**
Refreshed Performance Reporting	6.1	These will be signed off on 4th October at the HSCP Performance Board	Finalise and agree KPI Metrics	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	Collaborative work with the resilience team and forum has been ongoing. A connection with SEPA was recently made to address the flooding at Cameron Hospital		10. Climate	**Green - On Track**	**Green - On Track**
Support Delivery Strategic Planning function		ADP Q1 report was produced. Report was approved and tabled at EDG, Committees and Board. Submitted to SG, awaiting feedback. Adaptations were made to template to link to Corporate Objectives and relevant Strategies (where progress is reported through the PHWS progress report). Planning/Review process for System Flow was approved by Operational Group. Event held in August on MSTeams with attendees across the NHS and HSCP, write up is in progress.	Finalise Corporate Objectives for 24/25 and first CO review meeting Agree Planning/Review process for 24/25 Organise Planning/Review Event (Aug-24) ADP24/25 Q1 to be produced Ensure relevant NHS/HSCP Strategy updates are included within ADP24/25 to include in PHWS mid-year report		**Green - On Track**	**Green - On Track**
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Transfer to trakcare is pending but we began planning with Digital around this .	Transfer successfully to Morse	1. Primary and Community Care	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/ employee self-service		Work continues to identify funding for new posts, systems development and a transformation of the Workforce Directorate as a whole.	Appoint new Team Leaders, develop SOP's and service now.	8. Workforce	**Green - On Track**	**Green - On Track**
Delivery of Digital and Information Framework		Agreement to process via D&I Board		9. Digital & Innovation		**Green - On Track**
Refresh of the Primary Care Improvement Plan	1.1	In line National PCIP version 6; carry out extensive engagement with General Practice to delivery PCIP in line with specific needs of each Practice and cluster.		1. Primary and Community Care	**Blue - Complete/ Target met**	**Blue - Complete/ Target met**
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	**Blue - Complete/ Target met**	**Blue - Complete/ Target met**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Change model engagement work completed and begun drafting framework.	Complete engagement work and begin drafting framework.		**Green - On Track**	**Green - On Track**
Supporting implementation of the Population Health & Wellbeing Strategy		Work to develop framework for monitoring the Population Health and Wellbeing Strategy has been completed and write up of the Mid-Year Report has commenced. This will be presented to Board in Q3.	Finalise delivery framework for 2024-25 for the strategy		**Green - On Track**	**Green - On Track**

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Employability Initiatives and Programmes Update**
Responsible Executive:	**David Miller, Director of Workforce**
Report Authors:	**Alison McArthur, Employability and International Recruitment Co-ordinator**

Executive Summary

- This report provides an overview of the current employability initiatives and programmes being developed within the Board and builds on the update provided at the last meeting in respect of the EMERGE initiative.

- This is an important area of work for us, as we seek to widen employment access and build a more diverse and inclusive workforce and as we seek to consolidate our Anchor Institution ambitions and our aspirations to be an employer of choice.

1. Purpose

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

This report relates to:
- Annual Delivery Plan
- Anchor Institution Ambitions

This report aligns to the following NHS Scotland quality ambition(s):
- Effective & Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Appropriately trained & developed

2. Report Summary

2.1 Situation

This report provides an overview of the current employability initiatives and programmes within NHS Fife to support the development of a talented workforce that is able to meet existing and future demands. The initiatives and programmes described in this report aim to:

- Raise awareness of careers;
- Support employability and up-skilling;
- Provide opportunities for career exploration;
- Create vocational pathways;
- Actively target, recruit and train untapped talent;
- Support Recruitment;
- Support the creation of staff progression pathways;
- Support the development of creative ideas for hard to fill vacancies and;
- Support staff development planning and opportunities.

2.2   Background

In recognition of our ambitions as an Anchor Institution, the delivery of our Corporate Objectives and Annual Delivery Plan, our focus is building on our employability activity. The aim is to widen employment access, building a more inclusive and diverse workforce, engage with priority groups and areas of multiple deprivation within Fife. In doing this we will enhance our ability to attract members of our local communities to commence their employment journey with NHS Fife, plus engage in appropriate programmes to support and develop career pathways.

A barrier to employment that many young people who wish to leave school / college and enter the workforce in Fife face when considering a career with NHS Fife, is a lack of targeted recruitment pathways. We struggle to recruit from this age group as they often have limited work experience and vocational skills compared to older applicants when applying through normal channels, and as such can't compete. In line with our commitment to the Young Persons Guarantee, we are committed to support the equality of opportunity and access to fair work within the local community as an Anchor Institution. This would be achieved by developing approaches and pathways for employing and developing young people, underrepresented groups, and those with barriers to employment.

Utilising employability initiative and programmes on a long-term basis will broaden our recruitment pool, support workforce redesign, improve the skills, educational attainment, and aspirations of staff, and reduce the need for agency workers.

2.3   Assessment

The employability initiatives outlined below are designed to support the aims described within section 2.1, within NHS Fife working together with Fife HSCP employability partners, Fife Council and Fife College. The initiatives focus on attracting young talent through school engagement, careers events, foundation apprenticeships, mentoring and the EMERGE programme. We are looking to provide a youth recruitment pathway to entry level positions, whilst offering training, development and progression opportunities. Employability opportunities also include technical apprenticeships, graduate apprenticeships, Armed Forces Talent Programme, engagement with the Department of Work and Pension (DWP) and work placements.

SCHOOL ENGAGEMENT

School engagement is critical to NHS Fife and HSCP if we are to attract, engage and secure a pipeline of young talent, which the following initiatives are aimed at:

Health and Social Care Careers Events

NHS Fife is invited to attend careers events for 18 High Schools throughout Fife, together with science days, technology days and other events. We are unable to provide suitable resources to satisfy these requests, therefore NHS Fife, HSCP, Social Work and Social Care will develop and deliver Health and Social Care Careers Events. Two events are planned:

1) The first is aimed at S2 and S3 pupils to aid subject selection to be held on 3 and 4 March 2025 and each year thereafter..
2) The second on 1 and 2 September 2025 and each year thereafter, for S4 to S6 pupils leaving school and choosing careers.

The Care Academy

This group comprising of NHS Fife, HSCP, Fife College, representatives from the independent and voluntary carer sectors work together to promote and support recruitment, retention and retrain staff within the care sector. The Care Academy offers a careers event twice a year for the general public to attend.

Foundation Apprenticeships

Foundation Apprenticeships help young people gain valuable, real work experience as well as access to vocational training whilst they are still at school. S5 and S6 pupils can take a Foundation Apprenticeship as one of their senior subject choices. Whilst undertaking this subject choice, pupils are offered a placement within the workplace. Currently Foundation apprenticeships are offered within Allied Health Professions careers this plans to be extended to nursing and midwifery from 2025. The aim is to broaden this further to other NHS professions who wish to engage.

EMERGE

EMERGE is a collaboration between NHS Fife, Fife College and National Education Scotland, targeted at school pupils (14-16 year olds) from areas of deprivation, with an interest in a career in NHS Fife. Applicants will undertake a 12-month qualification through Fife College, part of which will be a placement within NHS Fife and related site visits.

The objectives of the programme are:

- 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 and;
- To prepare the next generation with a real-world employment experience.

The programme commenced in August 2024, within an uptake from 5 pupils with further engagement ongoing. NHS Fife and HSCP will offer work placements between January and May 2025.

Motivation, Commitment and Resilience (MCR) Pathways

NHS Fife have partnered with MCR Pathways, a high school mentoring and talent development programme which supports over 3,000 care experienced and other vulnerable young people experiencing disadvantage across Scotland to realise their full potential through education. Currently in 4 High Schools across Fife, MCR Pathways are seeking mentors to work with young people from 3rd year upwards for one hour per week on a weekly basis for one academic year. We currently have 6 mentors within NHS Fife and a further 10 have expressed an interest in becoming a mentor in academic year 2024/2025.

YOUTH RECRUITMENT PATHWAY

The pathway is a means to recruiting local young people to entry level positions, with defined training, development, and progression opportunities to skilled careers, while enabling NHS Fife and HSCP to create a new pipeline of staff that helps meet future workforce needs. The pathway offers individuals a strong foundation for success and delivers further opportunities for development and career progression. It brings together NHS Fife, HSCP and the following employability partners: The Princes Trust 4-week Get into Healthcare career exploration programme, Fife Council's Community Wealth Building - Life Chances 13-week part funded paid placement, and Modern Apprenticeship courses with Fife College, to support employee training and development.

Princes Trust 4-week Get into Healthcare Career Exploration

This initial course is aimed at young people aged 16-30, who are looking to understand the wide range of careers available within NHS Fife & HSCP, and want the opportunity to explore those careers. Throughout the course, each week participants receive two days of employability training from the Princes Trust and three days of work experience with either NHS Fife or HSCP. Participants interested in roles specifically within NHS Fife and who are considered work-ready, will be supported to apply for and progress onto the Life Chances placement.

Fife Council Community Wealth Building - Life Chances 13-week Placement

Once our participants have been selected, Fife Council will work with the young person(s) and NHS Fife to identify the equipment and uniform requirements, and any additional support required before entering the workplace. Fife Council will employ and pay the participants, with NHS Fife and HSCP hosting the placement. The Workforce Development and Employability Teams will deliver support and training such as the bespoke induction, CV development, employability skills, and application and interview skills training throughout the placement. A suitable mentor will be identified within the recruiting team to informally support the young person.

This full-time placement provides participants with the opportunity to gain in-depth work experience in a Band 2 role within NHS Fife, and the platform to demonstrate their potential, work ethic and values to the department, whilst also allowing recruiting managers to assess their suitability and capability for further progression into a permanent position. During the placement, participants will be supported to apply to ring-fenced modern apprenticeship vacancies. Interviews will be conducted whilst still on placement, with the aim of facilitating a smooth transition, if successful, into the role at the end of the placement.

Targeted Modern Apprenticeship Recruitment to NHS Fife

Within placement areas, suitable vacancies with established career pathways which would allow for ongoing training and development will be identified for the purpose of targeted recruitment within the established talent pool. These vacancies will be aligned with a Modern Apprenticeship SVQ courses to allow for suitable educational training of the new employee within their role. Modern apprenticeship courses provide vocational training and accreditation tailored to the role. It ensures staff have the right knowledge and skills to be successful within their role and facilitates further training and progression.

We have applied for funding to support up to 20 Life Chances placements to commence from October 2024 and will work with the Prince's Trust to establish an appropriate number of placements that can be offered within NHS Fife and HSCP. Initial discussions with some areas are planned and will look to identify and initially host placements in areas with already established career progression support mechanisms, such as Health Care Support Worker positions within Nursing areas, AHPs, Pharmacy, and Labs. Once placements have been identified we will continue to work with teams to establish expectations and support processes for participants and staff.

Whilst we wish to introduce the above as a pathway, some of the initiatives within it are currently in operation within NHS Fife and HSCP as follows:

- Modern apprenticeships are being utilised within NHS Fife as a means to up-skill existing staff. Nursing and Midwifery aim to enrol 66 nurses onto Modern Apprenticeships within this financial year 2024/2025. Pharmacy and Labs are also using modern apprenticeships to up-skill their entry level staff.

- HSCP hosted one candidate from the Princes Trust in July 2024. This was very successful and the candidate has gone on to secure a Healthcare Support Worker post on the Nurse Bank. HSCP are looking to recruit a further 2 candidates via the Prince's Trust in October 2024. Nursing & Midwifery within NHS Fife are currently exploring what the Princes Trust can offer.

- We aim to use Life Chances for entry level posts that are hard to fill, mirroring the approach taken by Fife Council, which has been very successful within their Cleansing Team. We have had interest from Laundry, Health Records and Administrations Unit 1 for an administration role.

OTHER APPRENTICESHIPS

Graduate Apprenticeships

To support career aspirations and continuous professional development there is a number of staff within NHS Fife undertaking degrees during employment. This will continue to be offered as requested and as funding permits.

Technical Apprenticeships

Technical apprenticeships are offered within Pharmacy as a means to up-skill their existing staff. This is key to a career pathway within Pharmacy, as staff can progress to the technical apprenticeship after completion of the modern apprenticeship and underpinning knowledge module.

DEPARTMENT OF WORK AND PENSION (DWP) ENGAGEMENT

Contact has been re-established locally and nationally with representatives from DWP which will enable us to continue to support job seekers of all ages specifically interested in a career within NHS Fife and HSCP. We will attend local careers events, promoting vacancies and roles across all job families and provide advice and guidance relating to the recruitment process. We have also provided advice and guidance around job applications and interview skills via targeted training events and webinars.

WORK PLACEMENTS

Work placements are offered on an adhoc basis when requests are made by candidates. The Employability Team aim to establish a programme for work placements within NHS Fife and HSCP. Development work will be undertaken in late 2024 and early 2025 with a view to launching a developed programme in April 2025.

ARMED FORCES TALENT PROGRAMME

The Employability Team are working with representatives of the Armed Forces Talent Programme (national programme) and local Armed Forces Ambassadors employed within NHS Fife, of which there are 8. The programme aims to support veterans, together with their partners and dependants in applying for NHS jobs. They have requested that the Employability Team help to 'turn up the volume' by promoting what the programme offers i.e. training provided to veterans and their families to help them apply for NHS jobs and management information sessions on the programme for NHS managers.

FUTURE SUPPORT

The Employability Team are looking to continually support the employability initiatives and programmes to increase the numbers and diversity of opportunities progressively depending on workforce needs, appetite, and suitability. There is further work to be considered in relation to support for adult initiatives.

2.3.1 Quality, Patient and Value-Based Health & Care

Engaging in employability initiatives and programmes will provide NHS Fife and HSCP with the ability to attract, engage, secure and provide wider access to a pipeline of young talent. They will also provide access to employment for all ages from priority groups together with the ability to develop existing staff. This will in turn help boost recruitment and retention and provide a higher quality of care to patients and contribute to staff wellbeing.

2.3.2 Workforce

The initiatives and programmes allow us to provide:

- School engagement and work placements attracting young people to careers with NHS and HSCP;
- Pathways into employment with NHS Fife and HSCP, aiding our recruitment and retention of a young, diverse and skilled workforce;
- Promote NHS Fife and HSCP vacancies to the general public via the DWP and the Armed Forces Talent Programme whilst offering job application support and interview techniques to candidates to recruit and train untapped talent
- Evidence in respect of our workforce plans.

There are resource implications of engaging with these initiatives in relation to the training and line management support to the person(s) on placement. In addition, there will be a level of administration, training and support that will be resourced via the Workforce Development and Engagement Team and Employability Team.

Apprenticeship courses may require attendance at college in-person, which will be advised in advance, and will need to be accommodated by the appropriate Department.

2.3.3 Financial

SCHOOL ENGAGEMENT

The **Health and Social Careers Events** will be delivered on NHS Fife premises at no cost. The events will be supported by NHS Fife staff and there will therefore be the cost of their time. However, a small budget will be required for banners, leaflets and other resources.

Foundation Apprenticeships are fully funded and no uniform or equipment is required.

For the **EMERGE** programme, NHS Fife will be expected to contribute to the cost of uniforms. Support is being sought from Fife Health Charity. There will be costs in terms of the time employees and managers spend with students during their work placements.

MCR Pathways is fully funded by the organisation and they will provide training to volunteers. Volunteers will be required to provide one hour per week on a weekly basis for one academic year during work time.

YOUTH RECRUITMENT PATHWAY

The **Princes Trust** work experience placement is unpaid and the financial burden of the operational running, advertising and coordination of the programme is held by The Princes Trust. The time provided by managers to support the candidate will be the only cost.

The **Life Chances** paid placement is part funded by Fife Council and covers 36 hours per week at Living Wage for 13 weeks, for each placement. Depending on the placement, there may be associated costs such as equipment, and these will be identified and explored with the host department and the Council prior to participating. Additional funding support is available to placement participants and new employees via Fife Council Employability Team to allow their successful engagement with the programme e.g. funding for work clothing, childcare, transport, driving lessons etc.

Modern Apprenticeship courses are fully funded, and the college provides its' students with any resources and laptops required. This means there is no educational cost to the department for their staff attending the course.

OTHER APPRENTICESHIPS

Technical Apprenticeships are fully funded with resources provided by West College Scotland.

Graduate Apprenticeships are funded by the respective department at the costs agreed at the time.

DWP

Engagement activities will be provided by the Employability Team and managers within NHS. Other than their time there are no other costs.

WORK PLACEMENTS

The costs will be established once the programme has been developed. At present there are no costs another than the time of the manager and staff supporting the candidate on work placement. This is likely to continue.

Armed Forces Talent Pathway

The cost of running managers information sessions and training sessions for veterans and their families is provided by the National Team. The Employability Team will work with Communications Team in NHS Fife to promote their programme.

2.3.4 Risk Assessment / Management

There is a risk that failing to:

- Appropriately develop staff;
- Engage with High Schools;
- Provide a career pathway for young people;
- Offer apprenticeships and work placements;
- Offer an Armed Forces pathway and;
- Work with the DWP.

We will increase turnover and recruitment costs, be unable to meet the Population Health and Wellbeing Strategy aims on the fundamentals of good staff development, growing leadership and management skills. As well as be unable to meet the Corporate Objective of delivering pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.

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

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

The initiatives are designed to enhance healthcare careers and would support our Anchor ambitions and the wider 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 taken place with partner organisations, alongside colleagues in the HSCP to develop these initiatives.

- Developing Young Workforce Fife Board
- Fife Council
- Princes Trust
- Fife College
- NES
- Dafydd MacIntosh, HSCP
- DWP
- Armed Forces Talent Team

2.3.8 Route to the Meeting

This paper has been considered by the Director of Workforce, Workforce Senior Leadership Team, Executive Directors Group, NHS Fife Nursing Workforce Planning Group and Anchor Institution Programme Board and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided to the Staff Governance Committee for:

- **Assurance** – This report provides a **Moderate** level of assurance.
- **Discussion** – For examining and considering the implications of the current employability initiatives and how this fits with the Board's Corporate objectives and Anchor Institution ambitions.

3. List of Appendices

N/A

Report Contacts:

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 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 via the IPQR relating to Workforce, of which, 3 (relating to Vacancies) have no defined trajectory/target.

- Sickness Absence achieving trajectory and Amber against Mar-25 target of 6.5%.
- PDPR compliance is not achieving trajectory.

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 Jun-24 for Vacancies; end of Aug-24 for Sickness Absence; and end of Sep-24 for PDPR.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

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

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

2.3 Assessment

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

In relation to Quality & Care section, following review, 'LAER/SAER actions closed on time' measure has been replaced with 'SAERs closed within 90 days'. The SAER median working days to close will be reported going forward.

New measures included this month are within Public Health & Wellbeing section and relate to the uptake of winter Flu and Covid Vaccinations. Measure will be included up to end of Mar-25.

Highlights of September 2024 IPQR

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

			meeting trajectory/target
			within 5% of trajectory/target
			out with 5% of trajectory/target

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	6.51%	Aug-24	7.5%	6.5%
PDPR	42.9%	Sep-24	50%	60%
Vacancies (Medical & Dental)	2.8%	Jun-24	-	-

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Vacancies (Nursing & Midwifery)	3.5%	Jun-24	-	-
Vacancies (AHPs)	5.0%	Jun-24	-	-

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the Position at July IPQR has been made available for discussion at the meeting on 05 November 2024.

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 17 October 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: IPQR Position at September 2024 SG v1.0

Report Contact(s):
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Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at September 2024
Produced in October 2024

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary
Summarising key Corporate Risks and status.

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

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

—— 24-month Average   ----- Control Limit   ● Outlier

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

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

C1. Quality & Care	C2. Operational Performance & Finance	C3. Workforce	C4. Public Health & Wellbeing

MARGO MCGURK
Director of Finance & Strategy
14 October 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◄►	High
To improve the quality of health and care services	6	4	2	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	7	6	1	-	-	◄►	Moderate
Total	20	15	5	0	0		

Risk Key

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

Movement Key

▲ Improved - Risk Decreased
◄► No Change
▼ Deteriorated - Risk Increased
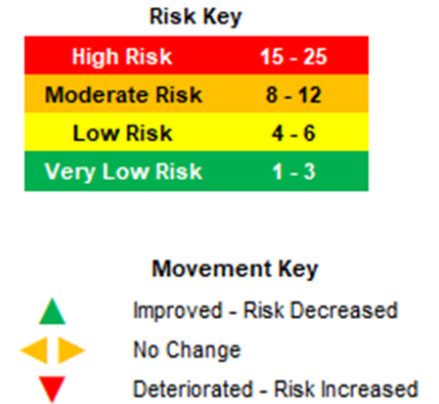
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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.

There have been two new risks added and one removed from the Corporate Risk register as below:

Risk 20 - New Corporate Risk - Capital Funding - Service Sustainability

A new risk was supported by EDG and aligned to FP&R committee.

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

Risk 21 - New Risk Pandemic Risk

A new risk was supported by EDG and aligned to the PHWC.

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

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service

Recommendation made to CGC (and on to the NHS Fife Board as appropriate), to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management.

B. Indicator Summary

Quality & Care

Indicator	Current	Previous	Change	Indicator	Current	Previous	Change	Indicator	Current	Previous	Change
SAER Median days to close	255		—	Inpatient Falls	6.80	6.80	◆	Pressure Ulcers	1.30	1.57	▲
Ligature Incidents (Mental Health)	1.34	0.17	▼	Incidents of Restraint (Mental Health)	12.03	7.93	▼	Incidents of Physical Violence (Mental Health)	9.53	7.93	▼
Incidents of Self Harm (Mental Health)	1.67	1.03	▼	SAB HAI	0.0	6.8	▲	C Diff HAI	13.6	17.1	▲
ECB HAI	10.2	6.8	◆	S1 Complaints Closed in Month on Time	48.7%	50.0%	◆	S2 Complaints Closed in Month on Time	25.9%	16.7%	▲

Operational Performance

Indicator		Current	Previous	Change	Indicator		Current	Previous	Change	Indicator		Current	Previous	Change
Emergency Access	A&E	75.4%	73.8%	▲	Delayed Discharges (Standard)	Acute/Comm	52.3	51.1	◆	Cancer	31-day DTT	94.2%	98.2%	▼
	ED	67.6%	65.4%	▲		MH/LD	12.1	9.3	▼		62-Day RTT	67.5%	78.2%	▼
Patient TTG	% <=12weeks	49.5%	49.4%	◆	New Outpatients	% <=12weeks	40.1%	41.3%	▼	Diagnostics	% <=6weeks	71.0%	63.2%	▲
	>52 weeks	712	659	▼		>52 weeks	5033	4891	▼		>26 weeks	58	48	◆

Finance

Indicator	Current	Change	Indicator	Current	Change
Revenue Resource Limit Performance	(£23.555m)		Capital Resource Limit Performance	£1.990m	

Workforce

Indicator	Current	Previous	Change	Indicator	Current	Previous	Change	Indicator		Current	Previous	Change
Sickness Absence	6.51%	7.47%	▲	Personal Development Plan & Review	42.9%	44.5%	▼	Vacancies	Medical & Dental	2.8%	6.2%	▲
									Nursing & Midwifery	3.5%	3.8%	◆
									AHPs	5.0%	3.7%	▼

Public Health & Wellbeing

Indicator		Current	Previous	Change	Indicator	Current	Previous	Change	Indicator	Current	Previous	Change
Smoking Cessation	40% Most Deprived	285	255	—	Alcohol Brief Interventions	103%	96%	—	Drugs & Alcohol	94.5%	93.1%	◆
CAMHS		94.3%	83.5%	▲	Psychological Therapies	72.8%	69.8%	▲	Mental Health Readmissions within 28 days	5.6%	5.9%	◆
Breast Screening		73.4%		—	Bowel Screening	66.2%		—	AAA Screening	87.3%	86.8%	▲
Childhood Immunisation	6-in-1 @ 12 months	94.5%	95.1%	▼	Infant Feeding	36.4%	29.4%	▲	Winter Vaccination — Influenza	40.6%		—
	MMR2 @ 5 years	85.7%	85.7%	◆	Child Development	19.4%	18.5%	▲	Winter Vaccination — Covid	39.2%		—

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

| | | | | To improve staff experience and wellbeing | 2 | 2 | - | - | - | ◄► | Moderate |

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	6.51%	Month	Aug-24	7.5%	6.5%	◯	▲	▲		● YE Jul-24
Personal Development Plan & Review (PDPR)	42.9%	Month	Sep-24	50.0%	60%	●	▼	▲		●
Vacancies (Medical & Dental)	2.8%	Quarter	Jun-24			●	▲	▲		●
Vacancies (Nursing & Midwifery)	3.5%	Quarter	Jun-24			●	◆	▲		●
Vacancies (AHPs)	5.0%	Quarter	Jun-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

C3. Workforce

Data Analysis

Sickness absence decreased from 7.47% in Jul-24 to 6.51% in Aug-24. Short-term absence decreased from 3.35% in Jul-24 to 2.63% in Aug-24, with a decrease in long term absence from 4.11% to 3.88%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 30.4% of all absences).

Within HSCP, Community Care has an absence rate above 8% and Complex & Critical Care above 7%, as is the Medical Directorate, HSCP above 6.5%,

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

Achievements

- Promoting Attendance panels have been reviewed to ensure a consistent approach to the purpose and escalation process.
- Implementation of a Neurodiversity Passport to support managers and neuro diverse staff.
- Absence management statistics, working hours lost and trajectory information reviewed to identify hot spot areas.

Ongoing Work

- Benchmarking with other Boards to identify any actions Fife could implement to improve attendance.
- Development of Manager's Essential Learning Pack to support new managers, to include Attendance Management Resources to managing absences effectively.

Challenges

- 'Catch all' descriptors on SSTS / Continued use of Code 99 (Unknown Reason for Absence) / Ageing workforce with complex health needs / workforce pressures associated with the Reduction in the Working Week.

Sickness Absence

— Target   - - - 24/25 Trajectory

Working Hours Lost

Sep-22	88,331
Oct-22	85,918
Nov-22	92,101
Dec-22	102,381
Jan-23	92,030
Feb-23	81,997
Mar-23	88,641
Apr-23	78,399
May-23	89,617
Jun-23	84,247
Jul-23	87,394
Aug-23	91,314
Sep-23	89,424
Oct-23	99,644
Nov-23	100,231
Dec-23	105,933
Jan-24	114,464
Feb-24	99,282
Mar-24	92,012
Apr-24	97,129
May-24	96,863
Jun-24	94,228
Jul-24	101,074
Aug-24	87,899

Hours Lost by Reason; Aug-24

Other
Back problems
Chest & respiratory problems
Covid-related illness
Cold, cough, flu - influenza
Injury, fracture
Other known causes - not otherwise classified
Gastro-intestinal problems
Other musculoskeletal problems
Anxiety/stress/depression/other psychiatric illnesses

Benchmarking; Jul-24

Scotland
Fife
Territorial NHS Board

PDPR
Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

42.9%

7.1% ⬆ To achieve trajectory as of Jul-24

Data Analysis

Compliance was 42.95% in Sep-24, a decrease of 1.6% from the previous month and but an increase of 1.6% on the same month in 2023.

To meet the locally agreed trajectory of 50.0% 16 additional reviews would have been required to be completed, 60% is to be achieved by Mar-25.

The number of reviews held in Sep-24 decreased by 27.5% to 302 from 220, so far in 2024/25 there have been 326 reviews held (Apr – Sep) compared to 332 in same period in 2023/24.

Compliance was highest in HSCP at 45.7%, Primary & Preventative Care has highest compliance within the Partnership with 48.3% with Complex & Critical Care lowest at 41.2%, the latter increased by 1.2% on previous month. Corporate Services compliance is 43.2%, a decrease of 1.8% from month prior and 13.5% higher than year previous, with Acute Services 39.6%. WCCS Directorate have now achieved over 52% compliance with Surgical Directorate at 49.8% and Medical Directorate at 21.5%.

Achievements & Challenges

Turas Appraisal Lunchtime Bytes continue to be offered monthly supplemented by the TURAS Appraisal: Preparing for a PDPR meeting and (ii) TURAS Appraisal: During & After the PDPR Conversation eLearning resources.

Communications have been issued through various forums to inform of the relationship between Core Skills learning, Protected Learning time and PDPR in the aim to raise awareness and support achievement of the 60% target in March 2025.

PDPR Compliance

— Target   - - - 24/25 Trajectory

— Corporate   — Acute Services   — HSCP

■ Reviews Held

HSCP / Acute Services / Corporate — ■ Sep-23 ■ Sep-24
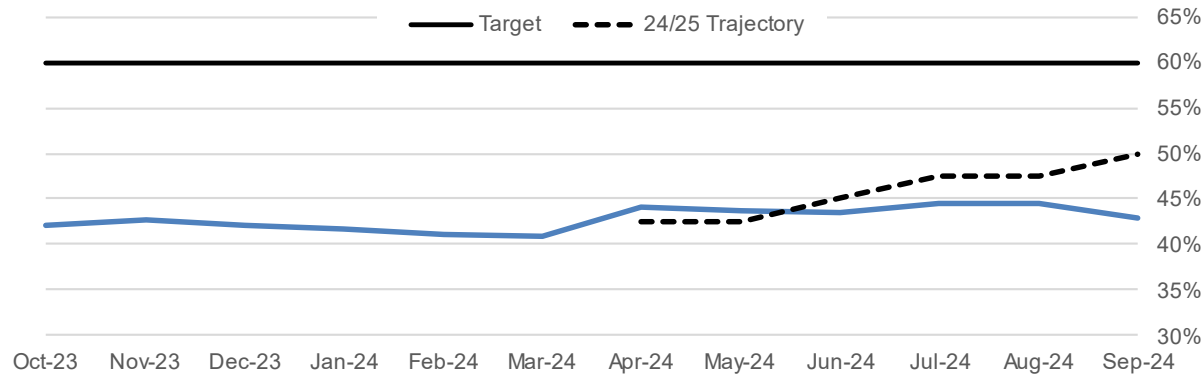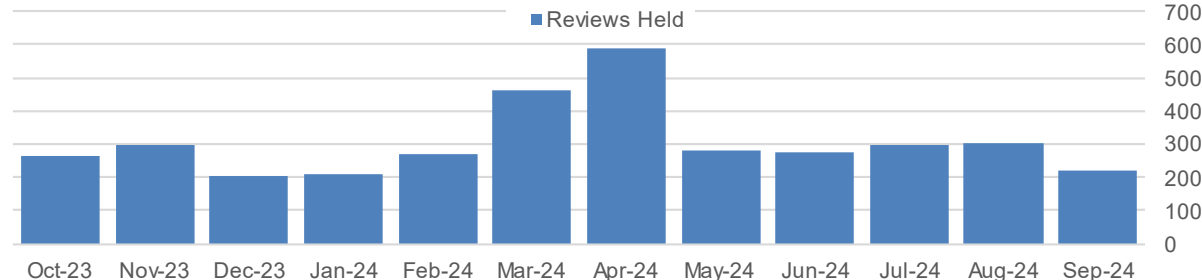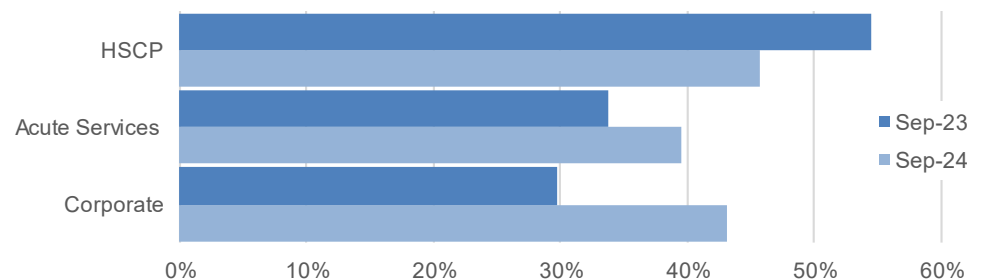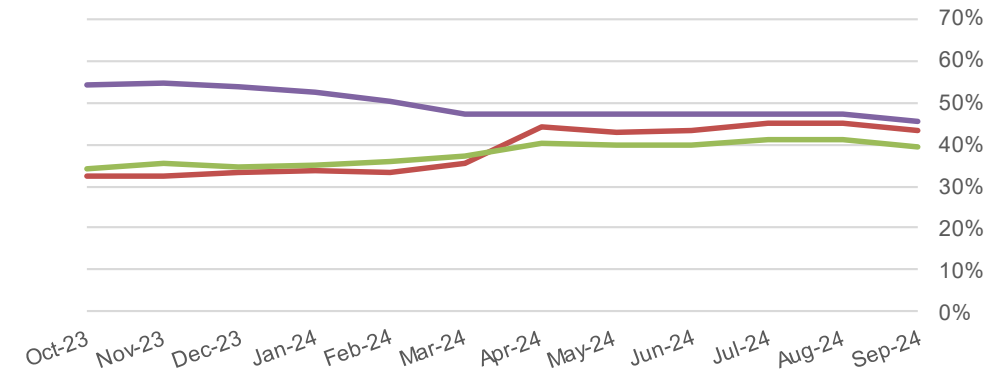
Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	**2.8%**
Nursing & Midwifery (N&M)	**3.5%**
Allied Health Professionals (AHPs)	**5.0%**

C3. Workforce

Medical & Dental WTE vacancies saw decrease from the Mar-24 figure to 8.6 in Jun-24. The largest number of vacancies falls within a single area of Clinical Radiology at 8.

2.5 wte Consultant Radiologists have been recruited to commence in September 2024, which will improve this position.

Vacancies shown are only those that are actively being recruited to (ie Psychiatry has 8 WTE vacancies that are not currently being advertised).

Nursing & Midwifery WTE vacancies has seen a decrease for this reporting quarter dropping from 165.1 WTE to 147.2 WTE. 77.5% of vacancies are for qualified staff Bands 5 to Band 7+.

The number of N&M vacancies are expected to decrease further with this year's intake of newly qualified practitioners (NQPs) in Autumn 2024.

AHP WTE vacancies have increased from their lowest level since Mar-22 (27.4 WTE) to 36.8 WTE. The largest number of vacancies lie within Diagnostic Radiography and Physiotherapy.

Similarly, the numbers of AHP vacancies will decrease with this year's NQP intake and also successful recruitment in Radiography and Physiotherapy. Some contraction is anticipated within the AHP professions aligned to RTP plans.

Medical & Dental Vacancy Rate

Legend: WTE, %

Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24
35.6	37.5	23.8	19.5	17.4	16.6	17.1	17.5	35.0	30.2	30.2	23.8	19.5	8.6

- Anaest…
- Obstetrics &…
- Clinical…
- Ot…

(scale 0, 2, 4)
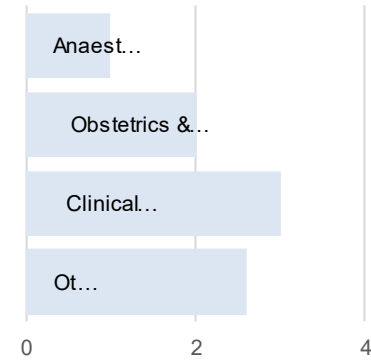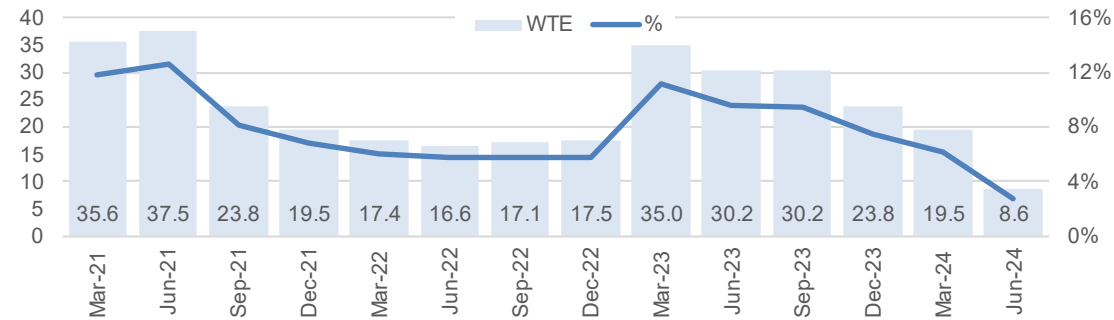
Nursing & Midwifery Vacancy Rate
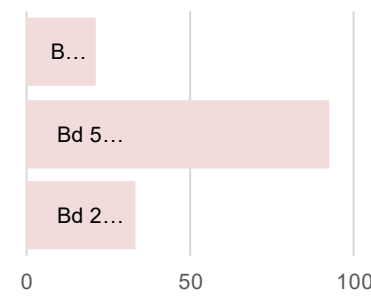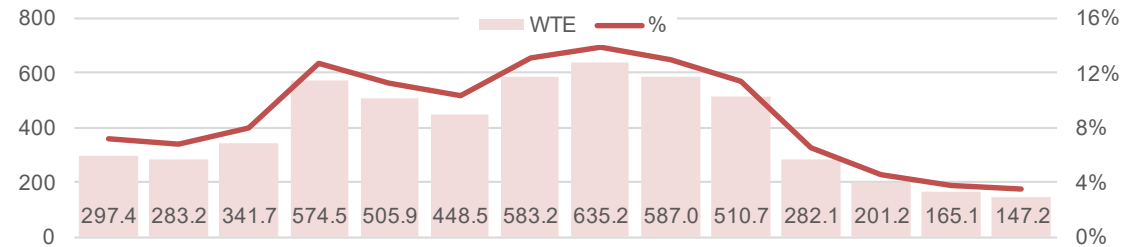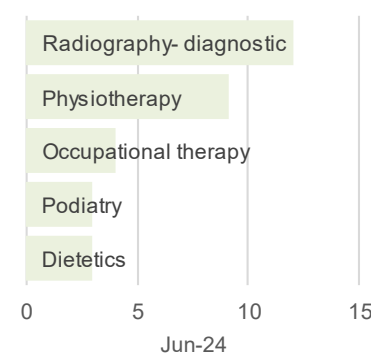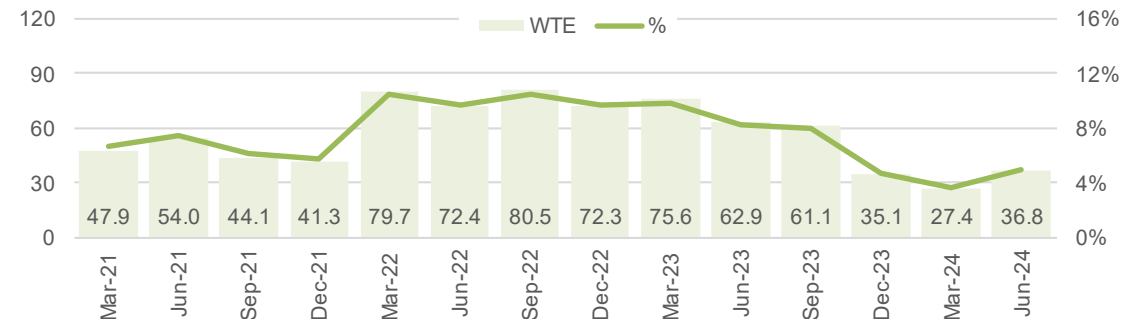
Legend: WTE, %

Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24
297.4	283.2	341.7	574.5	505.9	448.5	583.2	635.2	587.0	510.7	282.1	201.2	165.1	147.2

- B…
- Bd 5…
- Bd 2…

(scale 0, 50, 100)

AHP Vacancy Rate

Legend: WTE, %

Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24
47.9	54.0	44.1	41.3	79.7	72.4	80.5	72.3	75.6	62.9	61.1	35.1	27.4	36.8

- Radiography- diagnostic
- Physiotherapy
- Occupational therapy
- Podiatry
- Dietetics

(scale 0, 5, 10, 15)

Jun-24

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Medical and Dental Professional Standards Update**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards**

Executive Summary

This paper provides information on the Medical and Dental Professional Standards Oversight Group. The committee are asked to note:

- the establishment of the Group.
- that the group will report via minutes to this Committee and to the Clinical Governance Committee and will escalate identified risks or issues of importance.
- that an annual assurance statement for consideration by this Committee and the Clinical Governance Committee.
- the Terms of Reference at Appendix 1.

1.   Purpose

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

This report relates to:
- Annual Delivery Plan
- 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 NHS Scotland quality ambition(s):
- Safe, 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

This paper provides information to the Committee on the Medical and Dental Professional Standards Oversight Group.

2.2   Background

The Medical and Dental Professional Standards Oversight Group was established in April 2024 with the purpose of taking the overview of the following areas within NHS Fife:

- Medical Appraisal and Revalidation.
- Consultant and SAS doctor Job Planning.
- Oversight of all aspects of undergraduate medical education.
- Oversight of all aspects of postgraduate medical education including rota compliance, deanery visits and survey feedback.
- Oversight of all aspects of undergraduate and post graduate dental education.
- Medical Workforce strategic planning

2.3   Assessment

The Group is chaired by the Medical Director and has representation across both Acute and H&SCP (See Appendix 1)

The role and remit of the Medical and Dental Professional Standards Oversight Group is as follows:

- Monitor the delivery of the Medical Appraisal and Revalidation Framework.
- To provide NHS Fife's Clinical and Staff Governance Committees with the assurance that all doctors with a prescribed connection to NHS Fife have undertaken annual appraisal and have obtained feedback from colleagues and patients, where appropriate, once in a five-year cycle thus enabling NHS Fife's Responsible Officer to make revalidation recommendations to the General Medical Council.
- To ensure all NHS Fife trained medical staff have a job plan, in line with Consultant Grade terms and conditions of service, 1 April 2007 and the New Contract for Specialty Doctors and Associate Specialists – CEL 27 (2008), and which is subject to review at least annually or more often, if changes to staffing resources, or working practices, or the consultant's circumstances require it.
- Monitor the delivery of the Medical Education Framework.
- Provide objective oversight the training of undergraduate and post graduate medical and dental staff.
- Take assurance in regard to all action plans that relate to Deanery visits.
- Take assurance in relation to all trainee survey feedback.
- Receive assurance and reports from the Medical Workforce Strategic Groups in Acute and H&SCP- specifically in relation to the use of agency medical workforce and hard to recruit to specialties.
- Take assurance in regard to action plans for non-complaint trainee rotas.

The group will:

- agree an annual workplan to ensure all relevant business is delivered.
- complete an annual assurance statement for consideration by this committee and the Clinical Governance Committee.
- escalate identified risks or issues of importance to this committee and the Clinical Governance Committee.

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

High quality training is fundamental to ensure sufficient numbers of doctors and dentist are trained in Scotland.

2.3.2 Workforce

Medical appraisal ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The group will escalate identified risks or issues of importance to the NHS Fife Clinical Governance and Staff Governance Committees.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Dr Christopher McKenna, Medical Director.

2.3.8 Route to the Meeting

Dr Christopher McKenna, Medical Director, on 21 October 2024.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Noting** – The Staff Governance Committee are asked to note the information on the Medical and Dental Professional Standards Oversight Group.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Medical and Dental Professional Standards Oversight Group Terms of Reference

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

MEDICAL AND DENTAL PROFESSIONAL STANDARDS OVERSIGHT GROUP

TERMS OF REFERENCE 2024-2025

1.   PURPOSE

1.1   The purpose of the Medical and Dental Professional Standards Oversight Group is to take overview of the following areas within NHS Fife: -

- Medical Appraisal and Revalidation
- Consultant and SAS doctor Job Planning
- Oversight of all aspects of undergraduate medical education
- Oversight of all aspects of postgraduate medical education including rota compliance, deanery visits and survey feedback
- Oversight of all aspects of undergraduate and post graduate dental education.
- Medical Workforce strategic planning

2.   COMPOSITION

2.1   The membership of the Group will include: -

Medical Director/Responsible Officer – NHS Fife (Chair)
Deputy Medical Director – Acute Services Division/Deputy Responsible Officer – NHS Fife
Deputy Medical Director – Fife Health & Social Care Partnership
Director of Medical Education
Associate Directors of Medical Education
Medical Education Service Manager
Director of Public Health
Director of Dentistry
Associate Director for Risk and Professional Standards
Associate Director of Quality and Clinical Governance
Head of Human Resources
GP Lead for Appraisal
Secondary Care lead for Appraisal
AMD rep– Fife Health & Social Care Partnership
AMD rep– Acute Services Division
Rep from General Managers – Acute Services Division
Rep from Head of Service - HSCP
LNC Representation
Medical Appraisal & Revalidation Coordinator – NHS Fife.

3.   ROLE AND REMIT

3.1   The role and remit of the Medical and Dental Professional Standards Oversight Group is as follows:

- Monitor the delivery of the Medical Appraisal and Revalidation Framework
- To provide NHS Fife's Clinical and Staff Governance Committees with the assurance that all doctors with a prescribed connection to NHS Fife have undertaken annual appraisal and have

obtained feedback from colleagues and patients, where appropriate, once in a five-year cycle thus enabling NHS Fife's Responsible Officer to make revalidation recommendations to the General Medical Council.

- To ensure all NHS Fife trained medical staff have a job plan, in line with Consultant Grade terms and conditions of service, 1 April 2007 and the New Contract for Specialty Doctors and Associate Specialists – CEL 27 (2008), and which is subject to review at least annually or more often, if changes to staffing resources, or working practices, or the consultant's circumstances require it.
- Monitor the delivery of the Medical Education Framework.
- Provide objective oversight the training of undergraduate and post graduate medical and dental staff.
- Take assurance in regard to all action plans that relate to Deanery visits.
- Take assurance in relation to all trainee survey feedback.
- Receive assurance and reports from the Medical Workforce Strategic Groups in Acute and H&SCP- specifically in relation to the use of agency medical workforce and hard to recruit to specialties.
- Take assurance in regard to action plans for non-complaint trainee rotas.

4. MEETINGS AND REPORTING ARRANGEMENTS

4.1 Meeting will be held on a quarterly basis and will be serviced by the Medical Appraisal & Revalidation Coordinator.

4.2 The Medical and Dental Professional Standards Oversight Group reports to NHS Fife's Clinical and Staff Governance Committees.

4.3 The group will agree an annual workplan to ensure all relevant business is delivered.

4.4 The group will complete an annual assurance statement for consideration by the Clinical Governance and Staff Governance Committees in advance of the group approving.

4.5 In order to fulfil its remit, the group will escalate identified risks or issues of importance to the NHS Fife Clinical Governance and Staff Governance Committees.

4.6 Local working groups will report via minutes into the group to ensure oversight and to provide assurance to this group. These groups include:
- Medical Workforce Strategic Group – Acute
- Medical Workforce Strategic Group – H&SCP
- Area Medical Committee
- Responsible Officer Advisory Group
- Medical Education Senior Leadership Team (SLT)

4.7 The following reports will be submitted to NHS Fife's Clinical and Staff Governance Committees on an annual basis.
- Medical Appraisal and Revalidation Annual Report (including a Healthcare Improvement Scotland Self-Assessment for Medical Appraisal and Revalidation)
- Job Planning Report
- Medical Education Annual Report
- Dental Education Annual Report

4.8 The group will conduct business in accordance with NHS Fife's organisational values.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Workforce Policies Update**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing & Relations**

Executive Summary

- This report provides an update to the Staff Governance Committee on the Workforce Policy development work undertaken by our local HR Policy Group, and also provides an update on the Once for Scotland Workforce Policies Programme which is designed to review and transform existing workforce policies.

1.   Purpose

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

This report relates to:
- Government policy / directive
- Legal requirement
- Local policy

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued

2.   Report Summary

2.1   Situation

This report provides an update to the Staff Governance (SGC) on the Workforce Policy development work since November 2023 and provides details of the soft launch of the next phase 2.2 of the implementation of the Once for Scotland Workforce Policies.

2.2 Background

The HR Policy Group is a partnership group which conducts the work of developing and maintaining local HR policies which are provided to the Area Partnership Forum for approval.

Once for Scotland Workforce policies are developed in partnership at a national level to promote NHSScotland as a modern, exemplar employer; showcasing our core values, and promoting consistent employment policy and practice that supports the implementation of the Staff Governance Standard and effective recruitment and retention.

NHS Boards are responsible for managing and ensuring full implementation of the refreshed workforce policies, in partnership, within their respective Boards and within the requested timescales. To ensure that the policies are fully embedded, NHS Boards are asked to:

- Plan and manage local implementation in partnership.
- Undertake a self-assessment of current NHS Board practice against the refreshed policies.
- Conduct joint briefings for managers and trade union representatives.

2.3 Assessment

The HR Policy Group has reviewed, updated and re-issued the following policies since November 2023 to date:

HR15 – NHS Fife Organisational Change Policy
HR25 – NHS Fife Evaluation of New Posts Covered By AfC Agreement, Creation of Generic Job Descriptions or Banding Review of Existing Post subject to Significant Change
HR34 – NHS Fife Relocation Expenses Policy
HR37 – NHS Fife Professional Registration Policy
HR44 – NHS Fife Working Time Regulations Policy
HR54 – NHS Fife Staff Dress Code and Uniform Policy

The HR Policy Group have developed new policies and issued since November 2023 to date along with a new resource: Bereavement in the Workplace:

HR52 – NHS Fife Agile Working Policy
HR53 – NHS Fife Exit Interview Procedure
HR56 – NHS Fife Voluntary Severance Arrangements Policy

The HR Policy Group continue to review existing policies in line with legislative requirement and to review policies that fall out with the scope of the Once for Scotland Workforce Policies Programme.

The Scottish Workforce and Staff Governance Committee (SWAG) formally approved on 1 October 2024 the 8 workforce policies refreshed under phase 2.2, comprising the following workforce policies:

- Equality, Diversity & Inclusion
- Facilities Arrangements for Trade Unions & Professional Organisations
- Gender-Based Violence
- Personal Development Planning and Performance Review (PDPPR)

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- Redeployment
- Employment Checks
- Secondment
- Fixed Term Contracts

A soft launch of these NHSScotland Workforce Policies is taking place between 15 October 2024 and 15 January 2025. This is a preparatory period for HR Departments and Staff side to ensure NHS Board readiness for launch with staff and managers in early February 2025.

The 'Once for Scotland' Workforce Policies Programme has prepared a slide deck for local use, and this contains background information to this work, overall guidance and key updates to PIN in the refreshed workforce policies. Each policy comes with extensive supporting documentation to ensure consistent application across NHSScotland. The supporting documents form part of the standard for workforce policies that apply to all NHSScotland employees.

Local awareness sessions for managers are being arranged to be delivered in partnership to ensure that the key principles and values of the Once for Scotland policies are understood and that the policies are implemented in a supportive and flexible manner.

We are currently undertaking in partnership the self-assessment against refreshed policies which will be presented in the awareness sessions, plus shared via StaffLink and Management teams to promote the new suite of policies from February 2025.

The awareness sessions will take place over various sites during December 2024/ January 2025, with a mix of MS teams and in person to attract as many as possible to these sessions. We are also developing communication materials to promote the launch of the new policies, along with our Communications colleagues, to the wider workforce.

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 effective HR policies in line with National PIN guidelines and employment legislation assists in ensuring engaged workforce committed to excellent patient care.

2.3.2 Workforce

The work experience of staff is enhanced by the HR policies available to them reflecting good employment practice.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All HR Policies are developed and reviewed by the HR Policy Group, a partnership subgroup of the APF. All new and amended policies are approved by the HR Policy Group and endorsed by the APF.

The HR Policy Group are also involved in the development of the implementation plan and launch of OfS policies during their soft launch period.

2.3.8 Route to the Meeting

This paper has been considered by the HR Policy Group as part of its development 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 **Significant** Level of Assurance and confirms the work undertaken by the HR Policy Group in developing and maintaining HR policies within its scope and an update on the Once for Scotland Workforce Policies Programme.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1: Workforce Policies Workplan 2021-2025

Report Contact(s):
Sandra Raynor
Head of Workforce Resourcing and Relations
e-mail: Sandra.raynor@nhs.scot

HR POLICIES WORKPLAN 2021 – 2025

NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme. A gateway review will be held now that the Supporting the Work Life Balance Policies are in place to agree the next stage of policies for refresh, this will ensure that sequencing remains current.

- Managing Health at Work

- Remaining policies do not form part of current PINS and / or are local NHS Fife policies are part of the action plan review cycle

POLICIES FOR REVIEW Managing Health at Work

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR36 – Policy for Dealing with Drugs & Alcohol Misuse Policy	November 2021	Once For Scotland Workforce Policies Programme Recommenced on 26 May 2022. The next stage of policy development will focus on refreshing policies in phase 3 of the programme. NHS Boards are asked not to review policies which form part of the existing PIN policies during the work of the Programme	N/A	N/A	N/A	N/A	Managing Health at Work PIN

POLICIES FOR REVIEW Remaining policies do not form part of current PINS and/or are local NHS Fife policies are part of the action plan review cycle

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR57 – NHS Fife Transgender Policy	New Policy under development	New Policy under development - awaiting Once for Scotland transgender guideline to inform local work that is part of phase 2.2 soft launch	December 2024	B Morgan/ M Sinclair-Forrow/ HR Policy Group	In progress		NHS Fife Policy
HR29 – Reserve Forces Training & Mobilisation Policy	**(Under review)** November 2024	Policy reviewed and approved November 2021	**December 2024**	Workforce Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR52 – Agile Working Policy	May 2025	New policy developed and approved May 2024	**February 2025**	HR Policy Group / Accommodation and Planning Group	Complete		NHS Fife Policy
HR53 – Exit Interview Procedure	July 2025	New Policy approved July 2024	**April 2025**	HR Policy Group/ Partnership Group	In progress		NHS Fife Policy
HR56 – Voluntary Severance Arrangements Policy	September 2025	New Policy approved by HR Policy Group and Area Partnership Forum September 2024	**June 2025**	HR Policy Group/ Partnership Group	In progress		NHS Fife Policy
HR18 – Disruption to Staff Travel Arrangements Policy	June 2026	Policy reviewed in relation to DL(2022)35 – November 2022 and approved June 2023	**March 2026**	Workforce Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR15 – Organisational Change Policy	**(Under review)** March 2027	Policy and Manager's Guide approved March 2024	**December 2026**	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR25 – Evaluation of New Posts Covered By AfC Agreement, Creation of Generic Job Descripts or Banding Review of Existing Post subject to Significant Change	May 2027	Change to adopt national guidance on Consistency Panel approved May 2024.	**February 2027**	HR Policy Group	Complete	√	NHS Fife – Policy

POLICIES FOR REVIEW Remaining policies do not form part of current PINS and/or are local NHS Fife policies are part of the action plan review cycle

Policy / Procedure	Review Date	Action Planned	Timescale for Action/ HR Policy Group	Responsibility for Taking Action	Progress	EQIA	PIN Policy/ NHS Fife Policy
HR37 – Professional Registration Policy	May 2027	Policy approved May 2024	**February 2027**	HR Policy Group	Complete	√	NHS Fife Policy
HR54 – NHS Fife Staff Dress Code and Uniform Policy	May 2027	Policy approved May 2024	**February 2027**	HR Directorate / HR Policy Group	Complete		NHS Fife Policy
HR34 – Relocation Expenses Policy	June 2027	Policy approved July 2024	**March 2027**	HR Directorate / HR Policy Group	Complete	√	NHS Fife Policy
HR44 – Working Time Regulations Policy	September 2027	Policy reviewed approved by HR Policy Group and Area Partnership Forum September 2024	**April 2027**	Head of HR	Complete	√	NHS Fife Policy

Bereavement in the Workplace	**One off brief**	New resource developed May 2024		Staff Health & Wellbeing Group	Complete		NHS Fife Resource

ONCE FOR SCOTLAND POLICIES website: https://workforce.nhs.scot

First Phase - completed
Attendance
Bullying and Harassment
Capability
Conduct
Grievance
Whistleblowing
Workforce Policies Investigation Process

Second Phase - completed
Adoption, Fostering and Kinship
Breastfeeding
Career Break
Flexible Work Location
Flexible Work Pattern
Maternity
Interim National Menopause and Menstrual Health Policy for NHSScotland
New Parent Support
Parental Leave
Retirement
Shared Maternity and Shared Adoption
Special Leave

Phase 2.2 – Soft Launch 15 October 2024 - 15 January 2025
Employment Checks
Equality, Diversity & Inclusion
Facilities Arrangements for Trade Unions & Professional Organisations
Fixed Term Contracts
Gender-Based Violence
Personal Development Planning and Performance Review (PDPPR*)*
Redeployment
Secondment

POLICIES REMOVED

Policy / Procedure	Reason For Removal
HR1 – Adoption & Fostering Policy	Superseded by Once for Scotland Adoption, Fostering and Kinship Policy
HR2 – Breastfeeding and Returning to Work Policy	Superseded by Once for Scotland Breastfeeding Policy
HR3 – Management of Employee Conduct Policy	Superseded by Once for Scotland Conduct Policy
HR4 – Dignity at Work Policy	Superseded by Once for Scotland Bullying & Harassment Policy
HR5 – Fixed Term Contracts Policy	Superseded by Once for Scotland Fixed Term Contracts Policy
HR6 – Dealing with Employee Grievances Policy	Superseded by Once for Scotland Grievance Policy
HR7 – Management of Capability Policy	Superseded by Once for Scotland Capability Policy
HR8 – Equal Opportunities Policy	Policy replaced by HR41 – Equality, Diversity and Human Rights Policy
HR9 – Job Share Policy	Superseded by Once for Scotland Flexible Work Pattern Policy
HR10 – Carer Leave Policy	Policy replaced by HR12 – Special Leave
HR11 – Compassionate / Bereavement Leave Policy	Policy replaced by HR12 – Special Leave
HR12 – Special Leave Policy	Superseded by Once for Scotland Special Leave Policy
HR13 – Paternity Leave	Superseded by Once for Scotland New Parent Support Policy
HR14 – Unpaid Leave Policy	Policy replaced by HR12 – Special Leave
HR16 – Redeployment Policy	Superseded by Once for Scotland Redeployment Policy
HR17 – Covert Surveillance Policy	Policy has been removed
HR19 – Violence & Aggression Policy	No longer an HR Policy

Policy / Procedure	Reason For Removal
HR20 – Management of Ill Health Policy	Superseded by Once for Scotland Attendance Policy
HR21 – Working Beyond Age 65 Policy	Policy has been removed
HR22 – Support for Employees Experiencing Domestic and / or Sexual Abuse Policy	Policy replaced by HR43 – Gender Based Violence
HR23 – Maternity Leave Policy	Superseded by Once for Scotland Maternity Leave Policy
HR24 – Parental Leave Policy	Superseded by Once for Scotland Parental Leave Policy
HR26 – Transgender Policy	Policy has been removed
HR27 – Pandemic Flu Policy	Now a General Policy – General Pandemic Policy
HR28 – Policy On The Use Of Disclosures, Rehabilitation Of Offenders And Protection From Working With Vulnerable Groups	Superseded by Once for Scotland Employment Checks Policy
HR31 – KSF & PDP Policy	Superseded by Once for Scotland Personal Development Planning and Review (PDPR) Policy
HR32 – Employment Break Policy	Now called Career Break Policy
HR32 – Career Break Policy	Superseded by Once for Scotland Career Break Policy
HR33 – Facilities arrangements for Trade Union and Professional Organisations Policy	Superseded by Once for Scotland Facilities Arrangements for Trade Unions & Professional Organisations Policy
HR35 – Whistleblowing Policy	Superseded by Once for Scotland Whistleblowing Policy
HR39 – Secondment Policy	Superseded by Once for Scotland Secondment Policy
HR40 – Flexible Working Policy	Superseded by Once for Scotland Flexible Work Pattern Policy
HR41 – Equality, Diversity & Human Rights Policy	Superseded by Once for Scotland Equality, Diversity & Inclusion Policy

Policy / Procedure	Reason For Removal
HR42 – Consultant Sabbatical Leave Policy	Now a Medical and Dental HR Policy – MED HR7 Consultant Sabbatical Leave Policy
HR43 – Gender Based Violence Policy	Superseded by Once for Scotland Gender Based Violence Policy
HR45 – Shared Parental Leave Policy	Superseded by Once for Scotland Shared Maternity and Shared Adoption Leave Policy
HR46 – Promoting Attendance Policy	Superseded by Once for Scotland Attendance Policy
HR47 – Recruitment & Selection Policy	Superseded by Once for Scotland Employment Checks Policy
HR48 - Retiring & Returning to Work Policy and HR38 – Phased Retiral Policy	Policies combined and superseded by HR48 – NHS Fife Retirement Policy
HR48 – NHS Fife Retirement Policy	Superseded by Once for Scotland Retirement Policy
HR49 – Working from Home Policy	Superseded by Once for Scotland Flexible Work Location Policy
HR49 – Menopause Policy and Guidance for Staff and Managers	Superseded by the Interim National Menopause and Menstrual Health Policy for NHSScotland

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Staff Governance Annual Monitoring Return 2023/2024 Assurance of Compliance**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing & Relations**

Executive Summary

- This report allows Staff Governance Committee members to review the content of the draft Staff Governance Standard 2023/2024 Assurance of Compliance return required to be submitted to the Scottish Government by 6 December 2024.

- In addition, this report allows the Staff Governance Committee to note the Staff Governance Annual Monitoring Return and iMatter Staff Experience 2022/2023 report which continues to provide evidence of compliance with the Staff Governance Standard, in line with the Staff Governance Committee Workplan. This is further evidenced by the details contained within the Staff Governance Committee Annual Statement of Assurance 2023/2024 presented to the Committee on 14 May 2024.

- A **significant** level of assurance is suggested in line with the content of the draft 2023/2024 Assurance of Compliance and the feedback received from the Scottish Government in relation to the 2022/2023 Staff Governance Annual Monitoring Return.

1.   Purpose

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

This report relates to:
- Government policy / directive
- Legal requirement

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

2. Report Summary

2.1 Situation

NHS Fife submits annually a Staff Governance Annual Monitoring Return (the "Return") to the Scottish Government. As previously advised, the 2023/2024 exercise has been paused to allow a review of the process to take place.

2.2 Background

As guardians of the Staff Governance Standard, the Scottish Workforce and Staff Governance (SWAG) Committee have requested that Boards provide assurance that they are committed to upholding the Staff Governance Standard to support our workforce and effective partnership working.

SWAG has also requested board data on bullying and harassment and whistleblowing. In addition, Boards are requested to provide data on retire and return.

2.3 Assessment

On 11 September 2024, the Scottish Workforce and Staff Governance (SWAG) Committee requested that Boards provide assurance that they are committed to upholding the Staff Governance Standard to support their workforce and effective partnership working and asked to provide data on Bullying and Harassment, Whistleblowing and Retire and Return, Annex B. NHS Fife's draft response is provided at Appendix 1 for your information. Once approved, Annex A will be signed off by the Board Chair, Director of Workforce and Employee Director, prior to submission to the Scottish Government **by Friday 6 December 2024.**

In addition, this report allows the Staff Governance Committee to note the Staff Governance Annual Monitoring Return and iMatter Staff Experience 2022/2023 report which continues to provide evidence of compliance with the Staff Governance Standard, in line with the Staff Governance Committee Workplan. This is further evidenced by the details contained within the Staff Governance Committee Annual Statement of Assurance 2023/2024 presented to the Committee on 14 May 2024.

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

Applying and promoting the principles within the Staff Governance Standard is likely to promote more engaged, motivated, and caring staff delivering a higher standard of quality patient care.

2.3.2 Workforce

The Staff Governance Standard and Staff Governance arrangements embedded in the Board, together with the National Staff Survey, iMatter, provides staff with the opportunity to enhance their experience of working for the Board.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Local Partnership Fora, the Area Partnership Forum and Staff Governance Committee have continued to meet to engage fully in the key strategic programmes of the Population Health and Wellbeing Strategy, Workforce Plan development and service changes throughout the Divisions and Directorates in the Board, which continues to be fundamental. This has ensured continued oversight of our obligations under the Staff Governance standard.

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

The Staff Governance Standard applies to all staff and helps ensure staff are treated fairly and consistently.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Any future development of the Annual Staff Governance Monitoring Return will be through the Local Partnership Fora and presented to the Area Partnership Forum and Staff Governance Committee prior to approval by the Chair of Staff Governance Committee and Employee Director.

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce.

2.4   Recommendation

This paper is provided to Staff Governance Committee members for:

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

- **Approval** – Staff Governance Committee members are asked to **approve** the draft Staff Governance Standard 2023/2024 Assurance of Compliance Annex A.

- **Noting – note** that progress on the Staff Governance Annual Monitoring Return and iMatter Staff Experience 2022/2023 report which continues to provide evidence of compliance with the Staff Governance Standard, in line with the Staff Governance Committee Workplan. This is further evidenced by the details contained within the Staff Governance Committee Annual Statement of Assurance 2023/2024 presented to the Committee on 14 May 2024.

3.   List of Appendices

- Appendix 1: Staff Governance Standard 2023-2024 Assurance of Compliance

Report Contact:

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

Appendix 1: Staff Governance Standard 2023-2024 Assurance of Compliance

Annex A

To be completed by NHS Fife

Dear Scottish Workforce and Staff Governance Committee Co-Chairs,

This letter serves as assurance that NHS Fife is committed to supporting our workforce and effective partnership working through the Staff Governance Standard.

We confirm that we have systems in place to:
- assess that we are continuing to meet our responsibilities under each strand of the Staff Governance Standard
- identify areas that require improvement
- develop action plans that set out how improvements will be made.

The Acute Services Division & Corporate Services and Heath & Social Care Partnership Local Partnership Fora's Annual Reports have been presented to and reviewed by the Area Partnership Forum on 24 July 2024 and Staff Governance Committee on 3 September 2024. NHS Fife also presented a Mid-year Assurance report to the Area Partnership Forum on 20 November 2024 and NHS Board on 26 November 2024.

This review process included input from key stakeholders and representatives and assessment of the NHS Fife iMatter report, including confirmation that local iMatter results will be appropriately actioned.

We the undersigned, on behalf of NHS Fife, provide assurance to the Scottish Workforce and Staff Governance Committee that it is continuing to meet the Staff Governance Standard. Our action plan demonstrates our commitment to continuous improvement to foster a positive and supportive working environment for all staff.

Pat Kilpatrick
Board Chair
[Signature]
[Date]

David Miller
HR Director
[Signature]
[Date]

Lynne Parsons
Employee Director
[Signature]
[Date]

To be completed by NHS Fife

Bullying and Harassment
The number of bullying and harassment cases raised during the past year (1 April 2023 to 31 March 2024) at the following stages:

Bullying and Harassment Cases 1 April 2023 – 31 March 2024	
Total amount of cases:	7
Early Resolution (if recorded):	1
Formal Procedure:	6

NHS Fife can confirm that it has implemented steps to encourage early resolution and ensuring that managers are skilled in having these conversations.

Whistleblowing
The number of whistleblowing cases raised during the past year (1 April 2023 – 31 March 2024) at each stage.

Whistleblowing Cases 1 April 2023 - 31 March 2024				
	Number	Ongoing	Concluded	Feedback Provided
Raised at Stage 1	Nil	N/A	N/A	N/A
Resolved at Stage 1	N/A	N/A	N/A	N/A
Raised at Stage 1 and progressed to Stage 2	N/A	N/A	N/A	N/A
Raised at Stage 2	1	Nil	1	Yes
Resolved at Stage 2	1	Nil	1	Yes
Independent External Review	Nil	N/A	N/A	N/A
Total cases (at all stages)	1			
Total cases with a bullying or harassment element	Nil			

NHS Fife provides assurance that it responds to and addresses all concerns that are raised. We can confirm that, where appropriate, investigations have been undertaken and concluded timeously. NHS Fife are using Datix to record reported incidents of whistleblowing as set out in the NHSScotland Whistleblowing Policy.

Retire and Return
The number of staff who have been re-appointed through the retire and return provisions in the NHSScotland Retirement Policy between 1 April 2023 to 31 March 2024 is 65.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 5 November 2024**
Title:	**Appropriately Trained: Core Skills / Mandatory Training and Protected Learning Time**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Interim Learning and Development Manager**

Executive Summary

This paper captures progress towards NHS Fife's corporate objective of a) 80% compliance achieved by 31st March 2025 for all staff across our core skills/mandatory training suite and b) 60% of staff having completed a Personal Development Plan Review (PDPR) by 31st March 2025. The paper also illustrates activities to raise awareness and support the adoption of the new Protected Learning Time policy that came into effect on 1st April 2024.

Core Skills Compliance:

- NHS Fife shows an overall core skills compliance rate of **60% as at September 2024,** reflecting a 7% increase since May this year.
- The work to develop a dashboard report for managers in eESS/OBIEE is in the testing phase. This report will be available to managers by the end of 2024.
- The Core Skills Short Life Working Group are now reviewing all core and mandatory training resources and will deliver a refreshed programme by end March 2025. This programme will include a blended Corporate Induction programme and combined core skills training sessions in addition to updated eLearning resources.

PDPR rates:

- The local PDPR compliance target has been set at 60%. At end September 2024, PDPR engagement levels reached **42.9%.**
- The Interim Learning and Development Manager has now engaged with members of the Acute Services and Corporate Services Division and Corporate Directorates Local Partnership Forum group outlining the support that can be provided by the Learning and Development team to increase core skills compliance levels in these Directorates.

Protected Learning Time policy:

- The provision of Protected Learning Time (PLT) will be managed at local levels to ensure all employees are given the opportunity to engage in Core and Mandatory training interventions according to the demands of their role.
- 163 managers have now attended a PLT Lunchtime Byte session with 95 more scheduled to attend before the end of November 2024. Managers who have attended one of the sessions report back on the pragmatic learning as valuable, especially alongside peers.
- This report provides a moderate level of assurance.

1. Purpose

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

This report relates to:
- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

This report aligns to the following 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

2. Report Summary

2.1 Situation

The purpose of this report is to provide an update on NHS Fife's Mandatory Core training compliance performance for the position as of 23 September; provide assurance on associated recovery actions identified to improve completion levels for 2024/ 25; offer an update on progress made towards implementation of the new Protected Learning Time policy; and report on current PDPR engagement levels at end of September 2024.

2.2 Background

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

The corporate objectives suite for 2024/ 25 signals the importance and value of learning as fundamental to staff experience and staff engagement. Core skills compliance rates is a key metric captured, and a target has been agreed to drive up compliance rates to 80% by 31st March 2025. PDPR rates is also a key metric, with a target of 60% by 31st March 2025.

As part of the Agenda for Change review, the Scottish Government agreed to implement changes to improve access to Protected Learning Time (PLT) for Agenda for Change staff from 1st April 2024. The provision of PLT will be managed at local levels to ensure that all employees are given the opportunity to engage in training interventions to meet the Core and Mandatory requirements of their role during working hours as detailed in NHS Circular: PCS(AFC)2024/1 dated 21 March 2024.

Ensuring staff have an annual appraisal of performance is an integral strand of the Agenda for Change national agreement and staff governance standard 2 "appropriately trained". The core element is the Personal Development Plan and Review (PDPR) process

underpinned by an electronic recording and monitoring system TURAS. It has been recognised that the most important element of the PDP process is the quality "face to face" discussion between reviewer and reviewee.

2.3 Assessment

The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff. NHS Fife is responsible for ensuring that there is a workforce learning and development strategy in place which includes mandatory training. Employees must be appropriately trained to enable them to perform in a competent and safe manner.

Core Skills Compliance rates

The position in **September 2024 is 60%** in overall core skills compliance. The table below shows performance over the last 12 months.
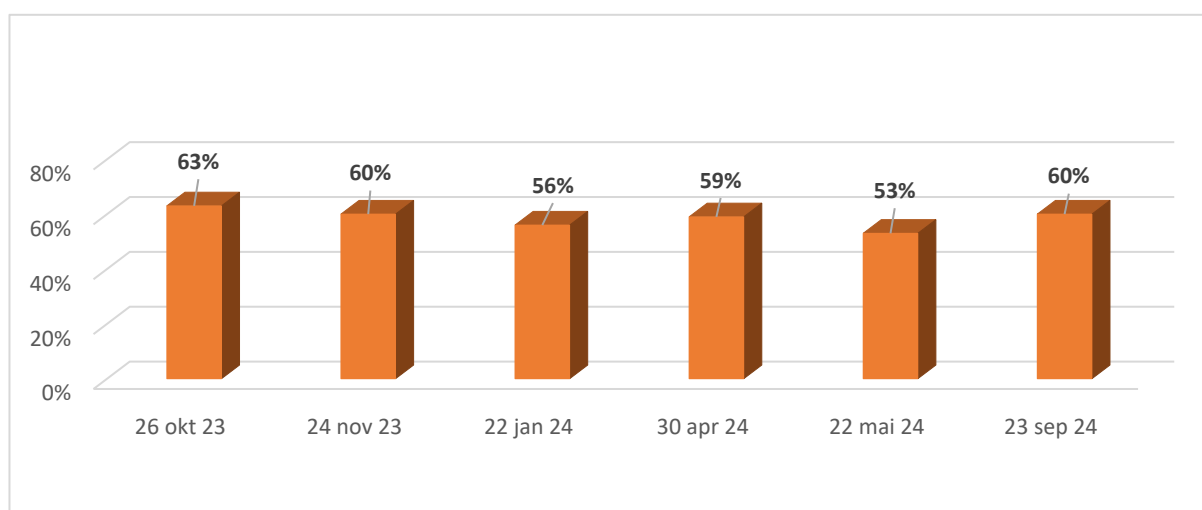
A breakdown of compliance rates by subject area is detailed in the table below

Subject area	Refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %age	H&SCP Compliance %age	Corporate Compliance %age
Manual Handling	1	all clinical staff (2 years for non-clinical staff)	75(↑2)	70(→)	78(↑2)	75(↑3)
Fire Safety	1	All staff	57(↑9)	60(↑16)	65(↑8)	54(↑14)
Resuscitation	1	All staff	55(↑3)	51(→)	68(↑3)	40(↑9)
Infection Prevention & Control	1	All staff	55(↑1)	51(↓1)	63(↓1)	47(↑5)
Information Governance	3	All staff	65(↑3)	61(↑3)	70(↑2)	64(↑8)
Health & Safety	3	All staff	66(↑4)	62(↑2)	70(→)	66(↑8)
(PfA) Child Protection	3	All staff	53(↑2)	43(→)	62(→)	52(↑7)

Subject area	Refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %age	H&SCP Compliance %age	Corporate Compliance %age
(PfA) Adult Protection	3	All staff	56(↑3)	53(↑1)	65(↑2)	44(↑7)
(PfA) Gender-Based Violence	3	All staff	46(↑3)	40(→)	56(↑2)	39(↑9)
Equality & Diversity	One time	All staff	79(→)	75(↑1)	81(→)	82(→)
Violence & Aggression	3	All clinical + key non-clinical staff in priority areas	57(↑1)	56(→)	66(→)	49(↑7)
TOTAL			**60(↑7)**	**51(↑1)**	**62(↑1)**	**51(↑7)**

Roll out of enhanced manager reporting to support compliance monitoring activity

The work with the national eESS team to develop a dashboard report for managers that will enable easy identification of outstanding core skills training requirements is in the final testing stage. This report will be in a table format, updating automatically following data uploads and will be visible to managers as soon as they access the Course Compliance section of the eESS OBIEE reporting function. Following successful testing of this report, it will be available to managers by the end of 2024.

Acute Services Division and Corporate Directorates Local Partnership Forum

Jackie Millen, Interim Learning and Development Manager has recently joined as a member of the Acute Services Division and Corporate Directorates Local Partnership Forum group and has attended a first meeting to outline the support that the Learning and Development team can provide to directly influence core skills compliance levels in these Directorates. Updates on shared actions taken to drive up core training compliance rates across Acute and Corporate services will be provided in future iterations of this report.

Core skills training providers – Short Life Working Group

The Short Life Working Group (SLWG) consisting of Core Skills training providers are now reviewing all core / mandatory training resources. The group will also consider the impact of the reduced working week and dedicated learning time on training engagement in order to support an appropriate balance of planned work activities whilst maintaining safe and appropriate levels of care to the population of Fife. The aim to introduce a revised core / mandatory training programme from April 2025, will include provision of a new blended Corporate Induction programme and combined core skills training sessions. All current eLearning resources will be updated. The group are working towards the production of an improvement plan, and all future progress updates, will be detailed in future iterations of this report.

PDPR compliance rates

On entering the 2024/25 reporting period in April, a reframed trajectory for PDPR compliance was established and the target for this year would be 60% rather than the nationally required 80%. This would be increased year on year by 5% until the national target was reintroduced.

Following achievement of 44.5% in July 2024, compliance levels decreased slightly **to 42.9% at the end of September 2024**. The graphic below shows performance over the last 12 months.
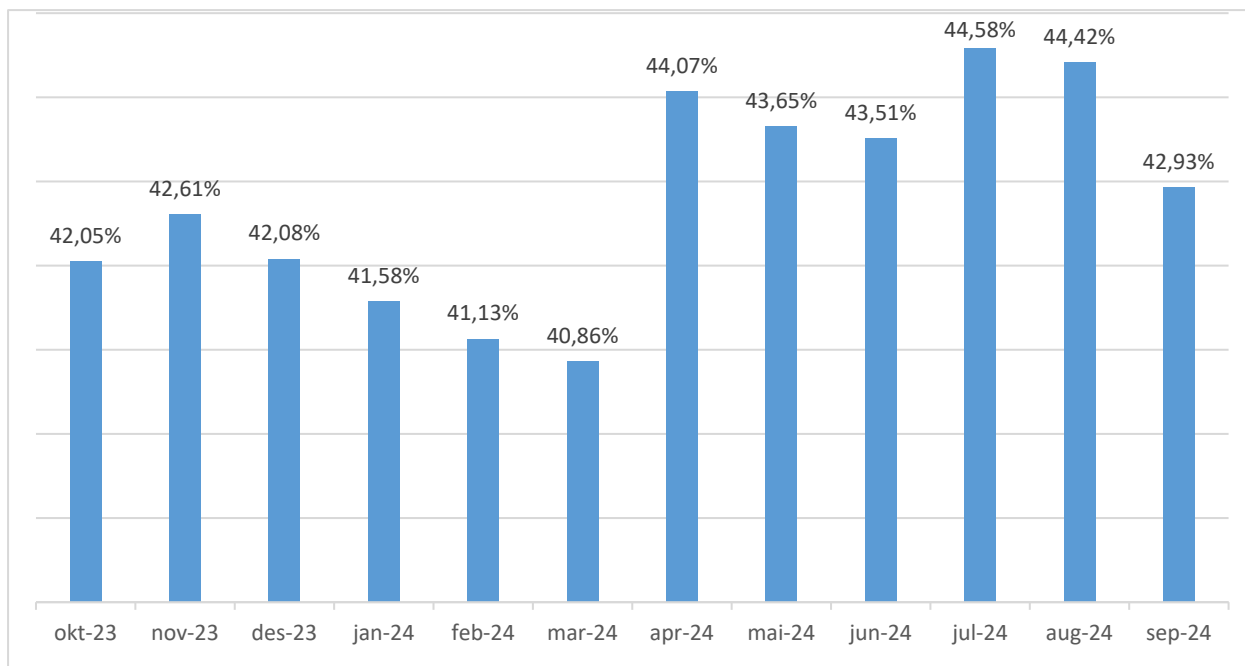
Work is underway through engagement with APF, SGC and LPF forums to support adoption of good practice and encourage managers across all directorates to drive up the attainment of PDPR compliance.

Efforts to engage with managers at a local level will support development of individualised team improvement plans and support achievement of the 60% compliance level by end March 2025.

Protected Learning Time (PLT) – Update

PLT Lunchtime Bytes have now been offered to managers throughout NHS Fife and the HSCP. To date, 10 one-hour sessions have been delivered with 163 managers in attendance, taking the opportunity to share good practice and explore different options to implementing PLT in their areas with other session attendees. Overall, feedback has been positive with no concerns raised at this time.

There are 3 more sessions to be delivered during October and November. Following an encouraging message to all managers, 95 places have been reserved on these sessions.

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

Protected Learning Time – Update

PLT Lunchtime Bytes have now been offered to managers throughout NHS Fife and the HSCP. To date, 10 one-hour sessions have been delivered with 163 managers in attendance, taking the opportunity to share good practice and explore different options to implementing PLT in their areas with other session attendees. Overall, feedback has been positive with no concerns raised at this time.

There are 3 more sessions to be delivered during October and November. Following an encouraging message to all managers, 95 places have been reserved on these sessions.

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with Training Leads and Senior Service representatives and the paper was revised by the Associate Director of Culture, Development and Wellbeing.

2.3.8 Route to the Meeting

The Core Training Compliance update and Improvement Plan was previously considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group – 2 May 2024 and 17 October 2024
- Staff Governance Committee – 14 May 2024 and 9 July 2024
- Area Partnership Forum – 22 May 2024 and 24 July 2024
- NHS Fife Board – 28 May 2024

2.4 Recommendation

This paper is provided to Staff Governance members for:

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

There are four levels of improvement work currently underway to manage the risk associated to core skills compliance:

- Actions at corporate level include the provision of compliance data to managers to inform local recovery plans and enable dedicated support.
- Interim Learning and Development Manager directly supporting AS & CD LPF to drive up core skills compliance through group membership.
- Establishment of a Core Skills SLWG aimed at providing increased, collaborative opportunities to meet current training demands and support Protected Learning Time requirements.
- Line manager actions to ensure that employees can meet individual core skills training requirements in a supportive environment.

3. List of Appendices

There are no appendices with this report.

eport Contact(s):

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

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 5 November 2024**
Title:	**Whistleblowing Quarter Two 2024/2025 Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Head of Corporate Governance & Board Secretary**

Executive Summary

- This report provides an update on the one Whistleblowing concern raised during the previous quarter, which remains under investigation at Stage 2 at the time of writing.

- Two anonymous concerns have also been raised during the quarter. There have been no articles within the local press highlighting new issues of a Whistleblowing nature.

- Detail is provided within the report on the activities of the Whistleblowing Oversight Group, which had its second meeting in July and took forward a number of pieces of related work aimed at improving our Whistleblowing processes and communication.

- 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 Speak Up / Whistleblowing Co-ordinator having started in post at the end of September 2024, to progress this work further.

1. Purpose

This report is presented to Staff Governance Group 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 second 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 1 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 2, namely 1 July to 30 September 2024.

Detail is also provided on the work being overseen by the new Whistleblowing Oversight Group, which met for the second 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 second quarter of 2024/25, NHS Fife received no Whistleblowing concerns from within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns

NHS Fife received two Anonymous / Unnamed Concerns during the second quarter.

Local Press Coverage

During the first quarter, there were no new concerns from staff 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.

Mandatory training data is reviewed quarterly, including at the Staff Governance Committee and the Board, 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. The start of a new Speak Up / Whistleblowing Co-ordinator role is expected to improve the assurance in this area over the reporting year.

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 has considered a draft of this report at its meeting on 17 October, and it has also been shared with the Chief Executive, Non-Executive Whistleblowing Champion and Workforce colleagues prior to the meeting for comment. The Executive Directors' Group will review this report at its meeting on 7 November (the timing of the present meeting cycle does not allow for management review prior to submission via the Board governance structure).

The prepared quarterly report will also be considered in the November 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: Q2 2024/25 Whistleblowing Performance Report

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

Appendix 1 – Whistleblowing Report Q2, July to September 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 during Quarter 2

There were no Whistleblowing Concerns received during Quarter 2.

3. Whistleblowing Concerns Received during Quarter 1 – Reasons for Extension to Investigation

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instance (for example, staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the period in which a response is provided.

A Stage 2 Whistleblowing concern, submitted in Quarter 1 of 2024/25, has required two extensions to be approved by the commissioning officer, due to the complexities of the investigation, the multiple providers involved and number of interviews requiring to be undertaken. The Whistleblower has been advised of the need to extend the timescales, receiving relevant correspondence regarding the progress of the ongoing investigation into their concerns. At the time of writing, the expected closure of the concern is estimated to be the end of October 2024.

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	Conduct	H&SCP	Complex & Critical Care

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	-
Days at Stage Two	100 days (as at 25 October)
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

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?
Currently under investigation

4. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned During Quarter 1

As the investigation into the Whistleblowing Concern received during Quarter 1 has not yet concluded, we are unable to provide an update in relation to the themes, actions taken and lessons learned at this time. A further update will be provided in the next report.

5. 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 2, which is the same number received in the previous quarter:

Quarter 2 1 July 2024 to 30 September 2024	Theme	Division	Service
Anonymous Concern 1	Fraud	HSCP / Corporate	Primary & Preventative Care / Procurement
Anonymous Concern 2	Patient safety / quality of care / culture	Corporate	

The Board's Fraud Liaison Officer has reviewed the first anonymous concern, since it related to alleged fraudulent activity / corruption. No matters of concern have been identified, but a report has been logged with NHS National Services Scotland Counter Fraud Services to enable further external enquiries if necessary. An independent review of the second concern is underway at the time of writing, with the investigation necessarily limited by nature of the partial detail given in the original anonymous communication.

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.

At meetings of the Area Partnership Forum and System Leadership Group held during the quarter, encouragement was given to staff to publicise and utilise the various channels available for staff to speak up safely, to allow any concerns to be investigated appropriately.

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 second quarter, these have included:
- Specific walkabouts, involving senior leaders and staff-side colleagues, to speak directly to staff in public / clinical-facing roles;
- a programme of workshops to discuss the re-imagining of Acute Services at the Victoria Hospital, as part of the RTP programme; and
- Monthly meetings of extended Senior Leadership Team (SLT).

6.   Local Press Coverage During Quarter 2

There were no new Whistleblowing / unnamed staff concerns reported in local newspapers during Quarter 2. However, there were a number of follow-up articles published in relation to a concern originally raised and reported in Quarter 1, highlighting 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.

7.   'Speak Up Week', 30 September to 4 October 2024

A series of events were held across a number of sites to promote Speak Up Week 2024. A series of walkarounds, involving the Non-Executive Whistleblowing Champion and Staff Health & Wellbeing Champion, senior management and clinical staff, staff-side colleagues and our newly appointed Speak Up / Whistleblowing Coordinator, took place on 1 and 2 October, reaching a wide range of clinical-facing staff and professional support services

across the Victoria Hospital and Queen Margaret Hospital sites. Relevant content to promote the Speak Up message was published each day of the week on our employee app, Stafflink, accompanying a series of videos explaining to staff the various processes in place for colleagues to raise any issues or concerns they might have within the workplace. Members of the Board's Senior Leadership Group also completed their own individual pledges, shared and publicised on our employee app, where each committed to making a difference in their own teams, by encouraging a culture of psychological safety, where concerns can be raised by staff, whatever their position, without fear of any detriment.

8. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards. A questionnaire has recently been approved by the Whistleblowing Oversight Group, to gather this information voluntarily, which will be available in the format of either an electronic Word file (for submission to a generic address) or via an anonymous online form submission. Feedback from Confidential Contacts on the type of support they are regularly helping staff with is also in the process of being introduced. At the conclusion of any Stage 2 Whistleblowing Concerns, an opportunity to speak to the Whistleblowing Champion in confidence is offered.

The launch of a single point of contact email address (fife.speak-up@nhs.scot) also gives the opportunity to seek feedback from those who have contacted staff seeking advice and support, and a short survey is being designed to capture this going forward.

9. Whistleblowing Training Data

Staff are encouraged to complete training in Whistleblowing, with the 'Overview' module part of the Board's mandatory training offering. The data for training undertaken during Quarter 2 is summarised below:

Total number of completions in Qtr 2 (01.07.24 - 30.09.24)

Category	Completions
eLearning - Whistleblowing : an Overview	186
eLearning - Whistleblowing for line managers	31
eLearning - Whistleblowing for senior managers	5
Classroom-based Whistleblowing and Prevent Training - Hotel Services *	53
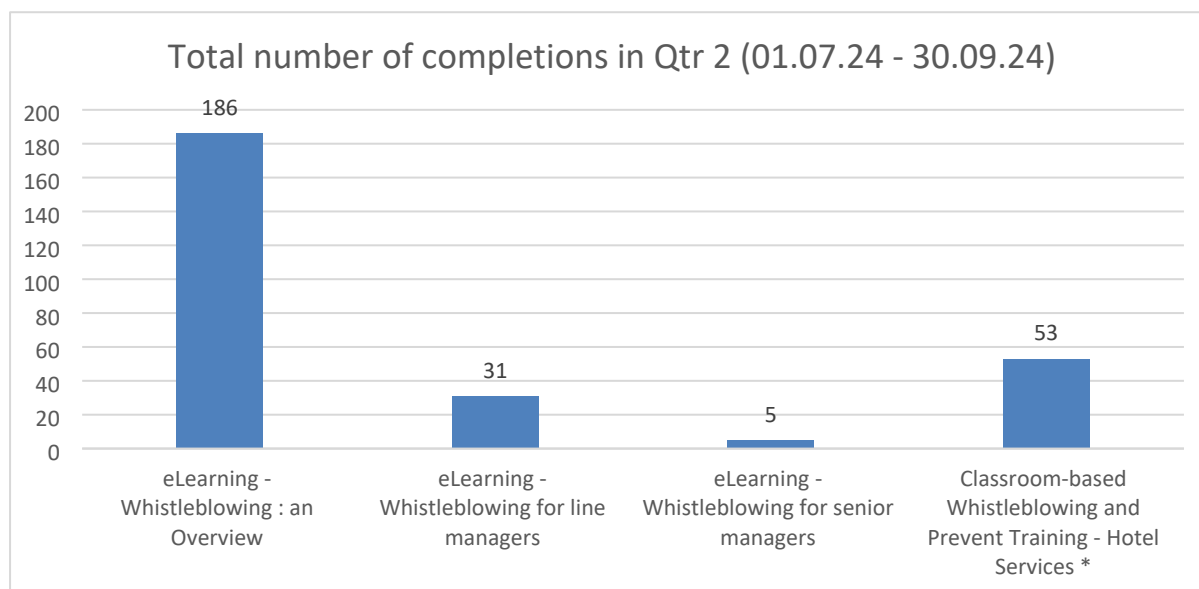
*Hotel services job family includes domestics, laundry, etc.

Total Board Completion Rates since Launch of the Standards
- For the Whistleblowing Overview module, 6,676 staff have now completed the module. This represents an increase of 186 staff since the last quarter.
- For the Whistleblowing for line managers module, 448 staff have completed the module. This represents an increase of 31 staff since the last quarter.

- For Senior Manager module, 639 staff have completed the module. This represents an increase of 5 staff since the last quarter.
- 127 staff members have also completed classroom-based training in Whistleblowing / Prevent. This represents an increase of 53 staff since the last quarter.

10. Whistleblowing Oversight / Governance

Responsibility for the governance and reporting of Whistleblowing within NHS Fife has now transitioned from the Workforce Directorate to the Corporate Governance & Board Administration function, for 2024/25 reporting year onwards.

A new part-time (0.5 WTE) role of a Speak-Up / Whistleblowing Coordinator began in post on 27 September. Standalone resource, separate from the HR function, aims to 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 is intended to 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 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 has already helped enhance and expand the support in place to enable the Board's compliance with the National Whistleblowing Standards.

Specifically, the new role is in the initial stages of enhancing operational support for Whistleblowing activity, including leading on ongoing support for Confidential Contacts, more outreach work with staff and clinical teams (building on a successful Speak Up Week), and dedicated resource to support all staff with navigating the Whistleblowing process.

The new Whistleblowing Oversight Group, chaired by the Chief Executive, held its second meeting in July, with meetings to be scheduled 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. A number of new documents and enhancements to internal processes have been approved by the Group, and these are currently being rolled out with the introduction and support of the new Speak Up / Whistleblowing Coordinator role.

11. Outstanding Whistleblowing Actions from Concerns raised or related Internal Audit Reports

There are no actions outstanding from Whistleblowing concerns raised in previous quarters or related Internal Audit reviews of NHS Fife's Whistleblowing processes.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 5 November 2024**
Title:	**Nursing and Midwifery Registration and Revalidation Annual Update**
Responsible Executive:	**Janette Keenan, Director of Nursing**
Report Authors:	**Aileen Lawrie, Director of Midwifery** **Nicola Robertson, Director of Nursing, Corporate**

Executive Summary

- The Nursing and Midwifery Registration and Revalidation Annual report is being brought to the Staff Governance Committee for their awareness and assurance.

- Any nurse or midwife wishing to practise their profession in the UK must be registered with the Nursing and Midwifery Council (NMC).

- NMC registration must be updated annually to permit practise as a registrant and each nurse/midwife must also revalidate every 3 years.

- Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

- The report provides the committee with an assurance that all nurses and midwives in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.

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

This report relates to:
- Legal requirement
- Local policy

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

This report aligns to the following Staff Governance Standard(s):
- Well informed
- Appropriately trained & developed
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The Nursing and Midwifery Registration and Revalidation update is being brought to the Staff Governance Committee for assurance that all nurses and midwives across NHS Fife are supported to meet the Nursing and Midwifery Council's (NMC) registration and revalidation requirements.

2.2 Background

Any nurse or midwife wishing to practise their profession in the UK must be registered with the NMC. NMC registration must be updated annually to permit practise as a registrant and each nurse/midwife must also revalidate every 3 years. Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

2.3.1 The core role of the Nursing and Midwifery Council is to **regulate**:

1. the NMC promotes high education and professional standards for nurses and midwives across the UK, and nursing associates in England.
2. the NMC maintains the register of professionals eligible to practise.
3. the NMC investigates concerns about nurses, midwives and nursing associates; something that affects less than one percent of professionals each year.

NHS Fife has responded well to the challenges of nursing and midwifery revalidation with few concerns and is meeting the requirements of the NMC. Supervision, appraisal and PDP continue utilising the TURAS platform.

All registrants are responsible for ensuring their professional registration is current, that revalidation is completed in a timely manner, and that any payment or information submission (including revalidation) required by the NMC is provided to ensure their maintenance on the register.

Utilising the online revalidation programme, the process is streamlined. Assurance can be provided that any lapses were swiftly identified and dealt with appropriately via HR processes to ensure patient and public safety.

2.3.2 For revalidation, the registrant is required to demonstrate, with their confirmer, that they have met the requirements of revalidation in accordance with the NMC:

> - **Practice hours**
> Via written evidence (e.g payslip) that satisfies the confirmer that the registrant practised the minimum number of hours (450hours) over a three-year period required for their registration. Where a registrant is on both parts of the nursing and midwifery register, the registrant must evidence the required 900 hours of practice.

Page 2 of 5

- **Continuing Professional Development (CPD)**
Via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife.

- **Practice-related feedback**
The confirmer must be satisfied that they have received evidence that the registrant has obtained five pieces of practice-related feedback.

- **Written reflective accounts**
The confirmer must be provided with written evidence of five written reflective accounts on the registrant's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to The Code.

- **Reflective discussion**
The reflective discussion must cover the registrant's five written reflective accounts. The reflective discussion partner must be a NMC registrant but does not require to be on the same part of the NMC register.

2.3.3 The nursing and midwifery registration and revalidation procedure V2.1 (FWP-N&MR-01) is implemented across NHS Fife (Appendix 1).

2.3.4 Staff Governance Standard:

STRAND	LINKAGE
Well Informed	Support to complete revalidation process is offered. The NMC Regulation Advisor (Scotland) has delivered several sessions for registered nurses and midwives across Fife, including the Care Home sector on the role of the NMC, on accountability and delegation.
Appropriately Trained and Developed	The core role of the Nursing and Midwifery Council is to **regulate**: the NMC promotes high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Part of the revalidation process is via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife.
Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community	Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

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

2.3.5 Quality, Patient and Value-Based Health & Care

Regular supervision, appraisal and PDP setting ensures that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards. The revalidation process also provides an opportunity to provide further evidence, by using formal documentation to support the professional declaration.

2.3.6 Workforce

The year, April 2023 to March 2024, was challenging for all those working in the health and care services. However, registration and revalidation process have been maintained to ensure staff could provide adequate evidence to allow revalidation to take place.

2.3.7 Financial

No financial implications.

2.3.8 Risk Assessment / Management

Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

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

Not applicable.

2.3.10 Climate Emergency & Sustainability Impact

Not applicable.

2.3.11 Communication, involvement, engagement and consultation

NHS Fife has a NMAHP Professional Assurance Framework in place. Each Directorate and Division also reports on the compliance for staff with appraisal and PDP within the TURAS platform through performance reports.

The Executive Director of Nursing has quarterly meetings with the NMC Regulation Advisor (Scotland). Fitness to Practice cases are discussed; NMC updates are provided.

The Regulation Advisor has delivered several sessions across Fife, discussing Accountability and Delegation and giving a general update on the work of the NMC. The sessions were recorded to allow staff to view them who were unable to attend the session (sessions were via Teams).

2.3.12 Route to the Meeting

This paper has been previously considered by the following groups as part of its development.

- This report has been provided to the Nursing and Midwifery Workforce Planning Group.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: The nursing and midwifery registration and revalidation procedure V2.1 (FWP-N&MR-01).

Report Contact:

Nicola Robertson
Director of Nursing, Corporate
Email Nicola.Robertson12@nhs.scot

NURSING AND MIDWIFERY REGISTRATION RENEWAL AND REVALIDATION PROCEDURE

DOCUMENT CONTROL		PROCEDURE NO	FWP- N&MR- 01
Procedure Manual/System	CLINICAL PROCEDURE		
Author	Head of Nursing	Version No	**5.0**
Reviewer	Head of Nursing	Implementation Date	01/05/2017
Status	Final	Next Review Date	01/05/2027
Approved By: Executive Director of Nursing	*Janette Keenan*		Last Review Date: 05/08/2024

General Note

NHS Fife acknowledges and agrees with the importance of regular and timely review of procedures and aims to review procedures within the timescales set out.
New procedures will be subject to a review date of no more than 1 year from the date of first issue.

Reviewed procedures will have a review date set that is relevant to the content (advised by the author) but will be no longer than 3 years.

If a procedure is past its review date, then the content will remain extant until such time as the procedure review is complete and the new version published.

1. FUNCTION

To ensure that NHS Fife has a consistent and inclusive approach in supporting the Nursing and Midwifery Council's (NMC) revalidation requirements for nurses and midwives employed within NHS Fife.

For the purposes of this document, and documentation used by NHS Fife in relation to nurse and midwife revalidation, the term 'registrant' will be used to describe any nurse or midwife registered on the nurses, midwives and specialist community public health nurses' parts of the NMC register. Any statement including the term 'The Code' is reference to 'The Code – professional standards of practice and behaviour for nurses, midwifes and nursing associates' (NMC 2018).

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1.1 Provide robust professional assurance to NHS Fife organisation on the quality and care governance processes in relation to NMC registration and revalidation.

1.2 To provide registrants, professional nursing and midwifery leaders and line managers with guidance on the expectations of NHS Fife in relation to NMC registration renewal and revalidation.

1.3 This guideline must be read in conjunction with the 'How to Revalidate' guidance available on the NMC website, and NHS Fife Professional Registration Policy (2024).

2. LOCATION

2.1 This policy applies to all nursing and midwifery employees, and those who have professional responsibilities for those employees, in NHS Fife and Fife Health and Social Care Partnership for whom professional registration is a statutory requirement for employment.

3. RESPONSIBILITY

3.1 REGISTRANTS

As highlighted in the Professional Registration Policy (NHS Fife HR37, 2024) all employees for whom professional registration is a statutory requirement for employment have a duty to maintain their registration status during the course of their employment within NHS Fife. This also applies to employees within this category in Fife Health and Social Care Partnership.

As a member of the nursing and midwifery profession, the onus is on the individual nurse or midwife to ensure that they:

- produce suitable evidence of up-to-date professional registration

- provide evidence that their professional registration has been renewed in accordance with relevant regulations, when renewal information is available, when requested by their line manager

- provide evidence of additional qualifications necessary to undertake specialist/expanded roles and provide evidence that the professional register has been annotated accordingly when requested

- keep the relevant statutory body informed of changes of address, status, etc., in order that records are accurate and up to date

- report any information to their employer which impacts on their continued registration i.e. criminal proceedings, being subject to an investigation by the Police or professional regulatory body

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- pay the fees associated with new/renewal of registration

- (on receipt of / or renewal of registration) ensure that their line manager and / or professional lead is shown original documentation so that the registration can be verified, and copies taken for their employee file / entered on to the Electronic Employee Support System (eESS) in future

- report any failure to re-register with their professional body to their line manager immediately

3.2 LINE MANAGER

Line managers of registered professional staff will ensure that local arrangements are in place for systematic, regular reviews to ensure that renewal of registration is carried out and checked for the employees for whom they are responsible (NHS Fife HR37, 2024).

Line managers must ensure that:

- they scrutinise registration documentation and confirm registration status with the relevant professional body on commencement and review, prior to the annual (or alternative periods as required), renewal dates

- details of the registration number and date of expiry are recorded via eESS and within any other relevant local systems. Appropriate and adequate records are kept of this information. These records will be regularly reviewed and such action, as the line manager feels appropriate taken to seek / obtain evidence of renewal of registration. These records will be stored securely and be subject to Data Protection Act requirements

- they apply this procedure and the professional registration policy as outlined in this procedure fairly and equitably

- those individuals within their sphere of management / professional responsibility hold the appropriate current registration during employment as professionals specialise, additional qualifications necessary to undertake specialist / expanded roles are entered in the professional register, which is annotated accordingly, e.g. Community practitioner nurse prescriber

- they provide regular assurance to their manager and professional lead, that registrations are being checked on a regular basis and highlighting any issues. See appendix 2 and 3 for HSCP additional assurance checks: administration team responsibilities, and NMC registration monthly assurance update form

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3.3   **SERVICE LEAD**

Service leads must:

- ensure the implementation of this procedure within all the services for which they are professionally responsible

- ensure appropriate NMC registration is in accordance with NHS Fife Professional Registration Policy (2024), which may include additional recordable qualifications upon completion of an approved NMC qualification (e.g. V300 Nurse Independent/ Supplementary Prescriber, LPA: Lecturer/ Practice Educator)

- ensure that administration processes, procedures and any additional local assurance checks are robust and are being followed. For example, the surgical and medical directorate administration team receive a monthly report from eESS, which highlights the registrants who are due to renew/revalidate at the end of the month, who have not yet done so. The administration team then sends a reminder email to any highlighted staff (cc to line manager) and will keep check of the NMC register until they have renewed. See appendix 2 and 3 for HSCP additional assurance checks: administration team responsibilities, and NMC registration monthly assurance update form

- manage and escalate any issues relating to lapse of registration, fitness to practice or any other concerns relating to registration. Any lapse in registration must also be reported to the Director of Nursing or Midwifery as appropriate

- undertake any HR processes regarding required actions in line with NHS Scotland Workforce Conduct Policy.

4.   OPERATIONAL SYSTEM

4.1   **Registrant Renewal/Revalidation**

4.1.1   NHS Fife and Fife Health and Social Care Partnership must ensure there is a system of internal governance in place with an effective management reporting system to ensure key risks are identified and addressed in relation to revalidation.

4.1.2   Details of the registration number and date of expiry are recorded via eESS and any other relevant local systems. Appropriate and adequate records are kept of this information. These records will be regularly reviewed and such action, as the line manager or service lead feels appropriate, taken to seek / obtain evidence of renewal of registration. These records will be stored securely and be subject to Data Protection Act requirements.

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4.1.3 All registrants are responsible for ensuring their professional registration is current, that revalidation is completed in a timely manner, and that any payment or information submission (including revalidation) required by the NMC is provided timely to ensure their maintenance on the register.

4.1.4 All registrants are responsible for providing evidence of their current registration, including fee due dates and renewal/revalidation expiry date to their line manager to provide NHS Fife and Fife Health and Social Care Partnership (as appropriate) with the assurance that the registrant is current on the register.

4.2 Revalidation and Appraisal

4.2.1 Support for revalidation of registrants will be provided through a robust annual appraisal process.

4.2.2 Reflective discussions relating to professionalism and The Code will be a core element of the professional component of clinical supervision and the appraisal process.

4.2.3 Where possible a registrant's confirmation discussion will be aligned with and be part of the appraisal discussion within the registrant's renewal year. Confirmation can take place during the final 12 months of the registrant's three-year renewal period.

4.3 Building a Portfolio of Evidence

4.3.1 Registrants are responsible for collecting their own evidence in accordance with NMC guidance to enable them to revalidate. It is strongly recommended that registrants use the Turas Professional Portfolio application to store and share this evidence.

4.3.2 The evidence collected to meet revalidation requirements must refer to the current three-year renewal period.

4.3.3 The evidence collected must be anonymised and comply with confidentiality guidance provided within the 'How to Revalidate' handbook (NMC, 2019).

4.4 Reflective Discussion

4.4.1 In accordance with the NMC, each registrant is required to have a reflective discussion with an NMC registered professional.

The reflective discussion must take place with another NMC registrant. Reflective discussions should not be held with someone of a subordinate grade to the registrant (as agreed by the Scottish Government Nursing and Midwifery Revalidation Programme Board, DL (Directors Letter) (2016).

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4.4.2 Detailed information on the requirements for the reflective discussion can be found at: https://www.nmc.org.uk/revalidation/requirements/reflective-discussion/

NB: It is the registrant's decision whether they can fulfil their professional requirements to allow them to revalidate – this is not a line management decision.

4.5   Confirmation

4.5.1 At the confirmation meeting the registrant is required to demonstrate they have met the requirements of revalidation in accordance with the NMC.

NMC CHECKLIST OF REQUIREMENTS AND SUPPORTING EVIDENCE

Requirements	What you will need to see
450 practice hours for each registration Dual registration (e.g. nurse and midwife) requires 900 practice hours	Written evidence that satisfies you that the nurse, midwife or nursing associate has practised the minimum number of hours required for their renewal of their registration during the three-year period since their registration was last renewed.
35 hours of Continuing Professional Development	Written evidence that satisfies you that the nurse, midwife or nursing associate has undertaken 35 hours of CPD relevant to their practice as a nurse, midwife or nursing associate. Evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse, midwife or nursing associate.
Five pieces of practice-related feedback	Written or oral evidence that satisfies you that the nurse, midwife or nursing associate has obtained five pieces of practice-related feedback.
Five written reflective accounts	Five written reflective accounts on their CPD and/or practice related feedback and/or an event or experience in their practice and how this relates to the Code. Each account must be written on the NMC reflective account form.

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Reflective discussion	A completed and signed NMC form recording that the nurse, midwife or nursing associate has discussed their reflective accounts with another NMC-registered nurse, midwife or nursing associate (or you are an NMC-registered nurse, midwife or nursing associate who has discussed these with the nurse, midwife or nursing associate yourself, and completed and signed the form).

NMC Online, Information for Confirmers, (2021)

4.5.2 In the situation where a **registrant fails to meet the revalidation requirements** from the reflective discussion and/or confirmation process, the confirmer is required to provide constructive feedback to the registrant to enable them to understand the deficit and update their evidence to demonstrate the appropriate content.

The confirmer is then required to meet again with the registrant in a timely manner to review their amended evidence. If a second meeting is required, it is the registrant's responsibility to arrange the meeting.

4.5.3 Where there is no consensus between the registrant and confirmer that the revalidation requirement has been met, then further guidance/support should be sought from the appropriate Service Lead.

4.5.4 If the Service Lead does not support the registrant's ability to revalidate this outcome will be fed back to the registrant and their line manager, and support to produce the appropriate evidence will be given, however where the registrant continues to fail to meet the information requirements stated by the NMC, the Line Manager will deal with the situation, via the appropriate HR policy.

4.5.5 Detailed information on the requirements of the confirmation process can be found at: https://www.nmc.org.uk/revalidation/requirements/confirmation/

4.6 **Communication and updates**
Registrants, line managers, service leads, and other professional nursing and midwifery leaders should refer to the NMC website for updated guidance.

5. RISK MANAGEMENT

5.1 Identified risks associated with registration and revalidation will be documented and escalated via the Director of Nursing or Midwifery as appropriate.

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6. RELATED DOCUMENTS

6.1 Appendix 1 - NMC registration and qualification codes

6.2 Appendix 2 - Health and Social Care Partnership additional assurance checks: administration team responsibilities

6.3 Appendix 3 - NMC registration monthly assurance update form

7. REFERENCES

NHS Education for Scotland (2024) Turas Professional Portfolio (nursing and midwifery). Available at: https://turasnmportfolio.nes.nhs.scot/. Accessed: March 2024.

NHS Fife (2024) Professional Registration Policy (HR37). Available from: https://www.nhsfife.org/about-us/policies-and-procedures/hr-policies-and-procedures/hr-policies/professional-registration-policy/. Accessed: August 2024.

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates. Available from: https://www.nmc.org.uk/standards/code/. Accessed: March 2024.

Nursing and Midwifery Council (2019) How to Revalidate. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf. Accessed: March 2024.

Nursing and Midwifery Council (2019) Information for confirmers. Available from:https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/information-for-confirmers.pdf. Accessed: March 2024.

Nursing and Midwifery Council (2019) What you need to do: confirmation. Available from:https://www.nmc.org.uk/revalidation/requirements/confirmation/. Accessed: March 2024.

Nursing and Midwifery Council (2021) Managing your registration online. Available from: https://www.nmc.org.uk/registration/your-registration/. Accessed: March 2024.

Scottish Government (2016) Director's Letter DL (2016) 7: Nursing and midwifery revalidation – implementation in NHS Boards. Available from: https://www.publications.scot.nhs.uk/files/dl-2016-07.pdf. Accessed: March 2024.

Appendix 1

NMC registration and qualification codes

Nurses part of the register Sub part 1

RN1: Adult nurse, level 1
RNA: Adult nurse, level 1
RN3: Mental health nurse, level 1
RNMH: Mental health nurse, level 1
RN5: Learning disabilities nurse, level 1
RNLD: Learning disabilities nurse, level 1
RN8: Children's nurse, level 1
RNC: Children's nurse, level 1

Nurses part of the register Sub part 2

RN2: Adult nurse, level 2
RN4: Mental health nurse, level 2
RN6: Learning disabilities nurse, level 2
RN7: General nurse, level 2
RN9: Fever nurse, level 2

Midwives part of the register

RM: Midwife

Nursing associates part of the register

NAR: Nursing associate

Specialist community public health nursing part of the register

RHV: Health visitor
HV: Health visitor
RSN: School nurse
SN: School nurse
ROH: Occupational health nurse
OH: Occupational health nurse
RFHN: Family health nurse
FHN: Family health nurse
RPHN: Specialist community public health nurse

Recordable qualifications

V100: Community practitioner nurse prescriber
V150: Community practitioner nurse prescriber (without SPQ or SCPHN)
V200: Nurse independent prescriber (extended formulary)

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V300: Nurse independent / supplementary prescriber
LPE: Lecturer / Practice educator
TCH: Teacher
SPA: Specialist practitioner: Adult nursing
SPMH: Specialist practitioner: Mental health
SPC: Specialist practitioner: Children's nursing
SPLD: Specialist practitioner: Learning disability nurse
SPGP: Specialist practitioner: General practice nursing
SCMH: Specialist practitioner: Community mental health nursing
SCLD: Specialist practitioner: Community learning disabilities nursing
SPCC: Specialist practitioner: Community children's nursing
SPDN: Specialist practitioner: District nursing

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Appendix 2

Health and Social Care Partnership additional assurance checks: administration team

1. Support Implementation of this standard operating procedure.

2. Check NMC registration(s)and other recordable qualifications (e.g. Prescribing; Specialist Practitioner) on commencement of post to confirm current status. This can be done via the NMC registration confirmation service, using the confidential caller codes, or by making effective use of the "search the register" service on the Nursing and Midwifery Council (NMC) website. This can be accessed online at www.nmc.org.uk/registration

3. Maintain an accurate registrant database which includes: the staff members NMC registration(s); any recordable qualifications (e.g. Nurse Independent Prescriber, Practice Educator); the date of renewal; and the date of revalidation.

4. Update the staff database with any changes to employment status e.g. termination of contract.

5. Check the registration status of all registrants each month, including those that are absent on leave, to provide assurance that all registrant registration status remains current. This should be done by the 1st working day of the month. This is not to serve as a reminder system to staff but to provide assurance to the organisation. This can be done via the NMC registration confirmation service, using the confidential caller codes, or by making effective use of the "search the register" service on the Nursing and Midwifery Council (NMC) website. This can be accessed online at https://www.nmc.org.uk/registration/employer-confirmations/

6. Provide assurance to Director of Nursing (via DoN administration staff) on the 1st working day of every month that all registrations are current and up to date (Appendix 2).

7. Escalate to Line Manager any issues relating to lapse of registration, or any other concerns relating to registration. Line Manger will then escalate in accordance with usual line management structures and processes.

8. Complete appropriate paperwork to change banding if any staff member's registration lapses as directed by Line Manager. Advice can be sought using appropriate line management structures and processes.

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Appendix 3

Nursing and Midwifery Council Registration Monthly Assurance Update

Month		Year		
Service	Acute ☐	HSCP ☐		
Areas(s)	1)			
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
	8)			
	9)			
	10)			

<table>
<tr><td colspan="5" align="center">NMC Registrations</td></tr>
<tr><td colspan="3">All nursing and midwifery registration for the above area(s) are current and up to date:</td><td colspan="2">Yes ☐
No ☐</td></tr>
<tr><td colspan="3">The number of registrants to renew by the end of this month is:</td><td colspan="2"></td></tr>
</table>

Lapsed Registration Escalation

Forename	Surname	PIN	Date Lapsed	Escaled to Service Lead (whom)	Date Escalated	Admin to cofrim re-registration

Declaration

I declare that all the information requested above has been checked and monitored to allow assurane to the Director of Nursing or Director of Midwifery that all registrations are current and up to date for the services stated.

Signature:
Designation: Date:

Director of Nursing / Director of Midwifery(Office Use Only)

Date received:		Added to Database: Yes ☐ No ☐	By:

NB: Please note that all issues or concerns relating to lapse of registration, fitness to practice or any other concerns relating to registration must be escalated to the Associate Director of Nursing, as soon as possible.

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 5 November 2024**
Title:	**NHS Fife AHP Professional Assurance 2023/2024**
Responsible Executive:	**Janette Keenan, Executive Nurse Director**
Report Author:	**Amanda Wong, Director of Allied Health Professions**

Executive Summary

- The AHP Professional Assurance and Governance review (supervision, appraisal, PDP and revalidation update) is being brought to the Staff Governance Committee for their awareness and assurance. The report provides the committee with an assurance that all AHP's in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.

- Any AHP wishing to practise their profession in the UK must be registered with the Health and Care Professions Council (HCPC). Professional assurance has always been provided around the re-registration process for the HCPC and this registration allows AHPs to practise and needs to be renewed every 2 years. This is to assure the public, patients, employers, and other healthcare professionals that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards. However, it was recognised that we required more robust assurance that included a wider range of measures, including supervision, TURAS (Objectives and PDP) and this was all included within the framework.

HCPC Re-registration:

- Podiatry 100%, Dietetics 100%, Arts Therapy 100%, Physiotherapy 100%, Radiography100%, Occupational Therapy 100%, Prosthetists & Orthotists,100%, Speech & Language Therapy 100%.

- All AHP registered staff have re-registered with the HCPC, after fulfilling their audit requirements in a timely manner; this means that all staff have provided the registration body with evidence that they are fit to practice and remain on the register.

Supervision:

- Supervision Contract Completed, 88% and Supervision Delivered, 91%.

- Our national supervision position statement sets clear expectations for the minimum levels of supervision and frequency etc, and this was adopted in Fife.

- We do expected staff to all have a supervision contract agreed and signed. This provides clear expectations of both the supervisor and supervisee, the frequency of supervision and documentation of discussion and agreed confidentiality etc. For 2023/24 we are sitting at

88%, for all staff, and given maternity leave and vacancy this figure provides a significant level of assurance that all professions are engaged in this.

- Across all AHPs here in Fife 91% of staff are undertaking regular supervision sessions; again, this provides a significant level of assurance that staff at all grades are engaged in this, and have access to a specified time and space to discuss their professional and workplace practice.

PDP & Objectives:

- Current Personal Development Plan 81%, Objectives Agreed 79% and Annual Appraisal 81%.

- Across all AHP's, there is clear engagement in professional development planning, objective setting and appraisal. This provides professionals and the services they work within opportunities to improve and develop. It also ensures that staff are engaged in consolidating and developing both clinical and non-clinical knowledge, understanding, skills and expertise.

1. Purpose

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

This report relates to:
- Legal requirement
- Local policy

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

The Allied Health Professions Professional Leadership Council (AHPPLC) recognised the importance of having more robust processes around professional assurance and governance. To achieve this, we developed the AHP Professional Assurance and Governance Framework; this was shared last year with EDG who ratified it at that time.

The AHP Professional Assurance and Governance review (supervision, appraisal, PDP and revalidation update) is being brought to the EDG for their awareness and ssurance. The report provides the committee with an assurance that all AHP's in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.

2.2 Background

Allied Health Professions is an umbrella term that covers 10 professions: Arts Therapists (Art, Music & Drama), Dietitians, Occupational Therapists, Orthotists, Orthoptists, Physiotherapists, Podiatrists, Prosthetists, Radiographers (Diagnostic and Therapeutic) and Speech & Language Therapists.

Any AHP wishing to practise their profession in the UK must be registered with the Health and Care Professions Council (HCPC). Professional assurance has always been provided around the re-registration process for the HCPC and this registration allows AHPs to practise and needs to be renewed every 2 years. This is to assure the public, patients, employers, and other healthcare professionals that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards. However, it was recognised that we required more robust assurance that included a wider range of measures, including supervision, TURAS (Objectives and PDP) and this was all included within the framework.

2.3 Assessment

HCPC Re-registration:

Podiatry, 100%
Dietetics, 100%
Art Therapy, 100%
Physiotherapy, 100%
Radiography, 100%
Occupational Therapy, 100%
Prosthetists & Orthotists, 100%
Speech & Language Therapy, 100%

All AHP registered staff have re-registered with the HCPC, after fulfilling their audit requirements in a timely manner; this means that all staff have provided the registration body with evidence that they are fit to practice and remain on the register.

Supervision:

Supervision Contract Completed, 88%
Supervision Delivered, 91%

Our national supervision position statement sets clear expectations for the minimum levels of supervision and frequency etc, and this was adopted in Fife.

We do expected staff to all have a supervision contract agreed and signed. This provides clear expectations of both the supervisor and supervisee, the frequency of supervision and documentation of discussion and agreed confidentiality etc. For 2023/24 we are sitting at 88%, for all staff, and given maternity leave and vacancy this figure provides a significant level of assurance that all professions are engaged in this.

Across all AHPs here in Fife 91% of staff are undertaking regular supervision sessions; again, this provides a significant level of assurance that staff at all grades are engaged in this, and have access to a specified time and space to discuss their professional and workplace practice.

PDP & Objectives:

Current Personal Development Plan, 81%
Objectives Agreed, 79%
Annual Appraisal, 81%

Across all AHP's, there is clear engagement in professional development planning, objective setting and appraisal. This provides professionals and the services they work within opportunities to improve and develop. It also ensures that staff are engaged in consolidating and developing both clinical and non-clinical knowledge, understanding, skills and expertise.

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

Regular supervision, appraisal and PDP setting ensures that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards. The re-registration process also provides an opportunity to provide further evidence, by using the formal appraisal and PDP structures and Continuing Professional Development Portfolio documentation to support the professional declaration.

2.3.2 Workforce

This continues to be challenging for all those working across the AHP professions and services. However, supervision, appraisal and PDP activities were continued throughout to ensure staff could provide adequate evidence to allow re-registration to take place. Having these processes and opportunities robustly provided, it has a beneficial impact

2.3.3 Financial

Nil

2.3.4 Risk Assessment / Management

Nil

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

Nil

2.3.6 Climate Emergency & Sustainability Impact

Nil

2.3.7 Communication, involvement, engagement and consultation

The AHPPLC has discussed this information in relation to specific Professional groups and AHP wide, and we have this as a standing agenda item. This has provided significant opportunities for learning and development between the professions, and we have our Practice Education Leads deliver supervision training in multi-professional groups. This report will be shared with the AHP Clinical Advisory Forum, as well as the AHP Learning & Development Group. These groups have a wide range of representation across the professions and from teams across the organisation.

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.

- AHP Professional Leadership Council on 06/08/2024
- EDG 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

N/A

Report Contact:
Amanda Wong
Director of Allied Health Professions
Email amanda.wong@nhs.scot

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Volunteering Annual Report 2023/2024**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Siobhan McIlroy, Head of Patient Experience**

Executive Summary

- **Volunteer Impact:** Acknowledges how volunteers contribute to staff and patient well-being, with the recognition of specific examples such as Therapets and Simulation Patient roles enhancing both patient experience and volunteer satisfaction.

- **Challenges and Adaptations**: Acknowledges the challenges faced, including staffing vacancies and the need to adapt roles due to changing circumstances. The proactive measures taken to support volunteers during these times are commendable and indicate strong leadership**.**

- **Recruitment and Diversity:** The focus on expanding recruitment efforts and collecting equality data is vital for ensuring that volunteer services reflect the diversity of the community. There have been difficulties in volunteering recruitment due to team vacancies, which could impact future volunteer engagement and program effectiveness.

- **Future Directions:** The commitment to building upon past successes and expanding volunteer programs is promising. The emphasis on fostering an inclusive environment and the ongoing review of policies, such as volunteer expenses, aligns with best practices and the needs of volunteers.

Recommendations

- **Enhance Recruitment Strategies**: Develop targeted outreach programs to attract a diverse range of volunteers, especially in underrepresented communities.

- **Strengthen Volunteer Support**: Continue to provide robust support systems for volunteers, including training and development opportunities, to enhance their experience and retention.

- **Monitor and Evaluate Programs**: Implement a systematic approach to evaluate the impact of new initiatives on patient care and volunteer satisfaction, using feedback to drive continuous improvement.

- **Promote Success Stories:** Actively share success stories and testimonials from volunteers, patients, and staff to inspire others to engage and to highlight the value of volunteering within the community.

1. Purpose

The purpose of this paper is to introduce the NHS Fife Annual Volunteering Report to the Committee.

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

This report relates to:
- Government policy / directive
- Local policy

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

This report aligns to the following Strand/s of the Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- 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 covers the period from April 2023 to March 2024 and provides a flavour of work undertaken during this time and describes plans as the service moves forward.

2.2 Background

NHS Fife recognises the invaluable work of our volunteers. The huge commitment and dedication to our NHS, patients and public alike, are experienced every day by the work that our volunteers do in their various roles across all our sites and in each service.

2.3 Assessment

The 2023/24 Annual Volunteering Report outlines the significant contributions of volunteers within NHS Fife and the challenges faced in maintaining and expanding these services. The role of volunteers continuously evolves in enhancing patient experience and NHS Fife is committed to foster an inclusive and supportive environment for volunteering.

It is recognised that volunteers effectively contribute to patient and staff well-being, and the Patient Simulation role enhances both patient experience and volunteer satisfaction. The Therapet service is also hugely beneficial, and the Volunteer Service will continue to build on this work to implement this service go forward in 2024/25.

There is an increasing interest in volunteering, noting a notable rise in inquiries that demonstrate the community's desire to engage with NHS Fife, which aligns with national frameworks and policies aimed at promoting volunteering across Scotland.

The Volunteer Service have experienced difficulties with vacancies however, proactive measures have been taken to with the implementation of a temporary Band 4 (0.8WTE). This will help to ensure volunteers continue to be supported, new roles are developed and volunteers are recruited and placed appropriately. The focus on expanding recruitment efforts and collecting equality data is vital for ensuring that volunteer services reflect the diversity of the community.

Looking ahead, the commitment to building upon past successes and expanding volunteer programs is promising. The emphasis on fostering an inclusive environment and the ongoing review of policies, such as volunteer expenses, aligns with best practices and the needs of volunteers.

Implementing a systematic approach to evaluate the impact of new initiatives on patient care and volunteer satisfaction is essential. Feedback from volunteers and Services will be used to drive continuous improvement. Actively sharing success stories and testimonials from both volunteers and patients to help inspire others to engage and highlight the value of volunteering within the community.

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

Our volunteers want to make a difference to the recovery and care of everyone using health services and, as such, volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day.

2.3.2 Workforce

At the beginning of the year the team comprised two Volunteer Leads (1.8 WTE) supported by one full-time administrative assistant (1.0 WTE). Due to vacancies the 0.8 WTE Band 6 post is currently being temporarily filled by a 0.8 WTE Band 4 staff member. The service reports directly to the Head of Patient Experience (HoPE).

At the time of writing NHS Fife benefits from the support of over 120 active volunteers.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

Volunteers are welcomed from all walks of life and plans have been put in place to encourage young people to volunteer with NHS Fife through the Duke of Edinburgh Award Scheme. NHS Fife Volunteering Services are now a registered approved activity provider for volunteering with the Duke of Edinburgh Award. This allows young people working towards their award to undertake the volunteering element of this with NHS Fife and for our volunteering opportunities to be displayed and promoted via their website.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The Volunteering Service Leads continue to communicate regularly and offer support when required with volunteers. This is achieved through regular wellbeing check ins and we have a plan in place to host regular 'drop-ins' as requested by volunteers as part of our improvement plan, thus ensuring effective and meaningful engagement and consultation with our volunteers.

2.3.8 Route to the Meeting

This report has been considered by Siobhan McIlroy, Head of Patient Experience.

2.4   Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.
- The Committee is asked to **endorse** the Annual report.

3.   List of Appendices

- Appendix 1: NHS Fife Volunteering Annual Report 2023/2024

Report Contact:
Siobhan McIlroy
Head of Patient Experience
Email siobhan.mcilroy@nhs.scot

NHS Fife

Volunteering Annual Report

2023-2024

Foreword

As the Head of Patient Experience at NHS Fife, I am delighted to present the 2023/24 Annual Volunteering Report, which highlights the remarkable contributions our volunteers make to our organisation and the communities we serve. Each day, our volunteers embody the values of compassion, dedication, and service, profoundly impacting the experiences of patients, their families, and our staff.

Volunteers at NHS Fife are committed to improving the experience of patients using our health services is invaluable, enriching the overall health and well-being of our community. The act of volunteering not only benefits those they serve but also offers volunteers the chance to develop new skills, forge meaningful connections, and find a sense of purpose in their roles.

The past year has presented challenges for our volunteering services, and I am grateful to our volunteer service who worked diligently to adapt roles and create opportunities for our volunteers and services. Their efforts have ensured that our volunteers remain informed, supported, and excited to contribute.

As we look ahead, we remain committed to building upon our successes and expanding our volunteer programs. We recognise the significant value our volunteers bring to NHS Fife, and we are dedicated to fostering an inclusive environment that encourages more individuals to join our mission. Together, we can continue to enhance patient experiences and strengthen our community ties through the power of volunteering.

Siobhan McIlroy
Head of Patient Experience

Introduction & Summary

This Annual Report for NHS Fife Volunteering Service covers the financial period between 1 April 2023 to 31 March 2024. The report highlights the remarkable volunteering activities and initiatives undertaken throughout the year, showcasing NHS Fife's commitment to making a positive impact to patient experience.

During this period the Volunteering Service has not only continued to plan, grow and develop new programmes but has also experienced a significant increase in volunteer enquiries. This increase reflects the growing desire among individuals to contribute their time and skills to support their local NHS Fife Service. It is exciting to share the stories of dedication and service that have defined this year, as well as the ongoing efforts to enhance and expand the volunteering programmes. Together, building a stronger, more connected community through the power of volunteering.

National Guidance & Policy

Volunteering within NHSScotland is supported by Scottish Governments, Volunteering for All, Our National Framework, April 2019. The Framework sets the direction for Scotland's approach to volunteering over the next decade by focusing first and foremost on the volunteer, rooted in our national values of kindness, dignity and respect. It highlights and recognises the changes required to break down barriers to volunteering and to create more diverse and inclusive opportunities for everyone to engage in throughout their life.

Scottish Governments Scotland's Volunteering Action Plan, June 2022, seeks to build upon the Volunteering for All Framework; the Action Plan seeks to maximise the impact of volunteering. It aims to create an environment and a community of practice in which volunteering can adapt to changing priorities and continue to thrive. It seeks to establish accountability for ensuring that the needs of volunteers are at the centre of future decision-making.

Healthcare Improvement Scotland published the document Volunteering in NHS Scotland, Exploring best practice in September 2023. This guide was developed to provide staff working in volunteer management in NHS Scotland with a range of templates, information, and advice on best practice in volunteer management. It is intended to be a resource which you can refer to as required if you are an experienced volunteer manager, or to help you to build your own knowledge, skills and confidence if you are new to volunteer management. This has been an invaluable document, providing a range of checklists and templates that we have adapted for use within NHS Fife.

NHS Fife's policy has been reviewed in April 2024, and is currently going through the various stages for approval by EDG. NHS Fife Volunteer Expenses Procedure is also being reviewed following the Healthcare Improvement Scotland Volunteer Programme guidance which

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advocates for boards to increase the mileage rate for volunteers, as this has not been amended by Scottish Government for over 12 years and to move to best practice of 45p per mile in line with HMRC figures. Volunteer Leads are conscious of the impact of the increased cost of living on our volunteers, and apprehensive that this may become a barrier to entry for some.

Workforce & Support to Volunteering Services

At the beginning of the year the team comprised two Volunteer Leads (1.8 WTE) supported by one full-time administrative assistant (1.0 WTE). Due to vacancies the 0.8 WTE Band 6 post is currently being temporarily filled by a 0.8 WTE Band 4 staff member. The service reports directly to the Head of Patient Experience (HoPE).

The Volunteering in NHSScotland Programme, delivered by Healthcare Improvement Scotland (HIS), drives forward the volunteering agenda in NHSScotland through effective leadership, governance, consultancy and expert advice for volunteering across NHSScotland. They have a range of publications providing information, guidance and good practice. The programme offers a package of support to volunteer managers with peer networking sessions, practice development sessions and access to their 'volunteering helpdesk' for support, alongside a virtual Volunteering Community of Practice.

NHS Fife Volunteer Leads continue to participate in various development groups with the programme to influence outcomes with the proposed new Volunteer Information System (VIS) and review of the NHSScotland Volunteer Induction Module hosted via TURAS.

Fife Voluntary Action (FVA) are the local Third Sector Interface (TSI) who provide good practise guidance, training and networking opportunities for the volunteering team and are a means of promoting volunteer opportunities and recruitment locally.

Programmes and Initiatives

Therapets have increasingly become a valuable resource within health and hospital settings, providing therapeutic support and comfort to patients across various demographics. These specially trained therapy animals offer companionship and emotional relief, which can significantly enhance the healing process. Interactions with Therapets have been shown to reduce anxiety, lower blood pressure, and improve overall mood, making them particularly beneficial for patients undergoing stressful treatments or recovery. Additionally, the presence of therapy animals can foster social interactions among patients, encouraging communication and engagement in therapeutic activities. Ultimately, the integration of Therapets into

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healthcare environments not only supports the emotional well-being of patients but also contributes to a more compassionate and holistic approach to care.

The Volunteer Lead continues to collaborate closely with colleagues from the Infection Prevention and Control Team to reinstate the Therapet service into Community Hospital settings. Initial plans have been developed to implement the initiative, with the intention of eventually expanding the program to other suitable areas within the Acute Setting. This strategic approach aims to enhance patient care and well-being through the therapeutic benefits of animal assisted interactions.

A new volunteer role has been introduced and a dedicated pool of Simulation Patient volunteers established. These volunteers play a crucial role in healthcare training by realistically portraying the characteristics of actual patients. This provides students and professionals with valuable opportunities to enhance their understanding of patient interactions, improve teamwork, and practice essential clinical skills in a supportive environment. By engaging with Simulation Patient volunteers, trainees can gain confidence and competence, ultimately leading to better patient care in real-world settings.

A new Patient Experience role has been established to enhance the collection and analysis of patient feedback, particularly regarding Care Opinion. This role is dedicated to actively engaging with patients and their families who are unable to tell their story and to gather insights and experiences related to their care. By facilitating open communication, the Patient Experience Volunteer will encourage patients to share their stories, which will be instrumental in identifying areas for improvement and celebrating successes within our services. This focused approach not only empowers patients to voice their opinions but also ensures that their feedback directly informs practice and policies, ultimately fostering a culture of continuous improvement and patient-centred care.

Volunteer Demographic

NHS Fife Volunteering Services presently has 120 volunteers across 6 sites (Victoria Hospital, Queen Margaret Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and St Andrews Hospital) along with 7 public partner volunteers currently engaging with groups across NHS Fife. This year volunteering recruitment has presented challenges due to vacancies within the team. With the interim Band 4 (0.8WTE) now in place the primary focus will be on the recruitment and placement of volunteers. There are currently 206 volunteers on the system who have enquired about volunteering or who are going through the recruitment process.

Collecting equality data from volunteers is crucial for ensuring volunteer services accurately reflect the diverse community we serve. Unfortunately, the national Volunteer Information System (VIS) has not been able to effectively record this vital information, leaving NHS Fife

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unable to capture any equality monitoring data for several years. Currently, Healthcare Improvement Scotland's National Volunteer Programme is developing a new Volunteering Management System, but this will take time to implement.

In the interim, NHS Fife are committed to gathering anonymous equality data from all active volunteers on an annual basis. While these results provide only a snapshot of NHS Fife's volunteer demographic at a specific time, the Volunteer Service will robustly analyse the data and take necessary actions to enhance our volunteer service's inclusivity. By prioritizing the collection of equality data, NHS Fife can better understand and address the needs of the community, ultimately fostering a more equitable and representative volunteer program.

The data for 2023/24 indicates that our results are largely consistent with the previous year, revealing that NHS Fife continue to be underrepresented in our volunteer cohort, particularly among males and individuals in the age group 26-35, 36-45 and 46-55. The volunteer service will seek to engage with colleagues in FVA and our Equality and Human Rights Team to understand and address these gaps.

Service Activity and Development

As part of a national reporting exercise to the Scottish Government, in the period between April 2023 and March 2024 (inclusive), NHS Fife recorded an average of 50 volunteers delivering over 10,300 hours of support across Acute and Community Hospitals.

2023-24 quarter 4 (Jan-Mar 2024) figures

Number of new enquiries received	114	Total number of orientations conducted	19
Number of application forms Returned	45	Total number of new volunteer placements	16
Total number of interviews conducted	32	Total hours of volunteering delivered	16

NHS Fife is an anchor institution; a large organisation connected to our local area and community. Providing volunteering opportunities for the people of Fife enhances their own health and wellbeing, and supports access to education and employment. Employability can be increased by volunteers learning new skills and building their confidence to either enter or re-enter the workforce. It can also be the first step in the career pathway for those looking to pursue careers specifically within healthcare and the NHS. The volunteer service is actively building on this, with linking with colleagues to attend high school career fayres and working with council partners engaging with employability clients.

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The Volunteering Strategy Group continues to meet regularly with the purpose to;

- ensure that volunteering national policies, guidelines and best practice are implemented across NHS Fife and followed consistently.
- influence policy and practice in order to ensure that the volunteering service is adequately resourced and supported. To identify and resolve any obstacles to this.
- champion the volunteering service at both an operational and board level, recognising and celebrating the contribution of volunteers throughout NHS Fife.
- maximise the number of volunteers engaged with NHS Fife; striving to have a volunteering cohort reflective of the communities we serve.

Volunteers & NHS Fife Community Listening Service

NHS Fife's Community Listening Service continues to go from strength to strength, providing an important service to people across Fife who are experiencing difficulties in their lives. Over the last year Community Listening volunteers, who are managed by the Department of Spiritual Care, have operated across 14 General Practitioner practices in Fife, providing an active listening and therapeutic service.

Additionally, the volunteers have worked alongside Fife Macmillan Improving the Cancer Journey (FICJ) and supported mental health patients, referred by mental health nurses in the community.

A total of 19 Community Listening volunteers are currently working across services, supporting individuals to make sense of their circumstances during periods of transition and change, and helping them to recognise and use their own and communal assets with a view to proactively developing their wellbeing.

Community Listening Service – Key Facts:

- 1st April 2023 -to31st March 2024 - 1270 listening sessions.

- 721 sessions provided in GP Practices

- 571 telephone sessions provided for Fife Improving the Cancer Journey Service

- 32 telephone sessions provided following referral from NHS Fife Mental Health Services. "

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Celebrating Volunteering

Volunteer Week 1 to 7 June 2024

Celebrating Volunteer Week is an essential opportunity to recognise and honour the invaluable contributions of volunteers within our community. This week-long event highlights the dedication, compassion, and selflessness that volunteers bring to various causes, showcasing their vital role in enhancing the well-being of individuals and society as a whole. By celebrating Volunteer Week, we not only express our gratitude but also raise awareness about the importance of volunteering, encouraging more people to get involved. Acknowledging the efforts of volunteers fosters a sense of community, strengthens relationships, and inspires others to contribute their time and talents. Ultimately, this celebration serves as a reminder of the profound impact that volunteerism has on creating a more inclusive and supportive environment for everyone.

To celebrate, thank you cards were sent to every volunteer and a series of social media posts showcasing and thanking volunteers for the vital impact they have on patient and staff experience.

Celebrating Christmas

Christmas provides a wonderful opportunity to express our gratitude to our volunteers. In early December 2023, we hosted a special event where volunteers gathered to share stories and celebrate their contributions. Alongside a festive-themed quiz, the primary focus of the gathering was to personally thank each volunteer for their unwavering support throughout the year. As a token of our appreciation, all volunteers received a small gift, generously funded through NHS Fife Charities. This event not only fosters a sense of community but also reinforces the vital role our volunteers play in our organisation.

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Moving Forward 2023-24

Strategy – A strategy and associated action plan is required to mobilise and realise our Volunteer Policy and reflect the aims of Volunteering for All, Our National Framework, April 2019 .

The Volunteer Service will collaborate with colleagues to enhance recruitment strategies, with consideration given to develop targeted outreach programs to attract a diverse range of volunteers, especially from underrepresented communities.

Developing roles – working with colleagues and volunteer candidates to develop volunteer roles that are meaningful and purposeful, and allow people to get involved and stay involved. Increasing volunteering participation for all and to addressing inequalities is vital to continuing to expand opportunities for more people to volunteer. Without taking action to engage and support people of all ages and backgrounds to volunteer, communities will lose out on their talents.

Associated Documents/Links

- Volunteering in NHSScotland Programme Annual Report 2022-23;
  Volunteering in NHS Scotland Annual Report 2022-23 | HIS Engage
- NHS Fife Volunteering Policy;
  Volunteering Policy | NHS Fife
- Volunteering for All: National Framework;
  Volunteering for All: national framework - gov.scot (www.gov.scot)
- Scotland's Volunteering Action Plan;
  Volunteering action plan - gov.scot (www.gov.scot)
- NHS Scotland Exploring Best Practice;
  www.hisengage.scot/equipping-professionals/volunteering-in-nhs-scotland/guidance-and-resources/exploring-best-practice/

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Medical Appraisal and Revalidation Annual Report 2023/2024**
Responsible Executive:	**Dr Chris McKenna, Executive Medical Director, NHS Fife**
Report Author:	**Alison Gracey, Medical Appraisal and Revalidation Co-ordinator**
	Dr Shirley-Anne Savage. Associate Director for Risk and Professional Standards

Executive Summary

- The General Medical Council requires that all doctors practising in the UK must revalidate their licence to practise every 5 years to provide assurance that they are up to date and practising to the appropriate professional standards.

- Medical appraisal is an integral part of revalidation.

- All doctors in both Primary Care and Secondary Care must participate in annual appraisal, providing evidence of the doctor's range and volume of practise and must include feedback from colleagues and patients at least once during the 5 year period.

- This report outlines the process, governance structure, challenges facing NHS Fife and appraisal/revalidation figures for 2023/2024.

- The report gives assurance that NHS Fife responds well to the challenges of Medical Appraisal and Revalidation, supporting doctors through the process.

1. Purpose

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

This report relates to:
- Annual Delivery Plan

This report aligns to the following NHSScotland quality ambition(s):
- Safe, Effective & Person Centred
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience and Wellbeing

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 Medical Staff Revalidation and Appraisal report for 2023-2024 is being brought to the Staff Governance Committee for their awareness. The report provides the committee with an assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards.

2.2 Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3 Assessment

NHS Fife responds well to the challenges of Medical Revalidation and Appraisal with few problems and is meeting the requirements of the GMC. There is still a challenge in Secondary Care to recruit and retain sufficient NES Trained Appraisers, however, the required appraisals are being carried out with the help of their current appraisers and a few bank appraisers. Primary Care does not have any issues with recruitment of Appraisers. Secondary Care continues to advertise the role.

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

Medical appraisal ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3.2 Workforce

NHS Fife continues to support doctors to meet the GMC requirements with regard to appraisal and revalidation.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment / Management

There may be a risk of being unable to meet the GMC requirements for Medical Revalidation and Appraisal if unable to recruit and retain sufficient numbers of NES Trained Appraisers.

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

Not applicable

2.3.6 Climate Emergency & Sustainability Impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

Medical Appraisal and Revalidation reports into the NHS Fife Medical and Dental Professional Standards Oversight Group.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

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.

- NHS Fife Medical and Dental Professional Standards Oversight Group.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1: Medical Appraisal and Revalidation Annual Report 2023/2024

Report Contact:

Alison Gracey
Medical Appraisal and Revalidation Coordinator
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Medical Appraisal and Revalidation Annual Report

Consultants, Career Grade Doctors and General Practitioners

2023/2024

Contents

Medical Appraisal and Revalidation 2023/2024

Consultants, Career Grade Doctors and General Practitioners

Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Revalidation requires annual appraisal, including feedback from colleagues and patients at least once during the five year period. Evidence of the doctor's range and volume of practice, such as the number of operations carried out or prescribing patterns is also reviewed.

Governance Structure

Every doctor wishing to practise medicine in the UK must be linked to a Designated Body and its' Responsible Officer (RO) referred to as a "prescribed connection". Recommendations for the revalidation of all doctors is achieved through each Health Board's RO.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

In line with national policy Dr Chris McKenna is NHS Fife's Responsible Officer, Dr Iain MacLeod and Dr Helen Hellewell are NHS Fife's Deputy Responsible Officers. This responsibility covers all Consultants, Career Grade Doctors and General Practitioners employed by NHS Fife.

Medical Revalidation in NHS Fife was overseen by the Medical Appraisal and Revalidation Group during 2023/24. This group was decommissioned at the end of the 2023/24 period, and going forward the Medical Appraisal and Revalidation will be overseen by the newly convened Medical and Dental Professional Standards Oversight Group, chaired by Dr Chris McKenna, Medical Director/Responsible Officer – NHS Fife. This group reports to NHS Fife's Clinical and Staff Governance Committees.

NHS Fife developed the Medical Appraisal and Revalidation Strategic Framework during 2023/2024 with the purpose of ensuring the delivery of high quality appraisals for all eligible doctors within NHS Fife and to give assurance to the organisation and public that our employed and contracted doctors are professionally up to date and fit to practice medicine.

An annual review of appraisal and revalidation, the Medical Appraisal & Revalidation Quality Assurance (MARQA) Review, is commissioned by the Revalidation Delivery Board for Scotland (RDBS) on behalf of the Scottish Government. The review is facilitated by NHS Education for Scotland (NES). The Chief Medical Officer (CMO) requires Medical Directors of NHS Boards to submit an Annual Report outlining the key performance indicators relating

Medical Appraisal & Revalidation 2023/2024	Version 1.0 (Draft)	Date: 20 September 2024
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 1 of 5	Review Date: N/A

to the delivery of appraisal to their NHS Board. Submission of the MARQA report would normally suffice for this purpose. MARQA was postponed from 2020 to 2023 due to the Covid pandemic but has been reinstated in 2024 in a slightly reduced format. Following the 2023/24 review, NHS Fife received a letter of thanks confirming that the review panel were reassured that appraisal and revalidation is operating successfully within the organisation.

Annual Appraisal

Revalidation for doctors in Scotland is achieved by using a standardised bespoke "Enhanced Appraisal" system designed by the National Appraisal Leads Group for Scotland (NALG).

All doctors in both Primary Care and Secondary Care are required to participate in an annual appraisal.

Appraisals are documented using the NHS Education Scotland (NES) provided web based system SOAR (Scottish Online Appraisal Resource). A signed Form 4 (appraisal summary) is proof that an individual has successfully engaged in the Appraisal process for that year.

Appraisers

All appraisers in Scotland must be NES trained. In Primary Care there are 14 NHS Fife appointed NES trained Appraisers. This allows every General Practitioner (GP) to have an annual appraisal. GP Appraiser recruitment is undertaken locally. GP appraisers are expected to undertake around 18 appraisals per annum for 1 session.

The number of NES trained appraisers in Secondary Care continues to fluctuate and as at 31 March 2024, having lost and recruited appraisers throughout the year, was 45 including 4 bank appraisers. Four of the total number of appraisers cover Clinical Fellow appraisals only and a further 2 are employed by St Andrew's University and cover their Medical Demonstrators.

Appraisers in Secondary Care are expected to cover 10 appraisals per year within 0.5 of a Supporting Professional Activity (SPA), although there are a number who do half of this.

The recruitment and retention of appraisers in Secondary Care can be challenging hence NHS Fife has the small bank of retired appraisers and are working on developing a strategy to attract eligible doctors to undertake appraiser training and encourage the recruitment of trained appraisers within Secondary Care.

NES offer the new appraiser training course with 2 courses available most months; however with the pressures on services, it remains difficult to recruit. The course is 2 half days delivered virtually in combination with e-learning modules. NHS Fife continues to advertise the training in the hope of attracting new appraisers.

Revalidation

There were 123 doctors in NHS Fife due for revalidation during 2023/2024. Of these, 112 received a positive recommendation and 12 were deferred, one of which later received a

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positive recommendation during the same appraisal period. Reasons for deferral usually relate to doctors needing additional time to collect required information such as patient and colleague feedback. As the numbers are low this is monitored directly by the RO and their office. While some doctors do need additional support this is rare and most use the time given to actively under to work needed. There have been no requirements for non-engagement referrals to the GMC, by the RO in NHS Fife.

Revalidation 2023/24

- No. Doctors identified for Revalidation
- No. Doctors Revalidated
- No. Doctors Deferred.

Primary Care: 68, 65, 3
Secondary Care: 55, 47, 9
Total: 123, 112, 12
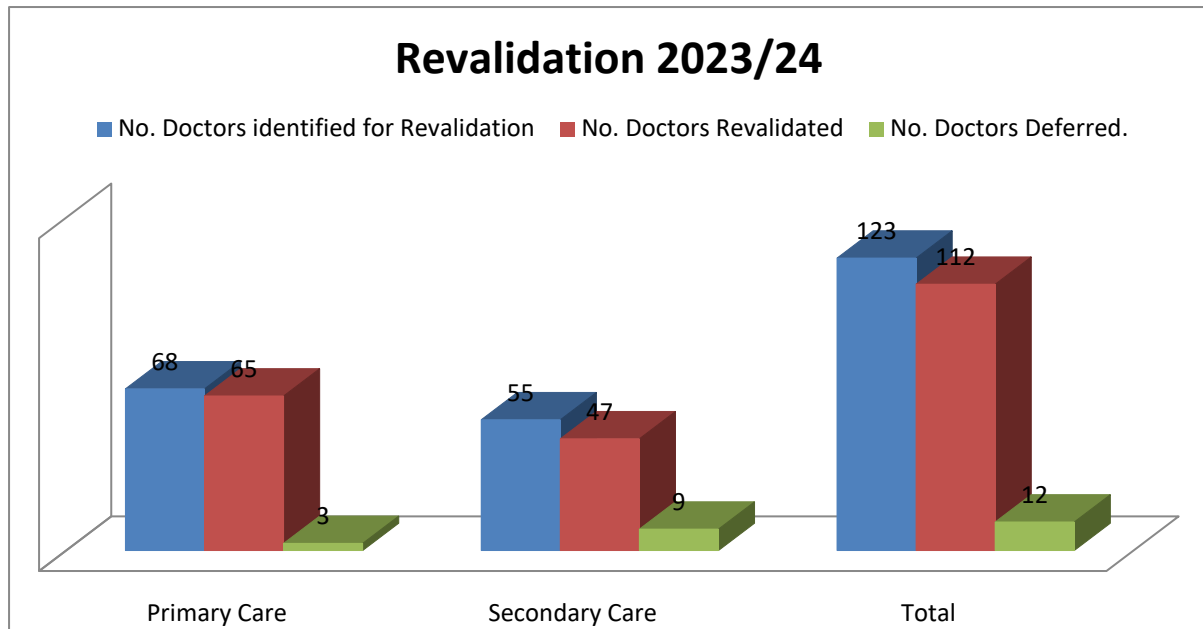
Chart 1: Revalidation 2023/2024

Appraisal within NHS Fife for Period 1 April 2023– 31 March 2024

As at 31 March 2024 there were 758 doctors with a prescribed connection to NHS Fife. This includes Primary Care (GP's), Secondary Care (Consultants, SAS Doctors, Clinical Fellows Honorary Consultants and Gateway Doctors), and University staff without an honorary contract.

The figures in Chart 2 show that the majority of those eligible managed to have an appraisal during 2023/2024. A proportion were not eligible because they were either new to their role and not yet due an appraisal during the period or were issued a Form 5A, giving them exemption for the period. Gateway Doctors are a new group of doctors within NHS Fife who although they have a connection to NHS Fife as their designated body for revalidation, have their appraisals managed and conducted by NHS Professionals on behalf of the Board and so were also not eligible for appraisal in NHS Fife.

Table 1 shows appraisal numbers for those eligible. Chart 3 shows the reasons for a Form 5A having been issued.

Medical Appraisal & Revalidation 2023/2024	Version 1.0 (Draft)	Date: 20 September 2024
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 3 of 5	Review Date: N/A

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Appraisal 2023/24

Legend: ■ No. Doctors ■ Had Appraisal ■ Form 5A ■ New

	No. Doctors	Had Appraisal	Form 5A	New
GP Primary Care	330	318	7	4
Consultant Secondary Care	323	291	2	18
SAS	48	44	2	0
Clinical Fellow	25	11	1	12
University Other	10	0	0	10
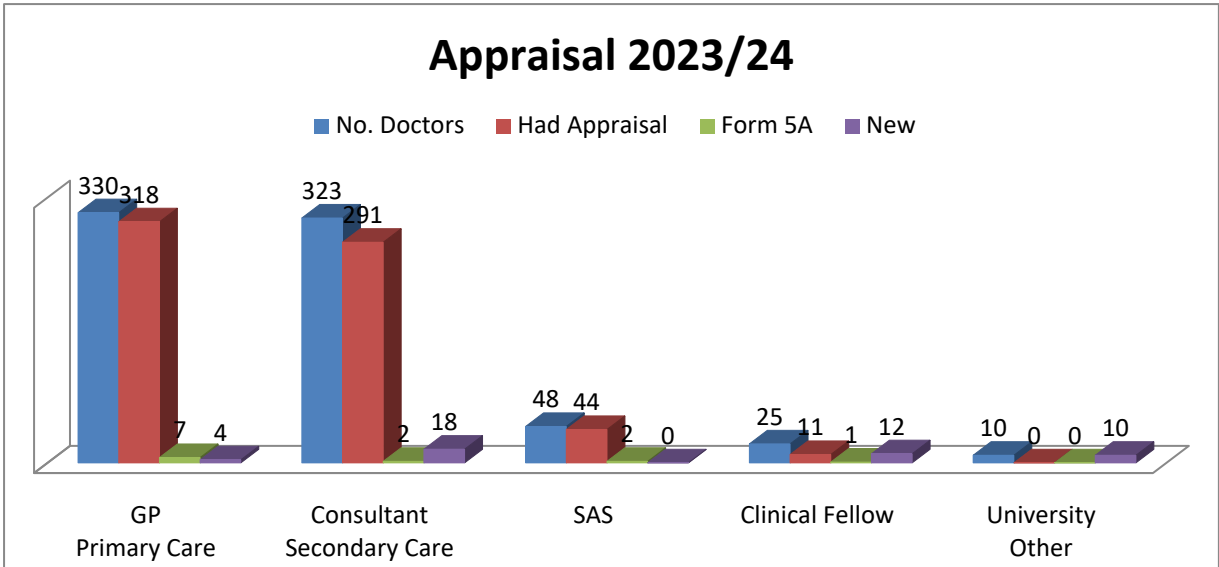
Chart 2: Appraisal 2022/2023

		No. Doctors	No. Not eligible (exempt or new)	**No. Eligible**	No. Had appraisal	**% had appraisal**
Primary Care	GP	330	22	**318**	313	**98.42%**
Secondary Care	Consultant	323	20	**303**	291	**96.03%**
	SAS	48	2	**44**	38	**86.36%**
	Clinical Fellow	25	13	**12**	11	**91.66%**
Other	University	10	10	**0**	0	**n/a**

Table 1: Appraisal Numbers - Those Eligible 2023/2024

Form 5A - Exemption

Legend: ■ Maternity Leave ■ Long Term Sick Leave

	Maternity Leave	Long Term Sick Leave
GP Primary Care	6	1
Consultant Secondary Care	2	0
SAS	1	1
Clinical Fellow	1	0
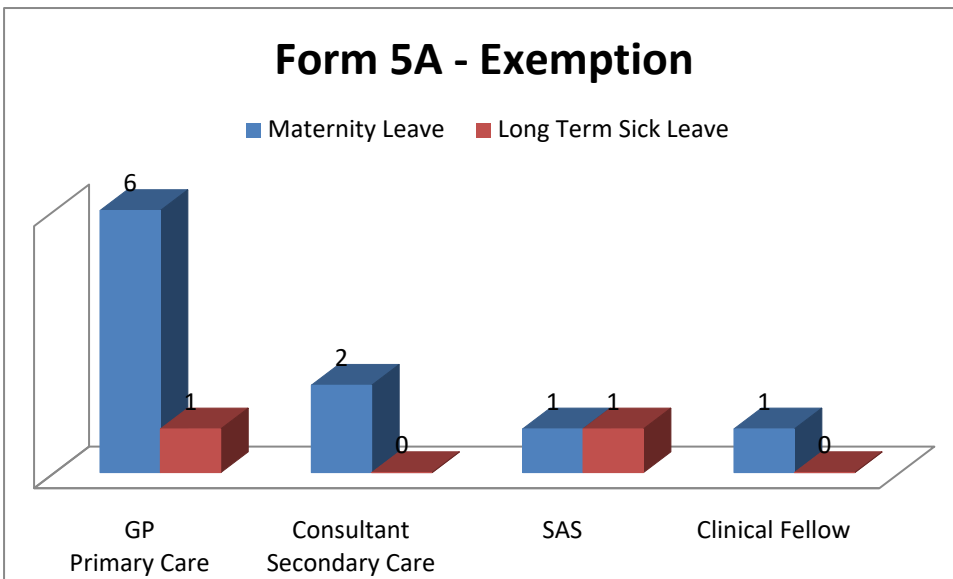
Chart 3: Form 5A's Issued 2023/2024

Summary

The key issues for 2023/2024

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation.
2. The GP Appraisal scheme in Fife continues to run well with little or no problems identified and therefore no further action is required at this time.
3. The Appraisal process in Secondary Care continues to run well with few problems identified other than recruitment and retention of Appraisers.

The key actions for 2024/2025

1. Continue to maintain an up-to-date record of all Consultants, Career Grade Doctors and General Practitioners with whom NHS Fife has a "prescribed connection".
2. Continue to develop and implement a strategy to encourage the recruitment of trained appraisers within secondary care in NHS Fife. Create a supportive 'myth busting' approach towards appraisal and revalidation in Fife.
3. Continue to support doctors with the appraisal/revalidation process.
4. Establish governance through new Medical and Dental Professional Standards Oversight Group overseeing the appraisal and revalidation processes and ensuring any issues/challenges that arise are resolved.
5. Comply with the Medical Appraisal and Revalidation Strategic Framework.

Alison Gracey
Medical Appraisal and Revalidation Coordinator
NHS Fife
20 September 2024

Medical Appraisal & Revalidation 2023/2024	Version 1.0 (Draft)	Date: 20 September 2024
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 5 of 5	Review Date: N/A

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 5 November 2024**
Title:	**Occupational Health Annual Report 2023-2024**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sue Ponton, Head of Occupational Health Service**

Executive Summary

- This report provides an overview of Occupational Health Service activities, highlighting key success and challenges in 2023-2024.

- A **moderate** level of assurance is suggested.

- In addition, the report details future service developments and key priority areas for action.

Highlights:

- Flexibility and responsiveness in Occupational Health (OH) Team to meet unplanned activities.
- Establishment of a combined Occupational Therapy service addressing mental, physical and fatigue management.
- Improved Mental Health support via OH Mental Health Nurse and Staff Counselling services, with positive impact on access and reduced wait times.
- Robust Management Referral Triage Process.

Challenges:

- Increase in demand on OH service, with reduced resources.
- Conflicting priorities – increased risk to fully supporting NHS Fife in meeting statutory requirements for COSHH and Health Surveillance; ability to fully support attendance management and subsequent impact on service delivery.
- High DNA / Cancellation rates.
- Funding for MSK provision.

Key Priorities for 2024-2025:

- Digital Transformation with new OH software platform and planned process changes.
- Improve MSK pathways and accessibility for staff.
- Increase visibility of OH and service provision.

1. Purpose

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

This report relates to:
- NHS Board Strategic Priorities - Population Health & Wellbeing Strategy

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- 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 a summary of principal Occupational Health activity 2023/2024 to Staff Governance Committee members relating to the promotion and support of the health and wellbeing on our staff.

This report aims to highlight Occupational Health key activities, achievements, and areas of improvement in relation to staff health and wellbeing provision by OH during 2023/2024.

2.2 Background

Occupational Health is currently engaged in a comprehensive range of activities aimed at promoting health, safety, and wellbeing of NHS Fife employees. Under other contractual consortium agreements, the OH team also deliver the same comprehensive service to the Scottish Ambulance Service, Community Pharmacies, General and Dental Practitioners and their staff, as well as offering a wide ranging defined service to St Andrew's University medical students and Fife College healthcare students. Appendix 1 provides further details of the full range of services provided by OH.

The data presented within this report describes services delivered to NHS Fife employees and the work / activity undertaken via Service Level Agreements and Contractual Consortium Agreements within 2023/2024.

2.3 Assessment

Multiple demands and timescales have resulted in conflicting priorities and OH has faced significant challenges during 2023/2024. Increased demands, reduced resource constraints and the need for reactivity and flexibility to respond to emerging health risks, such as measles and pertussis outbreaks have placed a significant strain on the service. However, OH has demonstrated innovation and commitment to addressing particular areas of challenge in order to maintain and optimise employee health and wellbeing. These activities

contribute to patient safety and provide robust mechanisms to support staff and organisational resilience, aligning with national and local strategy and frameworks, for example, the Workforce Plan for 2022-2025, the Staff Health and Wellbeing Framework 2022-2025 and the Board's Population Health and Wellbeing Strategy for 2023-2028.

OH Activity

Pre-placement, Immunisation and Blood Serology Screening, Skin Health Surveillance and Management Referral remain as core activities and the service offers an average of 1,100 appointments per month.

Graph 1: Core OH Activity Appointments Attended by Month 2023/2024
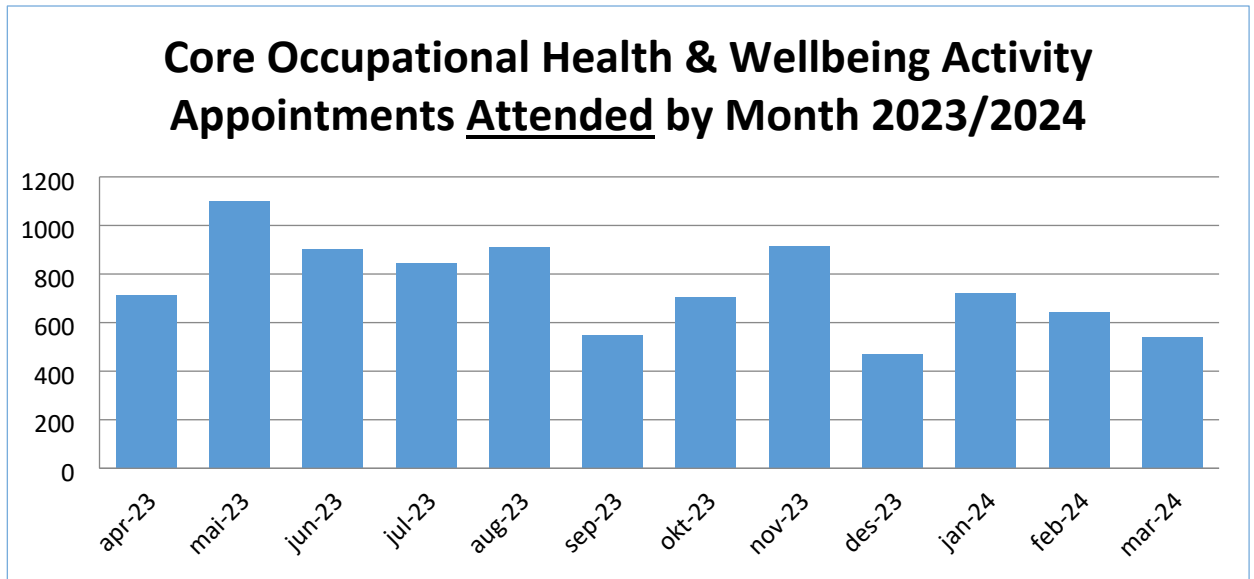
Overall activity figures in these core areas continue to rise in comparison to previous years, with notable year on year increases since 2019, now reaching as high as 39% greater demand on services, see Graph 2 and Table 1 below.

Graph 2: OH Activity Comparisons 2019-2024
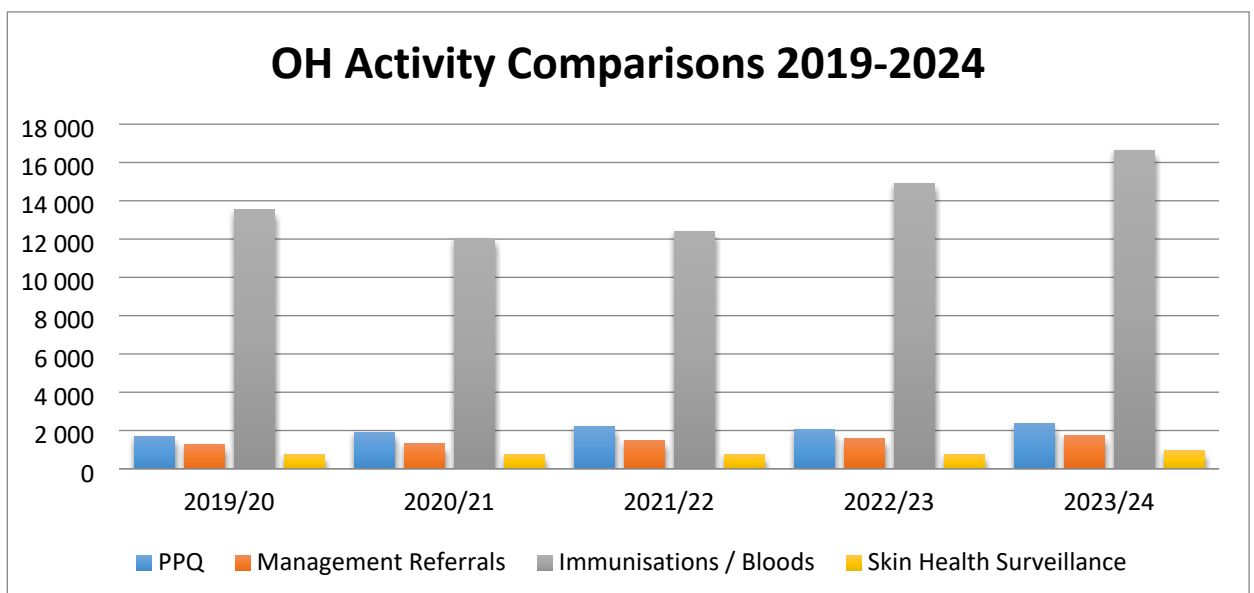
Table 1: OH Activity 2019-2024

	2019/20	2020/21	2021/22	2022/23	2023/24	% Rise since 2019
PPQ	1,686	1,875	2,186	2,041	2,350	**39%**
Management Referrals	1,256	1,300	1,496	1,607	1,739	**39%**
Immunisations / Bloods	13,523	11,985	12,398	14,899	16,614	**23%**
Skin Health Surveillance	761	768	759	729	967	**27%**

Increased demands and need for reactivity and flexibility to respond to emerging health risks, e.g. measles and pertussis outbreaks are not captured within OH data management systems. However, the last quarter of 2023/2024 saw a sharp rise in this activity which placed considerable strain on the service and highlighted a number of inadequacies. One such example is the lack of business resilience to provide emergency prophylactic treatments out of hours and early discussions, collaborating with colleagues has commenced with the aim of developing improved contingency plans, supporting this gap and mitigating risks.

It has been extremely difficult to fulfil the on-going clinical demand in 2023/2024 as this has coincided with a 20% reduction in OH workforce, with the loss of OH Physician, OHN Team Lead and administrative posts, further limiting capacity to satisfy the demands on the service. This has been further compounded by loss of 2 long term, experienced OH Staff Nurse bank staff and unplanned long term absence within the team.

Management Referrals

A total of 1,739 management referrals were received by OH between 1 April 2023 to 31 March 2024. These can be broken down by service as follows:

Table 2: Management Referrals by Directorate 2023/2024

Directorate	Referrals Received
Acute Services Division	787
Corporate Services	261
Fife Health & Social Care Partnership	691
TOTAL	**1,739**

Early intervention is viewed as crucial to recovery and returning to work. It should be noted that not all referrals (for any condition) are made when staff are off ill; some are referred while staff remain in work. There are robust mechanisms in place for early signposting and supportive interventions from a number of areas across the organisation as promoted via the Staff Health and Wellbeing Strategy and OH continues to engage collaboratively with key stakeholders to develop access and improve service provision.

Management referrals continue to be complex in nature, requiring multidisciplinary approaches from our OH Specialist Practitioners, OH Mental Health Nurse and Allied Health Professionals to fully support and optimise positive outcomes.

Timescales for management referral 'date received to first offered appointment' is currently set at 10 working days, however this target has not been met during the last quarter of 2024. This has been due to a reduction in specialist occupational health practitioner resource by >50% due to long term absence, staff vacancies and funding challenges. The lack of resilience in the team to these unplanned events has had a significant impact on capacity to meet service delivery demands.

To address this and maintain optimal service, directing resources where OH expertise could add most value, a more robust management referral triage service and priority of urgency was introduced. This resulted in 23% of referrals (68 out of 281) being declined appointments as it was deemed enhanced signposting and continued support and collaboration with line managers was appropriate in these cases. This approach enabled high priority cases such as terminal illness, stage 3 capability, fitness to practice and work related injury, incidents, or exposure cases to be offered appointment within 28 days of referral.

The main reasons for referral to OH continue to be defined as mental health issues (40% of management referrals), with 12% reported as perceived work related causes. Positively, this demonstrates a **reduction** of 8% from the last year's figure (48%) with a 5% **decrease** (17% to 12%) of self reported work related mental health issues as highlighted in 2022/2023. Where work related stress has been perceived, the OH management report makes recommendations for stress risk assessment which is aligned to the HSE Stress Standards (demands, control, support, role, relationships and or change). This tool supports both the individual and the manager to focus on specific areas to consider mitigation of work related stressors and find resolution to support staff remain in work or return to work, preventing further absence.

Additional activity has included the formation of a neurodiversity tool to support staff with neurodiversities at work. This was trialled with good success and feedback from individuals and line management has been extremely positive. A further success to help support staff members identifying with or diagnosed with neurodiversity has been the introduction of the Neurodiversity tool.

Throughout 2023, NHS Fife Employee Counselling service for staff self-referral saw a significant increase in wait times up to 16-20 weeks. This was notable as typically the average wait prior to this was 4 weeks. Additional counselling supports were sourced, but in the interim period, in order to remain proactive a pilot study was introduced by the OH Mental Health Nurse. This offered a single, one off, early intervention and wellbeing support appointment to those on the counselling waiting lists. This was not intended to replace counselling but to offer enhanced signposting and support as early as possible. Results demonstrated that 89% of staff agreed this service had a positive impact to their current situation. This pilot study was successful in bridging the long wait times and counselling service provision has now increased capacity with notable improvements in wait times, reducing from 20 weeks to 2-3 weeks.

Musculoskeletal issues (24% / 7% work related) are the second most common underlying health concern cited as reasons for OH Management referral, accounting for 24% of all referrals. Of those 7% deemed work related, highlights a downward trend from 2022 figures of 10%. Self referral to employee physiotherapy has been limited within the east of Fife due to a reduced availability of service provision within this locality and difficulties in identifying funding streams. It is recognised this is a key priority area for improvement in 2024/2025 to improve equity of access, as well as capacity in this locality.

Table 3: Self Referrals Comparisons Counselling & Physiotherapy 2022/2024

Self Referral	2022-23	2023-24	% Difference
Counselling	821	1,280	+56%
Physiotherapy	892	447	-50%

Skin / Health Surveillance

Statutory health surveillance is required for all employees who are exposed to defined hazards in the workplace, such as wet work or to certain processes such as working with vibrating equipment. The process of health surveillance helps protect employees from health risks at work where there is a known ill health effect or diagnosis and are not a substitute for the hierarchy of controls. There is a variety of health surveillance activities in place within NHS Fife, with the most prominent being skin health surveillance. Analysis of data demonstrates that there has been an increase of 27% Skin Health Surveillance activity during 2023/2024 with referrals for level 2 skin health surveillance rising from 729 referrals to 957. It is assuring that no cases were RIDDOR reportable during 2023/2024, in contrast to 2022/2023, where 3 cases were identified.

Skin health training for Managers and Responsible Persons continues to be delivered via remotely, with moderate attendance and engagement during sessions. Work is underway to develop an online and interactive Turas training package. It is hoped that this will facilitate greater flexibility and accessibility of training materials for managers and Responsible Persons, which can be tailored within other operational priorities and also streamline the administration process involved.

Did Not Attend / Cancellation within 24 hours

Did Not Attend appointments (DNAs) are those where the staff member fails to attend or give more than 24 hours notice of being unable to attend their appointment.

This year has continued to remain challenging with the rates of DNA and cancellation appointments remaining high. As noted in the previous year, Communicable Disease screening remains the greatest area affected. In many cases there is no communication from the employee or line manager and the employee fails to turn up. In the cases of Management referral and Health Surveillance appointments, both manager and staff member receive notification of appointments and it is expected that managers will discuss this with the employee.

A number of initiatives have been attempted to improve communications of appointments. It had been hoped to introduce SMS text reminders, but unfortunately due to technical issues this has not been possible and alternative solutions are still being sourced. Anticipated digital and transformation changes are expected to help resolve this issue in quarter 3 of 2024/2025.

On a weekly basis, OH continues to have clinics with DNA rates as high as 80%, resulting in the loss of an average of 75 band 5 hours per week.

Table 4: DNA/CNA Appointments by Directorate 2023/2024

Directorate	Attended	DNA	Cancelled	Postponed	Total Offered
Acute Services Division	5,438	1,279	1,122	**133**	**7,972**
Corporate Services	1,450	473	373	**32**	**2,328**
Fife Health & Social Care Partnership	2,153	444	538	**57**	**3,192**
TOTALS	**9,041**	**2,196**	**2,033**	**222**	**13,492**

Future Service Developments / Innovations

It is crucial for OH to remain aligned to NHS Fife strategic objectives and a number of planned initiatives are in scope for the coming year to further improve staff health and wellbeing and promote provision of a high quality, safe and effective OH service.

Digital / Technological Improvements

The existing OH software database utilised is COHORT is due to be 'sunset' later in 2024. A business analysis of the OH Software management systems was undertaken in March 2024 comparing two main OH systems; Cority Gx2 and Civica with recommendations to continue with the current data management system, moving in due course to the 'upgraded' product and potential to explore alternatives in 2025.

At the end of the 2023/2024, no progress was made for 'upgrade' due to external factors and this has stalled future service developments for automated data integration; self-access and manager portals, online employment and management referral services; improved appointment scheduling and SMS text reminder service as well as enhanced analysis and reporting tools. The lack of confidence and reduced external technical support of the current digital platform remains a business risk and plans are in place to move at pace with the new platform installation later this year.

Collaboration with Key Stakeholders

It is recognised that collaboration and on-going engagement with key stakeholders and short life working groups is necessary, focussing on key organisation targets, is crucial to help improve attendance, employee resilience and offer physical and mental wellbeing supports.

OH Awareness Campaign

The service held an awareness and roadshow event week beginning 23 September 2024, coinciding with the Society of Medicine's Occupational Health Awareness Week. This sought to improve OH visibility, gain important feedback from service users regarding understanding of OH services; identification of any barriers and to launch key messages and improved communications via Staff Blink.

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

Provision of Occupational Health services to promote a safe and healthy workforce and environment is an essential component to optimising staff health and wellbeing. These initiatives support individuals, improving attendance and productivity and have been demonstrated to increase patient safety and care standards.

2.3.2 Workforce

The provision of comprehensive occupational health activities focussed on prevention, early intervention and education contributes to effective recruitment and managing staff health at work. These strategies can support and improve staff health, safety and wellbeing leading to reduced absence and enhancing moral.

In addition, the OH service continually strives to improve communications, flexibility, and accessibility to all service users to optimise uptake of offer of services.

2.3.3 Financial

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.

2.3.4 Risk Assessment / Management

As highlighted a number of risks are faced by the service, namely:

- The inability to meet service demands due to reduced resourcing and resilience to respond to unplanned events resulting in conflicting priorities; and
- A lack of staff engagement as demonstrated via high DNA / cancellation rates.

These challenges pose significant risks to staff safety, health and wellbeing which may impact on service delivery reducing quality and safety of patient care and increases the risk of non-compliance with statutory obligations or emerging public health risks.

Given the current focus on promoting attendance and sustaining absence rates within the Board, where 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. The importance of OH inputs to this agenda is key and should not be underestimated given the resource challenges facing the service and NHS Fife.

To mitigate further risks and the pressure on the service, a service review is underway highlighting 3 levels of service provision, with recommendations and consideration for the Executive Director Group to match adequate resources against priority demands.

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 colleagues, Head of Workforce and Staff Health & Wellbeing.

2.3.8 Route to the Meeting

This paper has been previously considered by the OH Management Team and Workforce Leadership Team as part of its development who have either supported 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

The following appendices are included with this report:

- Appendix 1: Occupational Health Functions
- Appendix 2: Activity Reports 2023/2024
- Appendix 3: Key Performance Indicators Descriptors and Compliance 2023/2024

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Head of Workforce Planning and Staff Wellbeing
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Appendix 1: Occupational Health Functions

The functions provided by Occupational Health include a comprehensive service for all NHS Fife employees. The OH team also delivers the same comprehensive Service to Fife General Practitioners and their staff, General Dental Practitioners and their staff, and local Fife-based independent Pharmacies under other contractual agreements.

A defined Service is provided to Scottish Ambulance Service employees referred under an NHS Scotland Procurement 'Consortium' agreement and under agreed external contractual agreements with St Andrews University for their medical students and with Fife College for their nursing students.

The activities covered are:

- Health Surveillance and Health Assessments complying with Control of Substances Hazardous to Health Regulations 2002 (COSHH) and 'fitness to work' (such as for occupational drivers, Exposure Prone Procedure Workers (EPP) and those entering confined spaces).

- Pre-placement screening to national standards and complying with Equality Act 2010 and Health and Safety at Work etc. Act 1974.

- Communicable diseases screening complying with the 'Green Book', and HPS guidance.

- Contamination incident risk assessment and follow up complying with national guidance.

- Management referral appointments complying with GMC recommendations on transparency, confidentiality and consent, Faculty of Occupational Medicine 'Good Occupational Medicine Practice' and Ethics guidance.

- Expert OH Occupational Therapy assessments to support an employee in performing their work duties with a reduced risk for aggravating their existing medical condition. i.e., DSE; Workability or Job Evaluation assessments.

- Workplace based assessments / visits.

- Support from Mental Health practitioner to support employees in managing their mental health.

- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenario. Risk assessment of staff and related follow up.

- Occupational Physiotherapy assessment and treatment.

- Staff Counselling Service provided by BACP accredited counsellors.

Appendix 2: Activity Reports 2023/2024

Graph 3: Pre-placement Activity by Quarter 2018-2024

Pre-placement Activity by Quarter 2018-2024
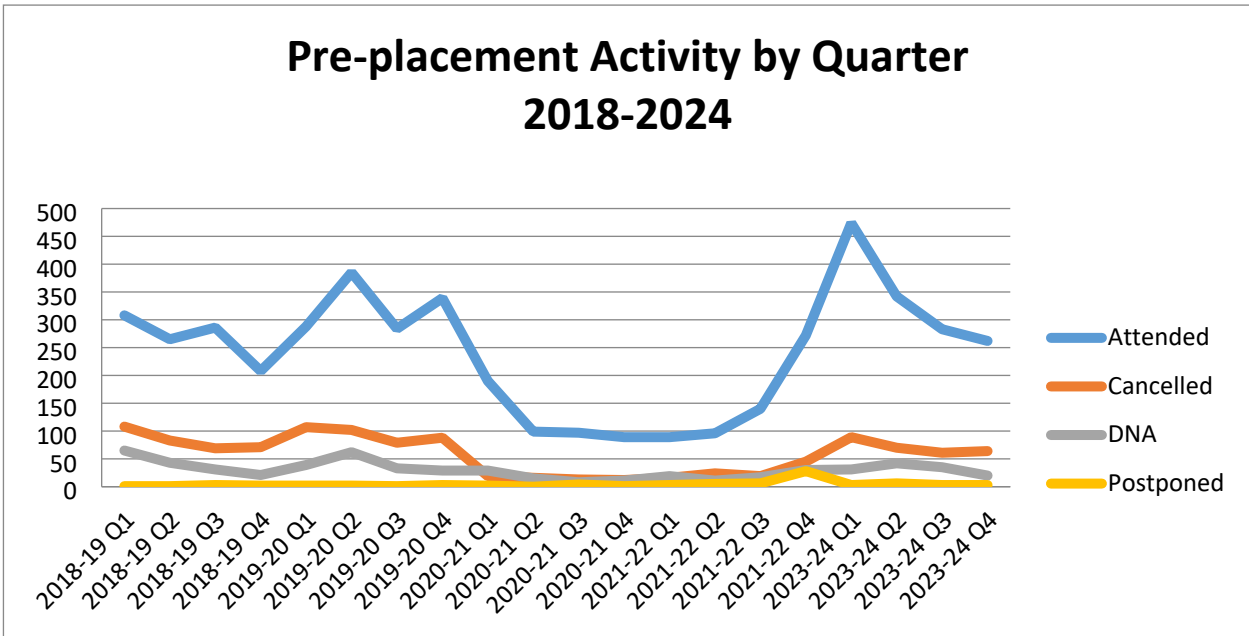
Graph 4: Management Referral Appointment Comparison 2018-2024

Total Management Referral Appointments 2018-2024
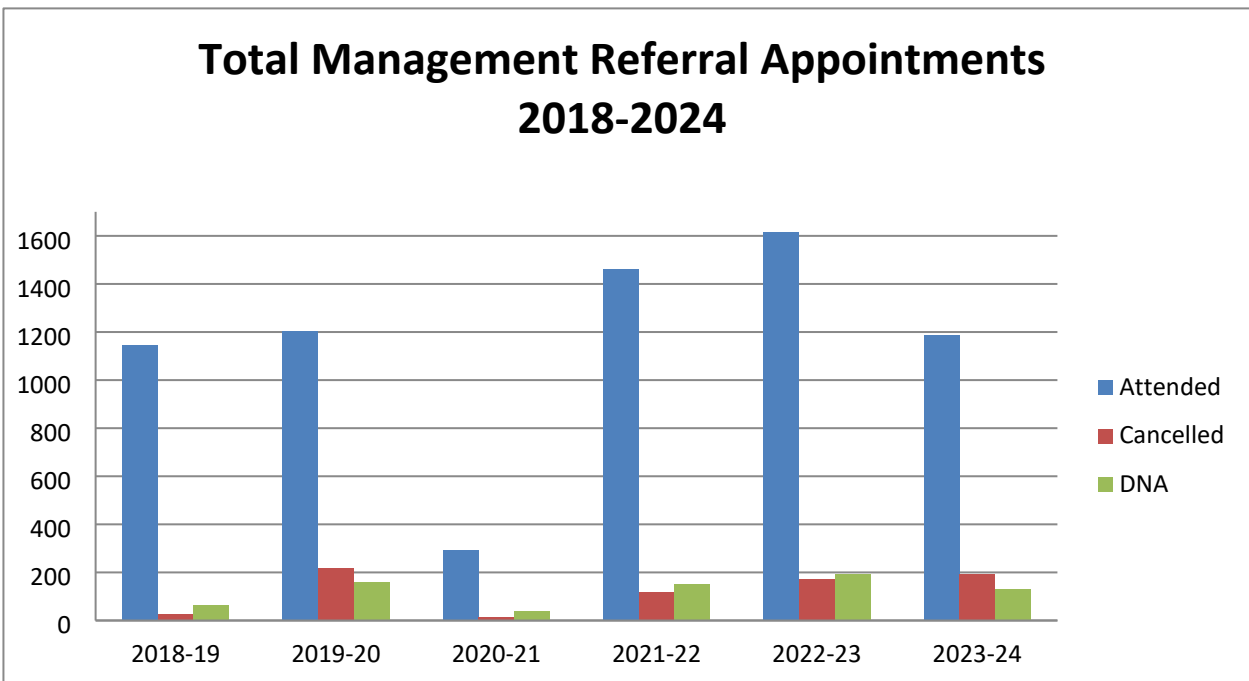
Graph 5: DNA Comparison 2018-2024

Comparison of DNA Appointments by Year 2018-2024

Legend:
- Pre-employment Screening
- Management Referrals
- Self Referrals
- Health Surveillance
- Vocational Therapy
- Communicable Disease Screening
- Contamination Injury Assessment
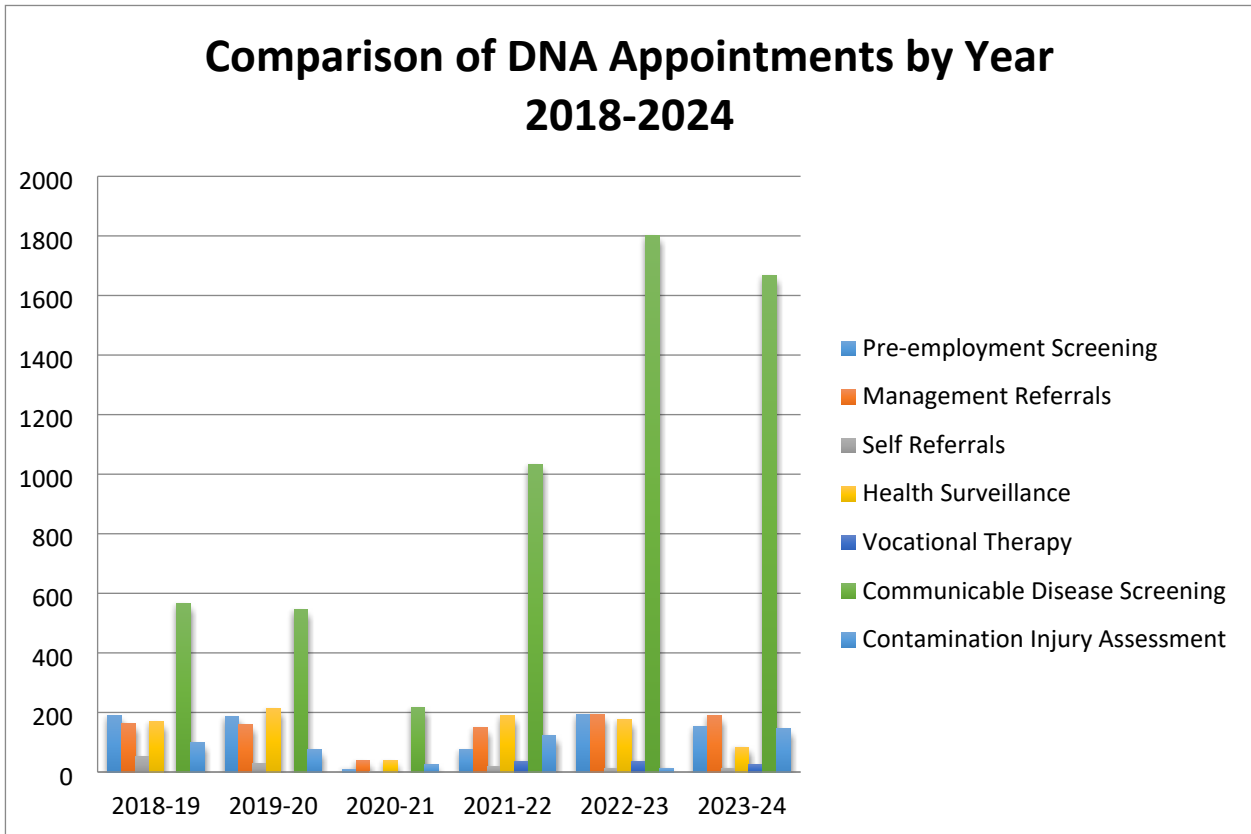
Graph 6: Cancelled Appointments Comparison 2018-2024

Comparison of Cancelled Appointments by Year 2018-2024

Legend:
- Pre-employment Screening
- Management Referrals
- Self Referrals
- Health Surveillance
- Vocational Therapy
- Communicable Disease Screening
- Contamination Injury Assessment
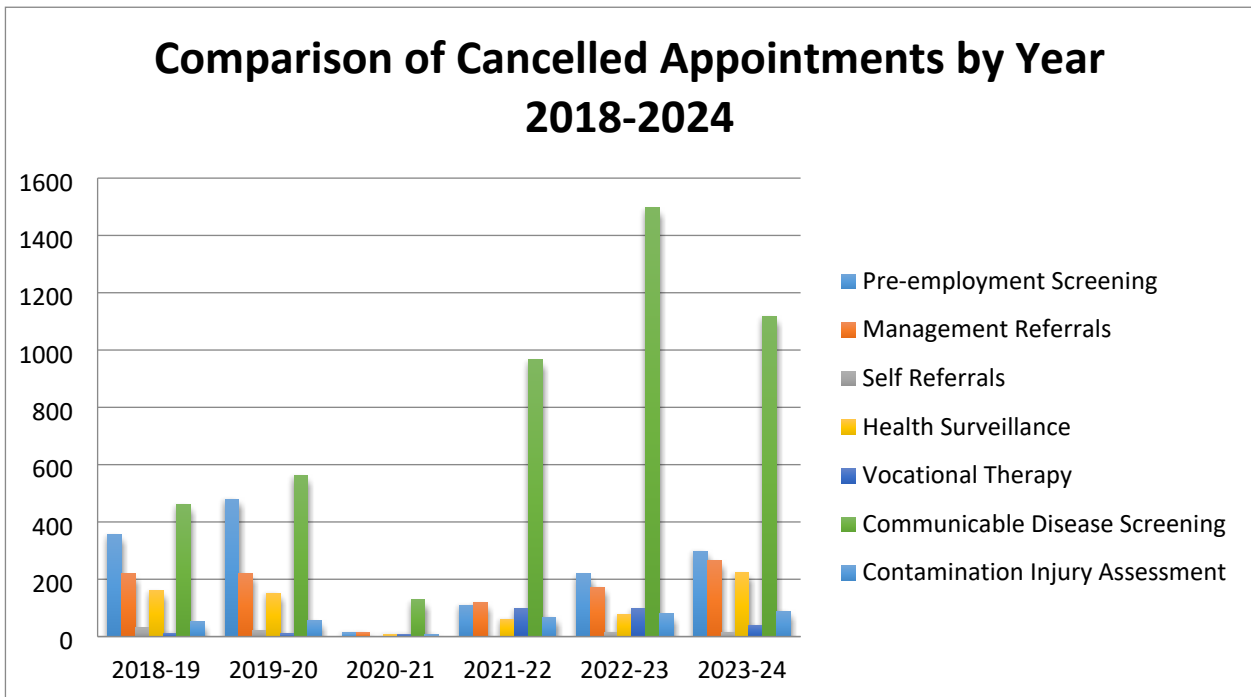
Graph 7: Core OH Appointment Comparison 2018-2024

Core Occupational Health & Wellbeing Activity
Total Appointments by Year Comparison
2018-2024

Year	Appointments
2018-19	9569
2019-20	8063
2020-21	1302
2021-22	7266
2022-23	8474
2023-24	13492
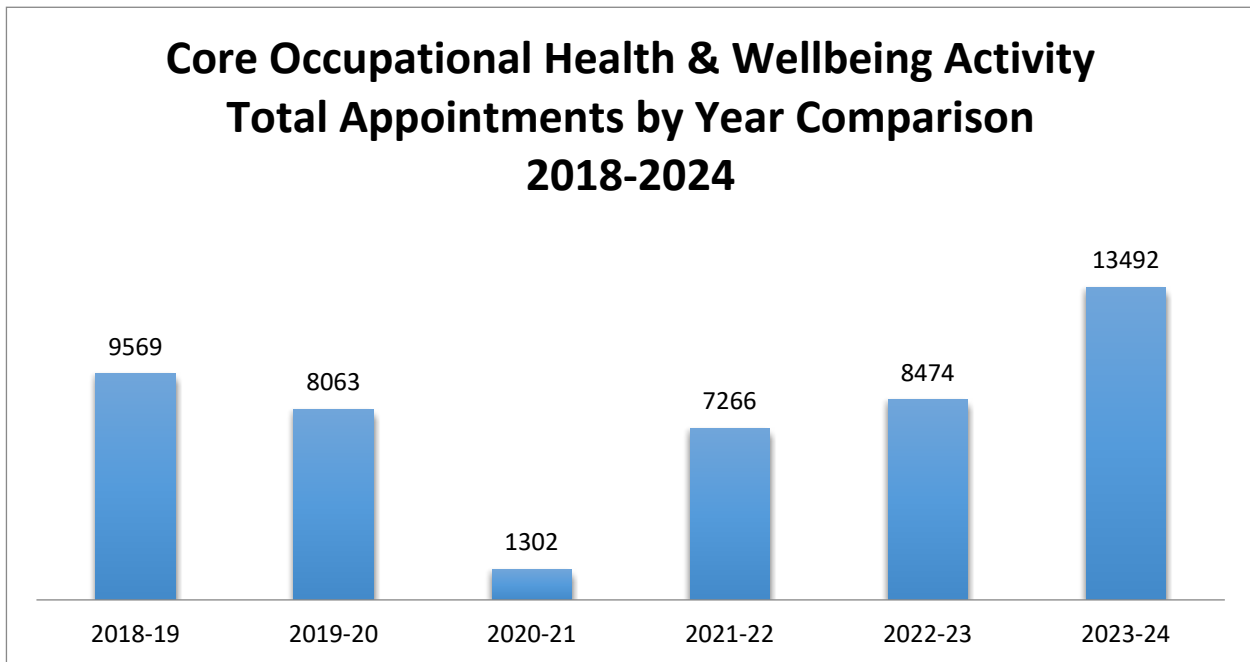
Graph 8: Appointments Offered by Type 2023/2024

Percentage of Appointments Offered by
Appointment Type
2023/2024

- Pre-employment Screening — 14%
- Management Referral — 15%
- Self Referral — 1%
- Health Suveillance — 8%
- Vocational Therapy — 3%
- Communicable Disease Screening — 55%
- Contamination Injury Assessment — 4%
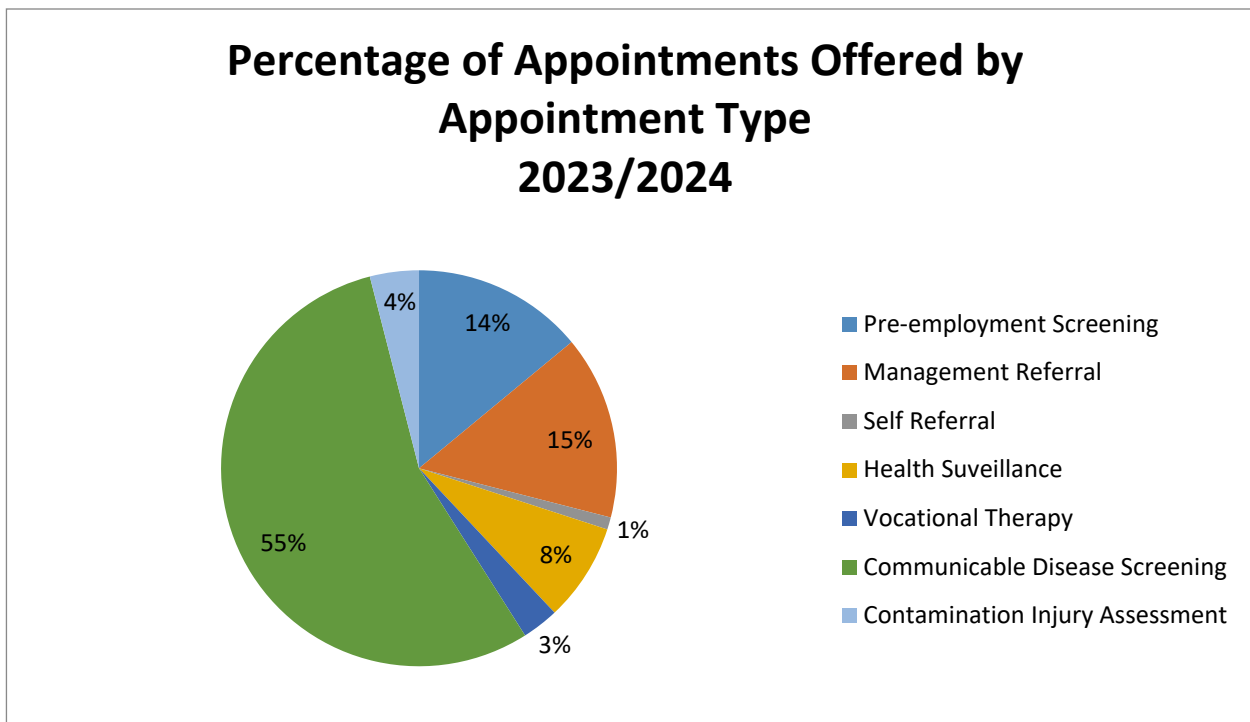
Table 5: Occupational Health NHS Fife Activity 2023/2024

Appointment Reason	Attended	Cancelled	DNA	Postponed by OH	TOTAL
Pre-Employment Screening:	1,361	297	153	15	1,826
Management Referrals:	1,465	267	190	77	1,999
Self Referrals:	148	13	13	1	175
Health Surveillance:	613	222	84	10	929
Vocational Therapy:	357	40	25	7	429
Communicable Diseases Screening:	4574	1,117	1,667	92	7,450
Contamination Injury Assessments:	286	88	147	2	523
Total	8,804	2,044	2,279	204	13,331

Table 6: Management Referral & Pre-placement Activity Non NHS Fife 2023/2024

	Management Referrals Received	Pre-Employment Questionnaires Received
DDiT	2	0
SAS	58	12
GP/Dental OH combined	17	3
St Andrews University	33	0
University of Dundee	1	0

Table 7: Appointment Activity Non NHS Fife 2023/2024

	ATTENDED			DNA			CNA		
	Imms / Bloods	Contaminations	Self Referral	Imms / Bloods	Contaminations	Self Referral	Imms / Bloods	Contaminations	Self Referral
DDiT	12	8	1	0	0	0	0	0	0
SAS	93	10	0	26	4	0	26	4	0
GP/Dental OH combined	834	59	2	144	27	1	151	19	1
St Andrews University	859	0	0	16	0	0	21	0	0
University of Dundee	5	5	0	0	2	0	1	0	0

Performance Monitoring

The Service's performance is measured on a rolling quarterly basis and the current agreed historical compliance rate is 95%. Performance is measured in terms of compliance with achieving 95% of management referral appointments offered within the agreed timeframes (10 days) and 95% of reports dispatched following appointments (within 5 days).

Graph 9 – Pre-placement & Management Referral Compliance 2023-24
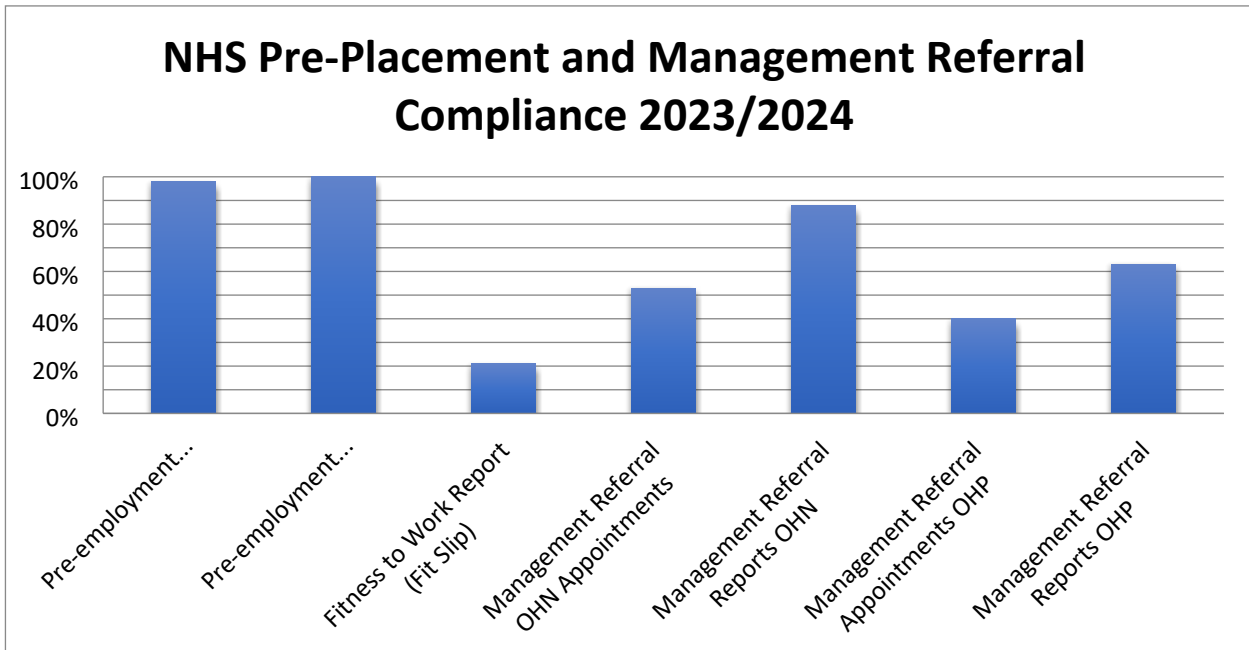
Graph 10 - Pre-placement & Management Referral Compliance Comparison 2020-2024
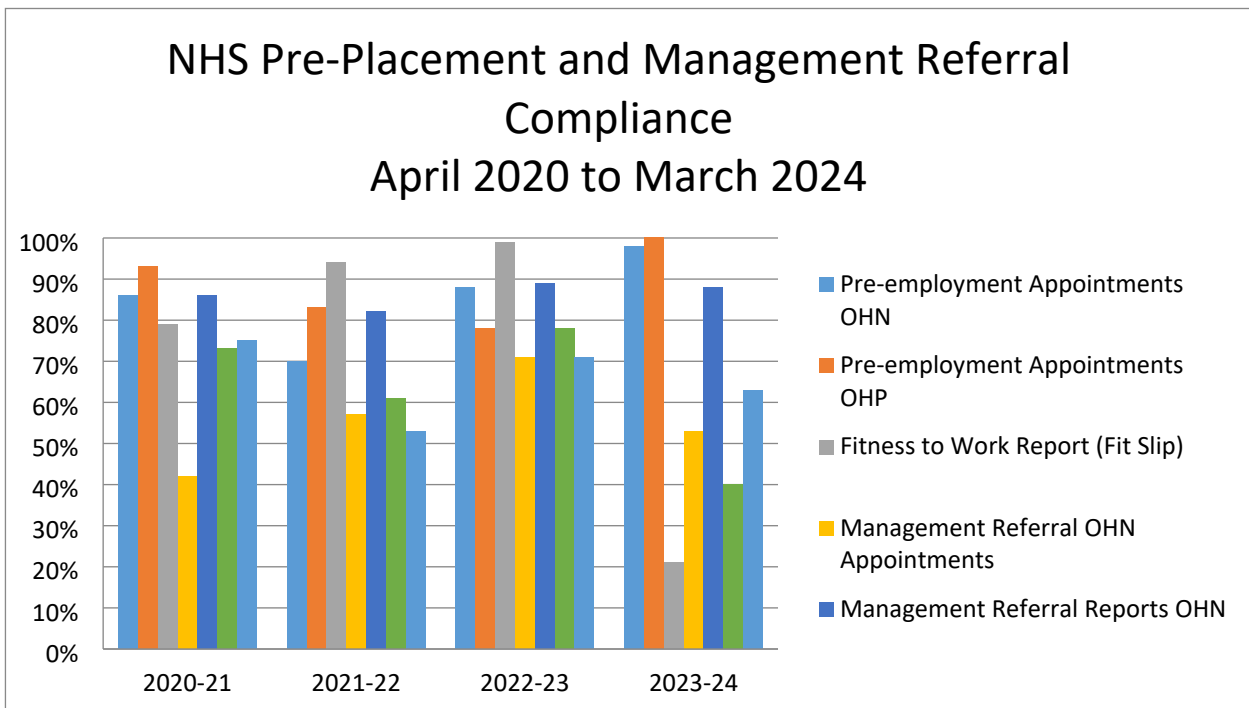
Table 8 - NHS Pre-Placement & Management Referral Compliance 2023/2024

Description	Target (within working days)	Average Days	Processed / Attended	Nos. within Timescale	Compliance
Pre-Employments					
Pre-employment screening OHN	3	8	717	29	4%
Pre-employment appointment OHN	13	9	717	312	44%
Fitness to work report (fit slip)	21	3	717	523	73%
Management Referrals					
MR OHN Appointments	10	8	1164	545	47%
MR OHN Reports	5	3	931	816	87%
MR OHP Appointments	10	6	126	45	36%
MR OHP Reports	5	3	87	54	62%
Combined Doctor / Nurse Management Referrals					
OH Nurse & Dr Appointments	10	11	1290	590	46%
OH Nurse & Dr Reports	5	4	1018	870	85%

Staff Governance Committee

Area Partnership Forum

(Meeting on Wednesday 18 September 2024)

The main focus of the Area Partnership Forum meeting held on 18th September 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 Appropriately Trained/ Protected Learning Time; the proposed move to ePayslips for all staff was discussed; with updates on the iMatter campaign and progress with the implementation of the Health and Care (Staffing) (Scotland) Act 2019 in Fife; and the forthcoming requirements for the Workforce Plan 2025-28 were outlined.

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

NHS Fife
AREA PARTNERSHIP FORUM

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 18TH SEPTEMBER 2024 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: Lynne Parsons, Employee Director

Present:

Sharon Adamson, Royal College of Nursing
Jennifer Bell, Chartered Society of Physiotherapy
Benjamin Hannan, Director of Reform & Transformation
John Hackett, UNISON (Regional Organiser)
Paul Hayter, UNISON
Joy Johnstone, Federation of Clinical Scientists
Michaela Lessels, UNISON
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Chu Lim, British Medical Association
Kirsty MacGregor, Director of Communications
Wendy McConville, UNISON
Fiona McKay, Interim Director of Health & Social Care

Maxine Michie, Deputy Director of Finance & Strategy (for Margo McGurk)
David Miller, Director of Workforce
Ben Morrison, Royal College of Podiatry
Louise Noble, UNISON
Carol Potter, Chief Executive
Sandra Raynor, Head of Workforce Resourcing & Relations
Caroline Somerville, UNISON
Gillian Tait, Senior Officer, Royal College of Nursing
Joy Tomlinson, Director of Public Health
Andrew Verrecchia, UNISON
Miriam Watts, General Manager, Medical Directorate (for Claire Dobson)

In Attendance:

Paula Lee, Head of Procurement (Item 4.1)
Brian McKenna, Workforce Planning Lead (Items 07.1 and 09.1)
Jackie Millen, Interim Learning & Development Manager (Item 03.1)
William Nixon, Health & Safety Manager (Item 07.3)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

L Parsons welcomed everyone to the meeting, especially those deputising.

Apologies for absence were noted from: V Bennett, C Dobson (M Watts attending), F Forrest, S Fraser, M-A Gillan, N McCormick (W Nixon attending), M McGurk (M Michie attending), C McKenna, R Waugh (B McKenna attending).

02. APPROPRIATELY TRAINED

02.1 Presentation: Appropriately Trained

P Lee provided a brief overview of Protected Learning Time (PLT) activity within the Procurement Team, suggesting it is fundamental to providing a robust service to our patients in Fife.

P Lee explained she came into post in April 2022 and undertook a review of the Procurement Service, from which it was acknowledged the service was disjointed, with a lot of silo working, temporary and secondment arrangements

rather than substantive roles. There was a lack of procurement knowledge across the whole team; individuals had specific but not general awareness of the whole process, and P Lee felt there was a lack of confidence in the Procurement Service.

P Lee advised these issues were assessed in order to try to redesign the service, to ensure it was fit for purpose. There needed to be contingency and succession planning to enhance general and core procurement knowledge and to make sure it is part of everyone's everyday role. The difference came in the complexity and specialities individuals deal with. Previously, when people were absent, there was lack of continuity, things just didn't happen: the main aim was to establish a supportive team approach. They recruited to a substantive redesign structure at the end of December 2023, requiring substantial training of existing and of new staff.

P Lee highlighted that protected learning time, appropriately trained staff, is not a new concept; we need to make sure it happens. Within the Procurement Service, individual, role specific training plans were developed. A working schedule was prepared which incorporated specific time to spend on training and development, whether mandatory/ core training or learning to develop your/ into a role. A core list for each individual included mandatory, essential and desirable learning and a Procurement Training Register was set up to evidence learning undertaken, which aided monitoring. Finally, specific spotlight sessions where particular interests or areas where knowledge was lacking, were held for the whole team, regardless of whether it was for their role or not.

P Lee shared an example of a Training Plan and a Work Schedule for different roles, as well as the Training Register identifying who has done what training and when (to alleviate issues with eESS not recording training timeously). P Lee also shared some of the 'spotlight' sessions held for Procurement staff.

P Lee indicated that the Service has received positive feedback from across the organisation, predominately down to having better knowledge and appropriately trained staff. P Lee recognised there is further work required, but progress to date has made a difference. P Lee wishes to foster an ethos of continuous improvement: training and development is on all of our team agendas, and to keep the momentum going by continually encouraging staff to undertake learning.

P Lee confirmed that the Procurement Service continues to embed PLT; our iMatter score has increased year on year in relation to the question around having the time and resource to undertake the learning they need/ want to; and as a leader, being part of the Our Leadership Way to help develop the leaders of the future; and ensuring a fit for purpose service.

L Parsons thanked P Lee for her interesting and thought-provoking presentation. J Jones agreed, and thanked P Lee for showcasing the work of the team and for providing an excellent example of embedding PLT in everyday practice, and expectations as a manager.

It was agreed to circulate the presentation to Forum members.   **PL/ JM**

APF **noted** the update.

03.   MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the Area Partnership Forum meeting held on 20th July 2024 were approved as a true and accurate record.

The Action List was reviewed. It was noted that the presentation from NHS Grampian on ethnically diverse work, including the development of an anti-racism policy, had been cancelled. I Bumba to be invited to a future Area Partnership Forum (APF) meeting to provide a further update.

SR

04.   MATTERS ARISING

04.1   eLearning Venues

J Millen thanked J Rotheram for his work to date on identifying possible venues for staff to undertake elearning on the majority of sites throughout Fife. J Rotheram is also exploring spaces where there is work ongoing at the moment in terms of Cameron Hospital, Randolph Wemyss Memorial Hospital and the Estates & Facilities Corridor, Victoria Hospital (VHK). To date, appropriate areas have been identified at St Andrews Community, Glenrothes, Adamson, Lynebank and Queen Margaret Hospitals and in addition, there is the lightly used IT Suite at Stratheden Hospital and the new digital space at the Training Suite, VHK.

J Millen reported that next steps are for her and J Rotheram to meet with Alistair Graham, Director of Digital & Information and Marie Richmond, Head of Digital Strategic Delivery to determine how these spaces can be managed/ facilitated/ monitored and to ensure the equipment provided is fit for purpose for elearning. Desks will be bookable in order to monitor usage of rooms/ equipment and contribution to PLT.

Staff Side Office

C Somerville requested an update on the Staff Side Office as nothing appears to be happening. L Parsons agreed to meet C Somerville out with the meeting to discuss and take forward this matter. A Verrecchia suggested that NHS Fife is in breach of its agreement with unions as no office space has been available for quite some time.

LP/ CS

05.   RE-FORM, TRANSFORM, PERFORM FRAMEWORK

B Hannan provided an update on overall Portfolio changes and priorities. B Hannan suggested we are in a 'nice' place in terms of planning for longer-term changes and for not being so reactive. The four Programme Boards to make a 'Portfolio of Change' are working to priority areas between now and the end of March 2025.

Acute Reconfiguration Update

B Hannan drew attention to the Acute Services Redesign Programme which is currently focussing on three priority areas: the formation of an Integrated Respiratory Unit; the establishment of Safety in Emergency Care Model and the Redesign of Surgical Admissions Pathways. These are the first three areas of Phase One which aim to improve patient experience by supporting the delivery of care in the right place at the right time by the right clinician. Teams have worked hard to start delivery of the programme and Short Life Working Groups have been established to take forward this work, which is progressing well. M Watts provided additional detail on changes and developments to date and plans going forward. C Potter advised she, C Dobson and the Chair, Pat Kilpatrick had a walkaround VHK, giving the opportunity to hear and understand at first-hand what we mean by re-imagining the VHK and the work going on to achieve this.

Infrastructure & Change Update

B Hannan indicated that one area N McCormick is currently exploring is estates rationalisation and property appraisal. This has involved commissioning property advisers to provide up-to-date valuations for some of the sites we use less to ascertain where developments can be made in the right way and considering the impact. Other areas of focus include the Sustainability agenda which will support transformation through energy reduction and the use of greener energies. An external consultant is looking at our current position and how it projects to 2043 with our population and demographic changes, together with planning assumptions: Fife is an ageing population and by 2043 a significant number will be over 75. A Framework will be developed to balance the needs of financial and workforce plans, and to help inform decisions on future requirements.

Business Transformation Update

B Hannan reported that one of the key factors to be embedded is that administrative roles are a career of choice for people. We know we have advances in technology and unplanned roles in our administrative job families; however, we need to understand across the whole system how we can streamline ways of working, using technology to support that and to deliver best value. A Graham has been assessing administrative function reviews, and opportunities for technology to make improvements there; exploring how patients can more easily access services by reducing pathways into care; and technologies not yet being utilised e.g. artificial intelligence (AI) to support roles and make efficiencies.

People and Change Update

B Hannan confirmed that the People and Change portfolio is considering the whole of Health and Social Care Partnership, Fife Council and NHS Fife in a joined-up way: it has helped to provide co-ordination of efforts, reduce supplementary staffing, sharing of models and integrated initiatives. In addition, we have begun defining what our approach to change in Fife is, should be and how well we do it, which was also discussed at the Our Leadership Way workshop last week, including where we can make more improvements. The output of this will allow us to measure how well we're doing as an organisation with change.

D Miller reported that the People and Change Programme Board was asked to determine three things that would deliver savings before the end of March 2025; noting there are no 'quick fixes' with workforce issues. The group are also exploring WTE (whole time equivalents) to understand the growth in our workforce over the past five years to help make informed workforce planning choices. The three areas we have identified are firstly, Recurring Pay Pressures (previously called Unfunded Posts), using NRAC money to fund these required posts so that they become part of the establishment of Fife; secondly, Direct Engagement (booking of locums), negotiating better rates, this change of practice is already realising savings; and thirdly, Voluntary Severance, a targeted approach, individuals leaving their posts will not be replaced, without affecting frontline care. The aim is to have minimal impact in terms of the organisation but will identify recurrent savings. D Miller also drew attention to the good news in relation to attendance management (see item 07.2), and to the VMF process: we are exploring an electronic solution linked to JobTrain to streamline the current process. The group also oversees the Reduced Working Week, Review of Band 5 Nursing Roles and Protected Learning Time workstreams as well as work on Supplementary Staffing and Junior Doctor Rotas.

In the discussion that followed, L Parsons acknowledged that, from a staff side perspective, better data is enabling better decision making and welcomed the rounded, well-informed approach that is being taken. C Potter highlighted a piece of work ongoing to harness complex data from across the organisation to produce meaningful information and to assist decision making. C Potter suggested we perhaps don't utilise digital systems to their full potential and if we did, it would enable more efficient working and aid business transformation.

APF **noted** the update.

05.1 ePayslips

M Michie confirmed that the option to receive an ePayslip has been available for some years now; and uptake varies across all NHSScotland Boards. Scottish Government (SG) statistics indicate uptake in NHS Fife for monthly paid staff at October 2023 was 53.5% and in July 2024, 58.5%; for weekly paid staff, in October 2023, it was 52.6% and just over 54% in July 2024. SG is encouraging Boards to support staff to opt for ePayslips. Advantages of ePayslips include faster and flexible access to your pay information, additional information (such as service history, absence) and documents (e.g. p45) are accessible, pay details are stored safely due to improved security, there are additional useful links, saves time for the Payroll Team not having to sort paper payslips and is environmentally friendly, reducing our carbon footprint and paper, printing and delivery costs. M Michie advised there are no regulations stating that you *must* receive a paper payslip: HMRC, banks and building societies accept ePayslips and all information you would require is included there. M Maxine acknowledged that not everyone is comfortable or able to access ePayslips and exceptions can be put in place for paper copies. M Michie also confirmed a paper P45 payslip will always be provided when someone leaves the organisation. It is anticipated the mass move to ePayslips will likely be in January 2025, given the processing of the pay uplift, and early payment of salaries in December, prior to that.

A Verrecchia raised his concerns for staff who aren't able to access NHS Fife electronic devices and would wish to continue to receive a paper payslip. A Verrecchia stated he was not fully supportive of a complete move to ePayslips and proposed an EQIA is prepared and discussed at a future APF before a final decision is made. M Michie explained that staff could revert back to a paper payslip if required. C Potter suggested an 'opt out' option be made available; if staff access elearning they should have access to ePayslips; and whole heartedly agreed to an EQIA which provides a structured framework to tease out all of the issues, determine what are the mitigations, and welcomed staff side input to the document. L Noble reiterated the need for raising awareness using channels other than electronic format; B Hannan suggested this needs to be done in partnership; and C Potter encouraged line managers to cascade information to their teams.

MM

06. INVOLVED IN DECISIONS

06.1 Staff Experience (iMatter)

J Millen was pleased to advise, that after reporting an engagement level of 29% at Staff Governance Committee on 3 September 2024, at the 8-week deadline, 65% of teams have recorded an iMatter Action Plan (just 2% less than last year). Although they won't be counted in the national report, we are still encouraging teams to record Action Plans as it is important to celebrate successes and record improvements. Seven iMatter Action Plan Manager

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Information sessions were held between July and September 2024 at which a total of 52 managers attended. The national iMatter report is published in November 2024, which will detail iMatter performance tables; anticipating NHS Fife will be near the top given the response rate, employee engagement (EEI) scores and percentage of action plans recorded. We have identified seventeen teams in the orange ('improve to monitor') and red ('focus to improve') EEI areas and the relevant Director has been notified to take appropriate action going forward.

We are already thinking about the 2025/26 iMatter campaign, and any improvements that can be made across all three stages of the process. J Millen indicated that she and Diane Roth, iMatter Board Administrator, Health & Social Care Partnership (HSCP) have suggested emailing a questionnaire to managers to understand 'What Went Well…' 'What Didn't Work…: to glean feedback on the Team Confirmation process, how the Questionnaire stage could be improved, and a focus on Action Planning to understand the barriers/ to increase participation (e.g. does the line manager have to be present at the action planning meeting) and to develop appropriate guidance.

C Potter picked up on the low rating always given to the question 'I feel that Board members who are responsible for my organisation are sufficiently visible' and advised she and L Parsons will be attending forthcoming LPFs, with members of the Senior Team undertaking a programme of visits and walkarounds to meet staff; and welcomed ideas for doing things differently. W McConville suggested managers have a responsibility to remind their teams of the SWAY Briefings, regular Updates and Newsletters from the Chief Executive (CE): 'visibility' has different connotations. J Jones agreed, the question is setting up an expectation that is never going to be met, the trick is how we are visible to the people that matter e.g. Senior Charge Nurse visibility on wards is equally as important as CE visibility. J Jones observed the Fife iMatter report is especially impactful: we are working in extraordinarily pressurised times and the iMatter report is saying Fife is one of the best Boards to work in in the country. Our people matter, their voices matter, how we work together matters. B Morrison suggested it would be helpful to know/ review what you had indicated previously to help inform this year's answer/ action plan; J Millen agreed to take this to the national iMatter Leads Group to suggest a 'print' button. W McConville proposed focussing on What Matters to You with iMatter next year, to assist with the 'bigger picture'.

APF **noted** the report.

06.2 Acute Services Division and Corporate Directorates Local Partnership Forum Update

M Watts highlighted from the recent ASD & CD LPF meeting: the first quarterly report on waiting times position was presented to FP&R; RTP has been covered earlier in the meeting. There were two matters arising for discussion with the Director of Workforce: firstly, working from home versus being off sick and whether there is further clarity needed around that e.g. an individual has the opportunity to work at home where otherwise their illness would prevent them from attending a clinical setting and the disparity with sick leave because of the clinical needs of their work; and secondly, the use of MS Teams for employee relations meetings and how we need to move away from what became standard practice during the COVID-19 pandemic. Also discussed was Hospital Pharmacy at the Weekend which is coming off the agenda as it has now been implemented; however, will monitor impact and how we can support staff when they have been moved onto a weekend rota. A Verrecchia

raised a concern that the change has been implemented while still to be scoped out is organisational change pay protection for staff who have been working voluntarily at weekends over the years who now won't be working as much/ differently to new staff on the rota.

D Miller informed colleagues that discussions are underway regarding the reintroduction of holding all employee relations meetings in person where the staff member wishes this, taking a person-centred approach. In terms of the sickness query, D Miller suggested liaising with other Boards to ascertain their processes and a partnership discussion out with APF. A Verrecchia was concerned that staff may feel obliged to work at home even although they are unwell, if you're ill, you're ill. C Potter acknowledged some staff may make their own decision to attend a MS Teams meeting and recognised it is different for desk- based staff and frontline staff.

APF **noted** the update.

06.3 Health & Social Care Partnership Local Partnership Forum Update

Before starting her update, F McKay informed colleagues of the sad passing of Eleanor Haggett. The role of Chair has been filled by Fife Council; however, there is still a vacancy on the NHS Fife side. Topics at the recent LPF included: discussions under Wellbeing on the Wellbeing Action Plan and the Equality, Diversity & Inclusion Plan which were both supported. There was a discussion on the Financial position and on Supplementary Staffing. The Prevention and Early Intervention Strategy and Professional Assurance Framework for Social Care (the first in Scotland) were also presented.

APF **noted** the update.

07. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

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

B McKenna, Workforce Panning Lead, confirmed that the legislation placed a requirement on Boards to submit an annual report to SG, with the first report reflecting the position for year ending March 2025. Within the legislation HIS are provided with enhanced powers for monitoring implementation, HIS expectation being that they will continue to receive the previous quarterly reports that went to the Board. Locally, discussions had started on how to streamline this template. and further consideration will be undertaken to balance local and HIS reporting expectations. Through discussion with the local implementation group, we continue to report a reasonable level of assurance on compliance with the legislation. We met with HIS colleagues last month, who are satisfied with that level of assurance. B McKenna noted the Board is focussed on the roll out of eRostering and SafeCare which underpin many of the duties within the Act. The paper outlines key milestones and actions moving into the quarter ending September 2024: including the use of MS Forms for data capture until eRostering and SafeCare are rolled out; continue linkage to the non-pay elements of the pay award 2024/25; looking at various SOPs; and the annual Common Staffing Methodology tool runs for Nursing.

G Tait queried only 32 individuals undertaking the elearning and awareness amongst staff 'on the ground', and suggested additional communication would

be beneficial. B McKenna agreed to raise this with the Implementation Group and create greater awareness of the legislation across the organisation; recognising eRostering will help.

APF **noted** the update.

07.2   Attendance Management Update

In the absence of the Chair of the Attendance Management Oversight Group, Jane Anderson, S Raynor reported that the paper lists the achievements to date and future activity over the coming months. S Raynor highlighted the good news that D Miller alluded to earlier in the meeting: absence levels have fallen from 7.47% in July to 6.51% in August 2024; our target for the end of March 2025 is 6.50%. The Group will focus attention on the teams that have seen a significant reduction to determine what has caused that, how we can sustain the reduction and how do we move that to other areas across the organisation. J Anderson will attend a future APF to share learning from a team within Acute Services who have improved attendance and also looking at a team that requires improvement in terms of absence to compare and contrast any similarities/ differences. As advised at SGC, we are looking at a piece of work to add postcodes to our absence details. B McKenna is planning to liaise with Public Health colleagues to develop this information.

In response to P Hayter's query, S Raynor advised that in order to address high absence levels in priority areas (previously known as 'hot spots'), we are learning from teams achieving a reduction in absence and sharing best practice, supporting teams and helping them to set trajectories for their area, identifying trends, understanding what makes a difference. J Tomlinson proposed taking into consideration external factors such as family needs. F McKay advised that Community Care Services has a profile of an ageing workforce; attendance panels with HR support discuss long and short-term absence with supports to put in place. G Tait highlighted that there are inconsistencies and inequities within NHS Fife in terms of applying targets and S Raynor confirmed that this is on the next Partnership Group agenda to discuss further on how we apply the targets, triggers and ensuring the policy is applied consistently.

APF **noted** the update.

07.3   Health & Safety Sub Committee Update

W Nixon advised that the Health & Safety Sub Committee met on 6th September 2024. HSE Inspectors are currently visiting hospitals, including NHS Grampian, NHS Greater Glasgow & Clyde and NHS Borders. Policies for update: Manual Handling Policy. The Manual Handling Team has done a lot of good work including developing the Manual Handling Passport. W Nixon confirmed that in the last quarter there have been 29 Sharps, 20 Falls, 372 of Violence & Aggression, 9 Musculoskeletal, 64 Self Harm and 9 RIDDOR incidents. W Nixon gave an example of a RIDDOR reportable incident; there have been a number of 'moderate' incidents in terms of staff falling over resulting in 7-day absences; and a 'minor' needle stick injury to a domestic staff member. W Nixon reported on a number of Ligature incidents in the past quarter; there is a Ligature Policy, ligature assessments are undertaken, and a programme of work is ongoing.

In response to a query on 'safe staffing levels', W Nixon advised that these are reported on Datix and in Health & Safety Reports. B McKenna added that eRostering and in particular SafeCare, identifies all of the escalations and

mitigations, and clinical risk. Nationally, there is ongoing consideration being given to how this links with Datix and what is the tipping point over there; locally, this needs further thought in terms of Datix and risk. G Tait questioned if staff have received appropriate training to ensure concerns are raised promptly. D Miller highlighted all the good work going on to ensure NHS Fife has implemented the requirements of the Health and Care (Staffing) (Scotland) Act 2019.

APF **noted** the update.

08.   TREATED FAIRLY AND CONSISTENTLY

08.1   Review of Band 5 Nursing Roles

S Raynor reported on the current position and approach to the Review of Band 5 Nursing Roles within NHS Fife. S Raynor shared national data recently received: as at 17 September 2024, NHS Fife has 206 questionnaires in the portal, at various stages of the process comprising 148 in draft, 30 with mangers for review, 6 requiring further draft, 22 complete submissions. Nationally, there have been 2283 across all Boards, 93 submitted in total.

Currently developing a Briefing Pack and plan to run a number of Briefing Sessions for Band 5 Staff affected, and for Managers, from mid-October onwards, delivering a mix of in person and MS Teams sessions.

We are awaiting further national guidance on 'batching' and 'quality checking' but in the meantime, planning to issue local guidance to assist applications.

S Raynor acknowledged the business-as-usual job evaluation as well as that arising from the Band 5 review: we are looking to train around 18 individuals in late 2024, in addition to the 19 trained earlier this year, which will enable them to participate in future job evaluation panels.

G Tait questioned whether there will be more communication around the Band 5 Review, perhaps contacting all Band 5 Nurses individually? S Raynor advised that awareness to date has been raised by publishing materials and guidance on StaffLink and by contacting managers; and noted numbers to date are lower than anticipated, and the group will oversee and ensure key messaging is reaching the target audience.

APF **noted** the report.

08.2   Reduction in the Working Week

S Raynor talked to the paper, which outlines the position to date with the partial implementation of the reduction in the working week, with around 9% of the total workforce who have not been able to implement the reduction. The paper details the transitional allowance payments made over 4 months, and the back stop date of 30 November 2024 is fast approaching in relation to non-rostered services.

We are continuing with PMO support to understand the scale of what the further planned reduction of the hour will look like. What we do know from the initial assessment of the first half hour is that around 100 WTE across the organisation have been lost with implementation.

Communications have been recently issued; there are still some issues to be resolved around the Annual Leave Calculator and the application of TOIL at an operational level and a smaller group is meeting to discuss any further comms required.

D Miller advised that nationally, various options for implementing the remaining hour reduction in the working week are currently being considered.

APF **noted** the report.

08.3 Whistleblowing Report 2024/25 Quarter 1

C Potter informed colleagues of the appointment of Debbie McGirr, following a competitive recruitment process, to the important role of Speak Up / Whistleblowing Co-ordinator who will commence in post on 27 September 2024. D McGirr, who has various work experience including a nursing background, will be out and about meeting managers, staff, and staff side colleagues ensuring everyone knows how to access opportunities and to raise concerns.

C Potter is chair of the Whistleblowing Group, with representation from Acute Services, Confidential Contacts, Clinical Co-ordinators, with lots of activity going on.

C Potter observed that the report details a number of anonymous concerns and wondered what we could do, in partnership, to encourage staff to come forward openly; anonymity makes it difficult to investigate and understand nuances in the case.

APF **noted** the update.

08.4 HR Policies Update

S Raynor indicated two policies had been approved by the HR Policy Group: a new policy, HR56 – Voluntary Severance Policy has been developed, looking to introduce this process to allow individuals voluntarily to potentially choose to leave the organisation when it has proved difficult, given their particular skill set, to find a suitable alternative role or where a post is being closed.

HR44 – NHS Fife Application of Working Time Regulations underwent a routine review, updates include recognising agile working, travel arrangements around that, reduced working week and incorporating updated information.

APF **approved** the policies.

09. WELL INFORMED

09.1 Workforce Planning Update

B McKenna reported that NHS Fife will be expected to publish its Workforce Plan for 2025-2028 no later than 31 October 2025. The guidance on content of the Plan is expected shortly. It is anticipated that neither the statutory requirement nor the technical guidance support will significantly impact on our approach. The Workforce Group has discussed the key milestones in achieving this requirement: the draft document must be submitted to the Scottish Government by 1 June 2025, with the final document published by 31 October 2025.

Within NHS Fife, the membership of the Workforce Planning Forum is being refreshed, the initial meeting will focus on production of the Workforce Plan for publication and linkage with the Re-form, Transform and Perform workstreams. It is likely the document will concentrate on retained services, corporate functions and the core guidance is suggesting, with the Health & Social Care Partnership focus, on the delegated functions. It is expected there will be

linkage with the HSCP, Fife Council, the various Independent and Third Sectors to ensure our collective approach to workforce planning continues to be aligned, with oversight from the various committees.

APF **noted** the update.

09.2   Financial Performance & Sustainability Report

M Michie talked to the report which details the financial position as at 31 July 2024: an overspend of just over £9m and cost drivers largely responsible for that are described in Section 2.2 of the report. Health Board delegated is just over £3m overspent as at end July 2024 and is detailed in Section 5.1 of the report, with a total overspend for the Board of around £17m.

M Michie outlined progress to date with savings plans: savings, including those through RTP, are described in Section 6 of the report, we have delivered at 31 July 2024, approximately £5.4m. Based on financial data to the end of July and all known information, the total forecast savings delivery is just under £18m, although further work is required e.g. more rigour around grip and control. However, we are still short of the £25m target which is non-negotiable in relation to both NHS Fife Board and Scottish Government (SG) expectations (3% minimum savings).

The forecast, as stated in the report, has been re-evaluated to reflect risks that weren't previously quantified: the potential forecast outturn at March 2025 is now £38.3m for the Board, the two additional risks to our financial planning assumptions are the inclusion of the potential IJB risk share which has increased since June reporting and a potential increase in costs of any nationally agreed SLA uplift.

M Michie indicated that the formal Quarter 1 Review with SG colleagues was a fairly balanced discussion. There was a general consensus from them that the breadth and range of initiatives and savings programmes we are taking forward through our RTP Framework is really comprehensive and there wasn't much more they could offer to support us with in terms of what we weren't doing; but highlighted to us the need to progress non-recurrent measures and other choices to try to bring our financial position to the agreed outturn.

C Potter acknowledged the difficult financial environment we are working in, but suggested we have a lot to celebrate: we have identified lots of inefficiencies, implemented innovative, different ways of working and increased our use of technology. In the first four or five months of 2024 we have delivered more savings that the whole of the last financial year, no mean feat. C Potter thanked everyone for their collective efforts.

APF **noted** the update.

09.3   Communications Update

K MacGregor advised that the next Communications Activity Quarterly Report will be presented at the next APF, in November.

We have been promoting and receiving nominations for the Staff Awards, with the staff vote going 'live' this week. We have also had conversations with L Parsons about the potential to hold a staff ballot next week for staff who haven't been nominated or short listed to have the opportunity to go into a ballot to attend on the night, for which around 20 tickets will be available.

We are continuing our work around internal comms, with our fortnightly update on StaffLink and we're launching a detailed Internal Communications Survey

which will help us understand more about how staff receive news and how well informed they feel.

In parallel with that we have launched Let's Talk, a public facing campaign, initiating a conversation on our financial position, with different topics being highlighted in the coming weeks.

In terms of Speak Up week, 30 September – 04 October 2024, we'll be highlighting a range of different topics and resources.

We have discussed the idea of a Memorial section on StaffLink.

Good news with the across Board collaboration with our 'Gloves Off' campaign – from launching the campaign to date we have saved around £70000.

APF **noted** the update.

10. ITEMS FOR NOTING

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

10.1   ASD&CD Local Partnership Forum – Minutes of 20th June 2024

10.2   NHS Fife Staff Health & Wellbeing Group – Minutes of 25th June 2024

10.3   ASD&CD Health & Safety Committee – Minutes of 20th May 2024

10.4   Implementation of Health and Care Staffing Act – NHS Fife Safe Staffing Group – Minutes of 19th July 2024

10.5   Credit Union – Letter and Presentation

10.6   Staff Communications Survey

10.7   Health & Safety Sub-Committee – Minutes of 7th June 2024

11. AOB

11.1   Job Evaluation Performance Report

S Raynor explained that NHS Fife has been asked to undertake a Job Evaluation Annual Performance Report, for the period September 2023 – August 2024. The return date is by 31 October 2024. S Raynor and L Parsons have prepared a draft report and requested it be shared virtually with APF colleagues to review and feedback on, as it would be too late by the November meeting.   **SR/ LP**

DATE OF NEXT MEETING

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

Staff Governence Committee

ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM **(Thursday 15 August 2024)**
No issues were raised for escalation to the Staff Governance Committee.

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 15 AUGUST 2024 AT 2.00 PM VIA MS TEAMS

Present:
Andrew Verrecchia (AV), Unison **(Chair)**
Claire Dobson (CD), Director of Acute Services
Norma Beveridge (NB), Director of Nursing (Acute Services)
Miriam Watts (MW), General Manager – Surgical Directorate
Belinda Morgan (BM), General Manager – Medical Directorate
Paul Bishop (PB), Head of Estates
Benjamin Hannan (BH), Director of Reform & Transformation
William Nixon (WN), Health & Safety Manager
Sally Tyson (ST), Head of Pharmacy – Development & Innovation
Melanie Jorgensen (MJ), Interim HR Team Leader
Kevin Booth (KB), Head of Financial Services & Procurement
Carolyn Martin (CM), Office Manager, FTF Internal Audit
Bryan Archibald (BA), Planning & Performance Manager
Nicola Robertson (NR), Director of Nursing (Corporate)
Sharon Crabb (SC), Public Health Service Manager
Claire Fulton (CF), Adverse Events Lead
Louise Noble (LN), Unison
Michaela Lessels (ML), Unison
Joy Johnstone (JJ), Federation of Clinical Scientists
Sam Ferguson (SF), Chartered Society of Physiotherapists

In Attendance:
Rhona Waugh (RW), Head of Workforce Planning & Staff Wellbeing (for Item 2)
Gwen Stenhouse (GW), Finance Business Partner (for J Chambers)
Gillian McKinnon (GMcK), Executive Assistant to Director of Acute Services (**Minutes**)

		Action
1	**WELCOME & APOLOGIES**	
	AV opened the meeting and welcomed everyone.	
	Apologies were received from Jackie Millen, Neil McCormick, Caroline Somerville, Margo McGurk, Sue Blair, Samuel Grimshaw, Jill Chambers and Jane Anderson.	

2   HEALTH & CARE STAFFING ACT UPDATE

Rhona Waugh (RW), Head of Workforce Planning & Staff Wellbeing advised the Health & Care Staffing Act was approved a few years ago during the pandemic and came into force on 1 April 2024. The Act is about how we deliver our staff, safe and high-quality care, and working in a transparent, open and honest culture. It builds on the existing arrangements that we already have in place in terms of our governance and our processes.

RW advised the Act applies to all clinical staff within NHS Fife and a few non-clinical staff. At the moment we are in the cycle of quarterly reporting. Our first quarterly report for this year was presented to EDG this morning with the formal annual report being presented to Scottish Government in 2025.

RW advised one of the important parts of the Act is the Common Staffing Method and how we use the real time staffing tools. The tools at the moment are only mandated and legal for nursing and midwifery staff and for staff who work within emergency departments. There is longer term planning to roll out tools to every function. A discussion to take place around the ask around a tool for measuring safe medical staffing.

RW advised as part of the Act we have been looking at risks on Datix around workforce. When SafeCare is implemented as part of eRostering we will receive valuable reports. There are however some issues around the roll out of eRostering which colleagues from Acute and the partnership are concerned about, and this has been discussed further at the eRostering Programme Board.

RW advised NHS Fife did some chapter testing within Acute and as part of that process we fed back to Scottish Government, Health Improvement Scotland (HIS) and to the Health Care Staffing Act team about how we found using a SWOT Analyses process on particular chapters prior to the Act coming in April.

RW advised the tools are only one element within the legislation and it is not designed to be punitive, but to enable improvement. HIS have been delegated more ministerial powers and we have a senior programme advisor.

RW advised at the moment through the reporting that we had undertaken we have been able to provide reasonable assurance in terms of our preparation for the Act and this has been accepted by Scottish Government and the Health Care Staffing Act team.

RW advises we have our local reference group and all services across the board are represented with staff side input. The group meets monthly. There is an NHS Fife Teams Channel, a really good quick reference guide,

Board action plan, SWAY publication and a dedicated section on StaffLink and dedicated email address.

RW confirmed updates on the Health and Care Staffing Acute have been provided to various groups and committees within NHS Fife. The Speech and Language Therapy Service at the Sir George Sharp Unit were selected to record their SWOT Analyses onto a Podcast, and this has been shared nationally.

RW advised next steps include work on the SOPs to help us comply with the Act; risk escalation and feedback; duty to seek clinical advice and how this is recorded and evidenced; and high-cost agency reporting.

RW agreed to share with colleagues the slide presentation and helpful guide which can be shared with wider teams. **GMcK**

AV thanked RW for her presentation.

3   MINUTE OF PREVIOUS MEETING – 20 JUNE 2024

The Minutes of the Meeting held on 20 June 2024 were accepted as an accurate record.

4   ACTION LIST & MATTERS ARISING

4.1   **Bi-Annual Review of Terms of Reference**

No comments received. Close action. **GMcK**

4.2   **Training Update**

The Core Training Compliance and Protected Learning Time Update report which went to the July APF was shared with LPF colleagues, for information. Close action. **GMcK**

4.3   **ASD & CD Local Partnership Forum Annual Report**

Final contributions received. Annual Report submitted to the July APF meeting. Close action.

GMcK

4.4   **Vacancy Management Forms (VMFs)**

CD confirmed the ongoing issues with the vacancy management form process was raised at the July APF meeting. David Miller, Director of Workforce agreed to meet with CD and AV but due to annual leave and other diary commitments this meeting is not until 20 August 2024. An update will be given to colleagues after the meeting. **CD**

CD advised we are still experiencing quite significant issues and delays. VMFs are being lost in the process with an inconsistent process being adopted particularly across the Directorates in the Acute Division.

5 HEALTH & SAFETY:

5.1 Health & Safety Incident Report

The Health & Safety Incident Report for the period June 2024 to July 2024 was distributed and noted, for information. There was a total of 139 incidents for this period, 302 incidents since April 2024.

WN advised there were 17 sharps (staff) incidents reported in June 2024 to July 2024, 32 incidents since April 2024. There were 7 no harm, 9 minor harm, and 1 moderate harm incidents. 7 sharps incidents were reported with no SBAR attached.

WN reminded colleagues that an SBAR must be completed for all incidents involving medical sharps devices whether or not they have been used for patient treatment. An SBAR should also be completed for near miss incidents.

WN advised there were 5 slips, trips, falls (staff) incidents reported in June 2024 to July 2024, 11 incidents since April 2024. There were 2 no harm and 3 minor harm incidents. 1 incident was a fall from height, 3 incidents on the same level and 1 on a wet floor.

WN advised there were 28 violence and aggressions (staff) incidents reported in June 2024 to July 2024, 51 incidents since April 2024. There were 13 no harm, 11 minor harm and 4 moderate harm. 8 incidents were reported to the police, and 1 was considered a hate crime. The Violence and Aggression Advisor is encouraging more incidents to be reported to the police. Colleagues noted the chart showing the comparison between HSCP and Acute incidents. There have been no identified trends.

WN advised there were 4 musculoskeletal (staff) incidents reported in June 2024 to July 2024, 10 incidents since April 2024. There were 4 minor harm incidents.

WN advised there was 1 self-harm (patients) incident reported in June 2024 to July 2024, 4 incidents since April 2024. There was 1 minor harm incident.

WN advised there were zero Riddor (All) incidents reported in June 2024 to July 2024, 4 incidents since April 2024.

RW advised she and WN had attended a partnership meeting this morning and there was a discussion about the Health and Safety

Executive (HSE) visiting us about our stress risk assessment arrangements. WN confirmed at the moment we have not had any direct contact from the HSE regarding such a visit.

WN advised Wendy McConville had given a comprehensive and up to date Health and Wellbeing presentation this morning which has been delivered in a number of meetings. RW advised a couple of other areas were looking to do the same work in their areas.

6   STAFF GOVERNANCE:

A   Well Informed

6.1   Director of Acute Services Brief – Operational Performance

CD advised it has been a really busy summer for us so far. July was extremely busy from an emergency access perspective with a high number of 12-hour breaches. High levels of attendance and activity through the hospital had also impacted on our occupancy. This position has been mirrored across the system with the partnership experiencing pressure too, some of which was a result of ward closures.

CD advised there has been lots of work ongoing around our planned care programming. We are using allocations that we have received from Scottish Government, some on a recurring and some on a non-recurring basis across all of our directorates. This includes diagnostics which is supporting some of our trajectories and our recovery particularly around the long waits.

CD advised it has also been very busy around RTP and our plans in relation to reimagining acute services which was presented to EDG a few weeks ago. We have been given approval to proceed with a number of activities but there would be no changes to the front door at the moment in relation to AU2. Colleagues will be aware this was a large part of what we had planned but this if off the table for the moment.

Surgical Directorate

MW advised some AU2 improvement work has commenced with the teams that are involved with that area to move on the discussions about operational performance and how the Surgical Directorate can be contributing to the 4-hour emergency access target. We are managing staff discussions and expectations on the outcome of the EDG decision and keeping them motivated and engaged in the RTP process.

MW advised challenges continue with the VMF process. There continues to be delays and there is a huge amount of time being

spent by management teams and finance business partners chasing updates.

MW advised the Band 2 pool work has been completed with no major impact for the staff involved and this was managed well by the teams.

MW confirmed supplementary staffing was being closely monitored. This is going through grip and control and being tightened up where we need it. No Band 2 agency staff are being used and this is only in extreme circumstances.

MW advised she had been involved in the Direct Engagement meetings. All locums have to go through the centralised HR team bookings. This has been working well with minimal impact and this will deliver significant savings.

MW advised the Newly Qualified Practitioners (NQPs) starts are imminent. These staff will go into the front door and throughout the directorate. In June 2024 our vacancy rate was 6% and is now 6.7%. Our high areas are Urology DTC which has a small number of staff but has a 42% vacancy factor, followed by Ward 54 at just under 12%, then NTC inpatients at just under 17%, however the NTC are not operationally full yet and will have less of an impact. The NQPs will help with some of that vacancy factor.

MW advised their locum use is mainly to cover very short-notice sickness absence or weekend cover. There is no significant impact on our substantive teams.

MW advised 43% of their medical job plans have been finalised. 30% are in discussion and 27% are in the sign-off process. The medical teams are working well to support not only our consultant colleagues but that of our SAS level doctors as well.

Medical Directorate

BM advised their absence management has reduced from 10.3% in December 2023 to 8.7%. A lot of work has been ongoing within teams around this with support from HR colleagues.

BM advised it has been difficult to reach the 80% target in terms of our training outcomes due to workforce and demand challenges, but we have seen slight improvements in two of the main areas. BLS training has improved from 35% to 47% and our manual handling training has improved from 34% to 48%.

BM advised they had a 57% uptake and engagement of 92% for the directorate for iMatter. The overall experience reported by staff was 9/10 in terms of working for the organisation. Areas for

improvement were focussed on team working and collaborating with other teams. Teams are currently working through their action plans. Discussions are being supported with Service Managers and Clinical Nurse Managers around additional specific support for some teams.

BM advised our ED performance has improved to 73.9%. We are still slightly under the trajectories set by the Scottish Government for unscheduled care. Our bed occupancy has remained high with last week being the highest all summer at 100.2%. 94% of ambulances were turned around and patients seen within ED within 30 minutes.

BM advised our 12-hour delays had increased but this week they have reduced. We are due to revamp our Operational Pressures Escalation Levels (OPEL) escalation tool and work will commence in the next few weeks to ensure it is up to date and reflective of the current site position going into winter.

BM advised in terms of RTP developments the directorate has held two engagement workshops. There was a good mix of staff in attendance and good focus and engagement to discuss the integrated Acute Respiratory Unit. The deadline for this work has been pushed back until mid-September to allow time to work through all the issues. The team is now looking at where we can situate a Same Day Emergency Care Model (SDEC) at the front door.

BM advised our surge reduction has been variable and pushed up by our occupancy levels. To date we have saved £266,000 in terms of supplementary staffing and we are projecting to save £800,000. We continue to have 8 locums within the Medical Directorate. None of them featured in the high-cost reports.

AV advised he was disappointed with the decision taken by EDG that there would be no changes to the front door at the moment in relation to AU2 and asked how staff were feeling.

CD advised the feedback from EDG is that there would not be any direct changes to the location of AU2 and this has been taken off the table at the moment. We are being tasked with testing the SDEC model and look at what we can do within our current physical footprint and then more forward. This is not the news that staff had been expecting or wanted but we are working through this as the status quo is not an option.

BH advised he understood the staff disappointment but there had been a collective EDG decision which the Board supported that due to the scale of the change required it had been taken off the table

at the moment, but we should continue to build and evidence our case.

6.2 **Attendance Management Update**

The Attendance Management Report was distributed and noted for information.

MJ advised for 2024/25 NHS Fife has set a sickness absence target of 6.5%. The overall average sickness absence figure for NHS Fife was 7.11% in May 2024 and 7.17% in June 2024.

Acute Services Division

MJ advised the overall sickness absence figure for the Acute Services Division was 7.02% in May 2024 and 7.06% in June 2024. The sickness absence rate within Acute Services Division marginally increased in June. The sickness absence rate in June 2024 is slightly higher than June 2023.

MJ advised the Acute Nursing Directorate had the highest sickness absence percentage in July at 10.45%. The Medical Directorate was 8.06%, Women, Children and Clinical Services was 6.48% and the Surgical Directorate was 6.39%.

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

MJ advised the highest number of hours lost due to sickness absence was in the Nursing and Midwifery Band 5+, and the highest absence rate was in Nursing/Midwifery Band 1-4.

MJ advised short-term absence increased and long-term absence decreased in June 2024. There were 22 areas within the Acute Services Division with over 10% sickness absence.

Corporate Services Directorate

MJ advised the overall sickness absence figure for the Corporate Services Directorate was 7.09% in May 2024 and 6.81% in June 2024. The sickness absence rate in Corporate Services Directorates decreased in June 2024. The sickness absence rate for June 2024 is slightly higher than in June 2023.

MJ advised the Facilities Directorate had the highest sickness absence rate in June 2024 of 10.14%, this was an increase from May's figure. This was followed by the Estates Directorate which

was 7.04% and then Corporate Directorate which was 4.44% and Health & Safety at 1.86%.

MJ advised Digital and Information had the highest sickness absence at 5.75%, followed by Nurse Director at 5.64%, then Pharmacy Services at 4.86%.

MJ advised the highest number of hours lost due to sickness absence was due to anxiety/stress/depression, followed by other known causes. The highest number of episodes of absence was due to anxiety/stress/depression followed by cold, cough, flu-influenza.

MJ advised the highest number of hours lost due to sickness absence was in the Support Services job family; the highest absence rate was also in Support Services.

MJ advised short-term absence increased and long-term absence decreased in June 2024. There were 9 areas within the Corporate Services Directorates with over 10% sickness absence.

AV referred to NHS Fife's sickness absence target of 6.5% and asked if we were no longer following the HEAT target of 4%. MJ advised a decision was made for the HEAT target of 4% to be removed across boards and NHS Fife set their own base target.

BH advised the sickness absence target that we have agreed with Scottish Government through our Delivery Plans we still see as a massive issue, but we also need to be realistic as to how we can shift it nearer the target. Through discussion at the People and Change Board there was an action between the People and Change Board down to the Attendance Management Group that although there were broad holistic actions across the organisation further targeted actions were required to reduce our sickness absence towards our target of 6.5%.

AV advised he had observed on a few occasions when on a MS Teams meeting where members of staff have indicated they were unwell but were working from home. AV advised his concern was that staff should not feel compelled to work if they are unwell, even if they can work from home as this could masking sick time. There is a huge part of the workforce who do not have the option of being able to work from home.

MJ agreed this was a very valid point and something that we do see. Sometimes there are some staff that come to work when in reality, they should be off sick but if staff have that opportunity to work from home, they are more inclined to feel pressure to do so. Staff need to be aware if they are not well enough to work, they should not work, and this should be accepted whether or not it is a job that can be worked from home or not.

MJ advised there is an opportunity for some creativity. HR colleagues and Occupational Health are revisiting respiratory illness guidance following government updates and recognising that staff may have a respiratory illness which means they should not be in the workplace but if there was something else the member of staff could be doing. We need to support our staff that are not well enough to work but also having opportunities to be more flexible.

CD advised this issue has highlighted how our working practices, culture and customs are changing within the organisation, but how do we make that equitable because there could be a risk that some staff could manage their illness through working at home to avoid other consequences or management of their attendance. It would be helpful to understand more around the respiratory virus policy and to have an initial discussion with David Miller, Director of Workforce in relation to sickness absence and working from home. This issue may end up at APF for more consideration with a wider audience.

6.3 Feedback from NHS Fife Board & Executive Directors Group

NHS Fife Board Meeting

CD advised the last Public and Private Session of the NHS Fife Board was held on 30 July 2024. Colleagues will be aware we have a new Chairperson, Pat Kilpatrick who is making some changes around how we function and operate as a board. One of those changes it that the board meets for a whole day. The morning session is usually the formal public business with private or a development session in the afternoon.

CD advised on 30 July 2024 there was the standard welcome and approval of the previous minute. There was an update from the Chief Executive and a patient story which was around pain management and pain medicines which Fiona Forrest led. It included patient videos and was very informative and positive. The Chair gave her report and an update on the Board Development Session that took place in June 2024.

CD advised there was an update on the Integrated Performance and Quality Report and BH gave an update in relation to a paper on Reforming Services and Reforming the Way We Work. A number of standing committee reports were presented and the board committee membership. There was a presentation on NHS Fife's Corporate Objectives 2024/25. The SBAR and Corporate Objectives will be shared with LPF colleagues to provide a flavour of where the organisation is going in the next year. Statutory Committee minutes were then noted for information.

CD

CD advised the Private Session focussed on an update on Reform, Transform, Perform (RTP).

Reform, Transform, Perform Programme (RTP)

BH advised colleagues will be aware of the national conversation that started in June about NHS Reform. Some of these discussions have been shaped for the Board to take it forward in a co-ordinated manner. The national reforms are still quite unclear but there are some important parts for working more regionally and nationally but also its signpost to reimagining acute services in lots of different ways and the opportunity to be centres of excellence.

BH advised in the Private Session of the Board they talked through the 4 strategic transformation portfolios:

- Acute Services Redesign
- Infrastructure and Change
- Business and Digital Transformation
- People and Change

Executive Directors Group

BH advised work has commenced to stand up, reconfigure and regroup the above RTP programme boards.

BH advised our quarter 1 review with Scottish Government has taken place. This would usually be a finance to government conversation, however this year Carol Potter and BH joined alongside to showcase all the good work that we were doing across a number of areas. BH has received some positive feedback from Scottish Government about the approach we are taking with RTP and the confidence that has given them in our ability to deliver. At the end of July 2024, we have identified efficiency savings of £17.5m. The challenge will be the £7m gap to get to the target of £25m.

6.4   Finance Update

GS advised our financial position is moving similar to that reported at the last meeting. At the end of June 2024, we were £5.6m overspent. If we had taken the trajectory from month 2, we should have been over £7m but this had reduced as we have been given the superannuation uplift and the non-pays uplift in June. The Medical and Surgical Directorates are causing the majority of the overspend.

6.5   Updates from the Corporate Directorates

Corporate Nursing Directorate Update

NR advised two welcome events for our Newly Qualified Practitioners (NQPs) have been arranged for 16 September at Victoria Hospital and 31 October 2024 at Queen Margaret Hospital. Colleagues are welcome to attend.

NR advised a review of Clinical Nurse Specialist roles was taking place as part of a national programme. This would mirror the process undertaken for Advanced Nurse Practitioners.

NR advised currently there is a review of all Practice and Professional Development (PPD) training and education in collaboration with services. Lately there has been a pause in the PPD programme, which will restart shortly within the new VHK Training Hub. It is hoped this space will have a positive impact on core and mandatory training needs.

NR advised there have been a couple of secondments into the Resuscitation Team. The seconded post from Acute is making good progress in the number of staff trained in Basic Life Support (BLS) and we are looking to mirror this within the partnership.

NR was pleased to report a charity bid had been successful for a one-year half-time post to provide staff support within the Spiritual Care Team. This is part of a project which will enable us to provide an evaluation to the Charity Committee on the benefits, the outcomes, and the numbers which will help us move forward after the first year in that secondment.

NR advised work has commenced on Level 8 to move the Nurse Directorate Team and other teams to the facilities corridor, Level 1.

NR advised there has been a successful in-house interpreter trial which has saved a huge amount of money in outsourcing British Sign Language (BSL) support. This post is out to advert, and we hope to be able to appoint permanently. This has been a good example of cost saving and we have managed to reduce the cost of our previous supplementary staffing. There is still a huge amount of work to do with our interpreting services. Over the last 10 years the number of languages has doubled and the need for language interpreters has increased.

NR advised historically we have been invited at very short notice to speak at schools' careers events. Instead, we are going to be inviting schools into events with us here in Fife. We are hoping to run 3/4 events per year with the first one being held later this year. These events will be held in conjunction with Nursing, Midwifery and AHP colleagues and any other clinical profession that wish to join.

AV advised he had recently updated his BLS training and Graeme Clews was part of the team that delivered the training. The training experience had been positive and was pleased to hear that his secondment was being extended.

7   B   Appropriately Trained

7.1   Training Update

No update available.

7.2   Turas Update

No update available.

8   C   Involved in Decisions which Affect Them

8.1   **Staff Briefings & Internal Communications**

CD confirmed the walkarounds continue. If colleagues have an area/ward/department they wish them to visit they should make contact.

CD advised colleagues will be aware of the launch of RTP and Me and our communications approach.

8.2   **iMatter**

MJ advised during July teams should be having action plan meetings and facilitated discussions with teams to identify and agreed one thing they are pleased about and up to 3 things they would like to focus on and improve and how they will achieve this.

MJ advised iMatter reports have now been published and these are being shared with teams. Managers are being encouraged to share reports with those members of staff that did not complete their questionnaire online. The deadline date to upload action plans is 16 September 2024.

9   D   Treated Fairly & Consistently

9.1   **ASD & CD Local Partnership Forum Annual Report**

AV thanked colleagues for all their contributions and a formal thank you to GMcK for collating the Annual Report. The final version of the ASD & CD Local Partnership Forum Annual Report for 2023/24 was submitted to the July APF meeting.

9.2   **Current/Future Change Programmes/Remobilisation**

There were no issues raised.

9.3 **Hospital Pharmacy at Weekend**

ST advised we now have a rota in place which started on 1 July 2024. A lot of work has been undertaken on induction training to make sure staff joining the rota are comfortable. We have finished the individual meetings that were offered to all staff about the process. We are now having further individual meetings which are being taken under the Grievance Policy.

ST advised we are close to finalising the organisational position on pay protection in line with the Organisational Change Policy. Next steps will be around feedback from the staff and overall monitoring of the service.

ST advised there is an impact on our Monday-Friday service because of the way that we have changed staff working patterns. Staff who are working weekend shifts are taking off that time in the preceding week. We are undertaking further full risk assessments for all our services and working through the mitigations in order to minimise the effect on the Monday-Friday service.

LN advised she had been involved in the pharmacy weekend working for quite some time and was pleased to note it was coming to a conclusion however was very unhappy about the decisions made about the pay protection for staff and a number of meetings were taking place with union members regarding grievances.

LN advised she had not been involved in the discussion around pay protection and the decision was taken while she was on leave. An email has gone out to staff to say it had been agreed along with staff side. ST advised it will be made clear in the communications going out to staff that Unison have not agreed the organisational position for pay protection proposed by the Director of Pharmacy, Director of Workforce and Employee Director which is aligned to the Organisational Change Policy.

ST

9.4 **Reform, Transform, Perform Programme**

It was agreed the RTP update would form part of the executive update given under Item 6.3 going forward.

9.5 **36 Hour Working Week**

MJ advised we have the circular that has been agreed. For part-time workers pay will continue to be calculated according to the rounding up to one decimal point. Hours worked will be calculated according to the formula contained in the guidance. We have

accepted there will be two systems running but this ensures that no-one suffers detriment. Our guidance will be issued shortly.

NB acknowledged how difficult it was to apply this in the clinical areas for teams who provide a 24/7 service and was extremely difficult to keep safe staffing rotas and comply with the reduction in the working week. This will be problematic for a long time in our clinical areas.

10   E   Provided with an Improved & Safe Working Environment

10.1   Staff Health & Wellbeing Update

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

Lifestyle Medicine

Lifestyle Medicine is a branch of evidence-based healthcare which supports people to make sustainable lifestyle changes through behavioural change management and focusses on six key areas:

- Eating well
- Physical activity
- Improving sleep
- Managing stress
- Health relationships
- Avoiding risky substances

A new online staff group is available to join which will explore more about Lifestyle Medicine and how it can help support people to make lifestyle changes. It will enhance their physical and mental wellbeing and improve the quality of their lives. It is expected to run on a quarterly basis and open to all healthcare professionals in primary and secondary care. The first meeting took place on 6 August 2024, and the email address is available if any colleagues are interested in joining.

Difficult Conversations: Simple Strategies

It is essential to equip our managers with the necessary skills to enable them to flourish in their roles and to cultivate a productive workplace with an open, transparent and nurturing culture. Avoiding a difficult conversation in the workplace can often make problems much worse.

This is a one-day training course, combining theory with practical activities and delivered via MS Teams and aims to help managers to confidently hold constructive conversations with their staff on difficult issues. The course is for those working in management

roles who wish to enhance the communication with their staff when the situation or behaviour falls below expectations and additional support is required.

The course objectives are:

- To explore ways of overcoming the obstacles associated with difficult conversations.
- To consider methods to prepare for and initiate a difficult conversation.
- To learn about practical skills and tools that could help improve the effectiveness and outcome of a difficult conversation.

Colleagues are asked to promote this training within their areas.

10.2 **Capital Projects Report**

The June 2024 Capital Projects Outturn Report was noted for information.

PB advised we have a very limited capital equipment budget. We are trying to do the best that we can with the limited funds that we have while ensuring the site is kept as safe as possible for our patients, staff and visitors.

PB advised Ward 5 and Ward 6 have been refurbished and colleagues will agree this has been a success. Work has been undertaken in Surgical Short Stay for the new VHK Training Hub. Estates colleagues are now reviewing risks from an estate's perspective aligning it to the limited funding.

LN asked if there was any update on the old plaster room which had been identified for the new staff side offices. PB advised he would check the position and provide feedback.

PB

10.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period August 2023 to July 2024 was circulated for information and awareness.

NB advised there had previously been a concern over the number of sharps incidents within Critical Care. The team have undertaken a review and identified themes. A number of incidents have been human error, but they have updated their safety brief and have carried out a sharp's awareness fortnight. Colleagues will note that they do not feature as an area of concern anymore in the Adverse Events Report. This has actually transferred to Radiology which is historical and more recently ED.

NB advised the highest category of incidents in Acute is unwanted behaviours, violence and aggression. The highest areas being Medicine of the Elderly and AU1. Within Corporate Services the highest category is personal accidents.

11   ISSUES FROM STAFF-SIDE

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

AV advised today he had written to David Miller, Sandra Raynor, CD and Fiona McKay on behalf of Unison Fife Health Branch to express their growing concern regarding the number of formal hearings that are being held via Microsoft Teams and will start to push back as it seems to be becoming more and more prevalent.

AV advised Unison Fife Health Branch has had a policy for quite some time that they do not conduct this type of business via Microsoft Teams unless a member has specifically requested it as it does not feel very person centred. It is important to hold face-to-face meetings and for all parties involved to be present in the same room. Colleagues were asked to disseminate this through their individual teams.   **ALL**

CD thanked AV for raising this issue and advised she would extend this not only to Unison members but to all employees who are facing a conduct hearing or capability hearing to offer them a face-to-face meeting as far as we possibly can and unless specified otherwise by the employee.

CD confirmed she had written back to AV to confirm she would raise this with the Acute Senior Leadership Team and the Directorate Management Teams.

12   MINUTES FOR NOTING:

12.1   **Capital Equipment Management Group**

The Minutes of the Capital Equipment Management Group meeting held on 6 June 2024 were noted, for information.

13   HOW WAS TODAY'S MEETING?

13.1   **Issues for Next Meeting**

There were no issues raised for the next meeting.

13.2   **Issues for Escalation to Area Partnership Forum**

AV/CD agreed to have an early conversation with David Miller in relation to sickness absence and working from home. This issue may end up at APF for more consideration with a wider audience.	**AV/CD**

14   ANY OTHER COMPETENT BUSINESS

There was no other competent business.

15   DATE OF NEXT MEETING

Thursday 24 October 2024 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2023/150824

HEALTH & SOCIAL CARE PARTNERSHIP
LOCAL PARTNERSHIP FORUM

(Tuesday 2 July 2024)

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

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF)
TUESDAY 2 JULY 2024 AT 9.00 AM VIA TEAMS

PRESENT:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning (Chair)
	Debbie Fyfe, Joint Trades Union Secretary
	Audrey Valente, Chief Finance Officer, H&SC
	Billy Nixon, Health & Safety, NHS Fife
	Hazel Williamson, Communications Officer, H&SC
	Benjamin Morrison, Podiatrist, NHS Fife
	Kenny McCallum, UNISON
	Liam Mackie, UNISON Fife Health Branch
	Lisa Cooper, Head of Primary and Preventative Care Services
	Lynn Barker, Director of Nursing - HSCP
	Lynne Garvey, Head of Community Care Services
	Jillian Torrens, Head of Complex & Critical Care Services
	Roy Lawrence, Principal Lead Organisation Development and Culture
	Sharon Adamson, RCN
	Vicki Bennett, British Dietetic Association Representative
	Yvonne Batehup, UNISON Welfare Representative
	Morag Stenhouse, H&S Adviser, Fife Council
	Chu Chin Lim, Consultant, NHS Fife
	Laura Wheatley, Senior Dental Officer, NHS Fife
	Paul Hayter, NHS Fife
	Wendy McConville, UNISON Fife Health Branch
	Karen Cassie, HR Lead Officer, Fife Council
	Melanie Jorgensen, HR Team Leader, NHS Fife
	Elizabeth Crighton, Organisational Development & Culture Specialist
	Dafydd McIntosh, Organisational Development & Culture Specialist
	Vicki Birrell, Strategic Planning Team Manager (Item 10)
	Carol Notman, PA (Minutes)
APOLOGIES:	Nicky Connor, Director of Health & Social Care
	Jennifer Rezendez, Principal Social Work Officer
	Eleanor Haggett, Staff Side Representative, Fife Council
	Lee-Anne French, HR Business Partner, Fife Council
	Helen Hellewell, Deputy Medical Director, H&SC

NO	HEADING	ACTION
1	**APOLOGIES** Apologies were noted as above	
2	**PREVIOUS MINUTES / ACTION NOTE 14 MAY 2024** The Minute and Action Log from the meeting held on 14 May 2024 were both approved as accurate records of the meeting.	
3	**JOINT CHAIRS UPDATE**	

	Fiona McKay advised with Nicky Connor leaving and taking up her role as Chief Executive of NHS Tayside she has been asked to undertake the role of Interim Director and Chief Officer until permanent replacement is in place.	
	Fiona noted that there was the opportunity to say goodbye to Nicky on Thursday 4th July in Fife House and all were welcome.	
4	**HEALTH & WELLBEING**	
	• **Attendance Information** Melanie Jorgensen talked to the overview for NHS Fife and highlighted that there had been a slight decrease in absence rates from April 2024 with short term absence rate decreasing but long-term absences increasing during May 2024. Karen Cassie advised on behalf of Fife Council there has been a change to the reporting style with working days lost now being reported and advised that the Team undertook a comparison between the data from 2023 & 2024 and could advise that there was significantly lower number of days lost during the same period in 2024.	
	• **Recruitment** Melanie Jorgensen noted that the highest number of recruitment activity for NHS Fife was within nursing and midwifery services. Melanie Jorgenson advised that she has met with the East Region Team to investigate the delays in getting successful candidates into post. These delays have increased by a further 43 days during the last quarter. Karen Cassie advised that there has been 87 Job Requisitions for Fife Council for the Partnership over the first quarter of 2024 and noted that the report outlines the demographics of applicants who have applied.	
	• **Staff Health & Wellbeing** Elizabeth Crighton advised that the Partnership Strategy Group has been formed with its membership comprising from NHS Fife, Fife Council, Third and Independent Sectors. The Terms of Reference for the group is being developed and the draft work plan is anticipated to be finalised shortly. Elizabeth advised that the Partnership Induction and Learning Passport will be commencing in the Care at Home Team and confirmed that benchmarking work with the Independent Sector is currently underway. There was discussion around absence relating to anxiety and stress that is not work related and what more can be done to support staff. It was noted that there is no reporting mechanism in place to undertake a deep dive, but managers have a better understanding of what is happening with their staff members for whom they have a duty of care for and as part of their attendance management process can refer staff to counselling and support services if required. There was discussion around the length of time to get staff who have been successful at interview into post which in some cases can take	

	up to 5 months. There was a request that a deep dive is taken that outlines how many candidates have withdrawn due to the delay. Melanie Jorgensen agreed to provide update on discussions at the next meeting. The query was raised with regards how many posts were being refused to go to advert due to the current financial pressures. Melanie Jorgenson advised that this was out with her remit as NHS Fife's Vacancy Management Panel is responsible for this. Fiona McKay advised that this information is being tracked by the Partnership.	
5	**HEALTH AND SAFETY UPDATE** • **Mandatory Training – Dashboard and Trajectory - Update – Inc HS&W Assurance Group Update** Jillian Torrens talked to the report highlighting that the flash report provides details on the progress that services are making towards the 90% compliance rate for mandatory training. Jillian was pleased to report the significant improvement from February 2023 to April 2024. It was noted that the compliance for the Manual Handling for Patients Course for nursing staff was at 40% and the question was asked what can be done to support staff with completing the course. Jillian Torrens confirmed this would be ensuring that staff have protected time for learning. There was discussion around whether protected learning can be monitored which Jillian agreed to investigate. **Action:** **Jillian agreed to investigate whether the protected learning time can be monitored and will feedback to this group at a future meeting.** • **H&S Updates – NHS and Fife Council – inc Violence and Aggression** Morag Stenhouse talked to the Fife Council element of the report highlighting that there have been 4 RIDDOR reportable incidences during March-May 2024. Following request, the Violence and Aggression report has been provided but it was noted that the information is only available from July 2022-May 2024. There was discussion and it was felt that violence and aggression incidences is significantly under reported as staff are not aware that being sworn at whether face to face or via telephone would classify as violence and aggression and should be reported. Staff are to be encouraged to report all violence and aggression as there are occasions where support can be put in place for instances such as sexual harassment from dementia service users. There was discussion around how staff record abuse such as micro aggression which is prevalent, and it was confirmed for NHS Staff this would be via DATIX. Fiona McKay asked Elizabeth Crighton to investigate what Equality Support was available, Elizabeth advised	**JT**

	this falls within an action in the wellbeing plan and would report back at a future meeting. **Action:** **Elizabeth Crighton to report back on what wellbeing support is available for staff who are experiencing micro aggression.**	EC
6	**FINANCE UPDATE** • **Finance Update** Audrey Valente noted that the finance position was challenging with the Partnership projecting an overspend of £24.3M. Audrey also noted that previously the IJB had approved savings of £39M in March but it was anticipated that £19M of these will not be delivered and an understanding of why is required as well as a recovery plan put in place to minimise the risk share which will be required by the end of this financial year.	
7	**SERVICE PRESSURES & WORKFORCE UPDATE** • **FHSCP Multifactorial Review Report on Attendance Management** Lisa Cooper advised that the Senior Leadership Team had requested a review of attendance management across all Portfolios. The findings were presented to the SLT who requested further direction to take another programme of work to map the infrastructure to support staff to attend work. Lisa advised that the results would feed into the Year 2 Action Plan for the Workforce Strategy. • **Verbal Update on Progress with Transformation & Change** Audrey Valente advised that works were ongoing with regards Transformation and Change which tied in with the £39M savings of which £18M has been delivered. Audrey confirmed that the priority going forward was achieving as close to the agreed £39M savings as is possible.	
8	**WORKFORCE ACTION PLAN FLASH REPORT** Roy Lawrence talked to the flash report highlighting that the Foundation Apprenticeship Programme has agreed 59 work placements across social care settings. In addition, the funded Technology Enabled Care with Fife Care Academy has over 60 people who have started. There was discussion around FC4/5 band staff not feeling that they have any career progression due to time it was agreed that further discussion out with meeting was required. **Action:** **DF/RLaw to discuss career progression for Fife Council Staff Members out with meeting.**	RLaw/DF
9	**LPF ANNUAL REPORT 2023-2024**	

	Roy Lawrence advised that the theme for the LPF Annual Report was 'Looking back to step forward' and confirmed following feedback from the group the content celebrates the work of the LPF. Roy advised that there was a short window to make any amendments to the report and to let him know if there are further changes to be made.	
10	**ANNUAL PERFORMANCE REPORT 2023-24** Fiona McKay introduced the Annual Performance Report which highlights the Partnership's performance and priorities which are linked to the strategic priorities. Fiona noted that prior to final submission a paragraph thanking Nicky Connor for the years that she has supported the strategy will be added. Fiona requested that any further comments to be returned to Vicki Birrell prior to the report progressing through the Governance Committees onto the IJB for final sign off prior to publication at the end of July 2024.	
11	**ITEMS FOR BRIEFING STAFF** Lynne Garvey wished to highlight the good practice that is being undertaken within Home Care, the Service Manager is distributing a weekly newsletter, similar to the Directors Brief, but focussing on Home Care and Carers and the feedback has very positive and she would encourage all managers to take a similar approach.	
12	**AOCB** Kenny McCallum on behalf of Eleanor Haggett and the whole Unison Team wished to pass on their thanks and gratitude to Nicky Connor for her exceptional leadership and commitment to the Partnership.	
13	**DATE OF NEXT MEETING** Tuesday 10 September 2024 – 9.00 am – 11.00 am	

Staff Governance Committee

Health and Safety Sub-Committee

(Meeting on 6 September 2024)

No issues were raised for escalation to the Staff Governance Committee

Minute of the H&S Sub-Committee Meeting
Friday 6 September 2024 at 2 pm on Teams

Present
Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
David Miller, Director of Workforce (DM)
Claire Dobson, Director of Acute Services (CD)
Dr Chris McKenna, Medical Director (CMcK) (left at 2.30 pm)

In Attendance
Billy Nixon, H&S Manager (BN)
Nicola Robertson, Director of Nursing (for Janette Keenan) (NR)
Lynn Parsons, Employee Director (LP)
Andrea Barker, Executive Assistant to the Director of Property & Asset Mgmt (Minute)

The order of the minute may not reflect that of the discussion
The meeting was recorded on Teams

No.		Action
1	**Welcome & Apologies**	
	NMcC welcomed members of the Sub-Committee to the meeting.	
	Apologies were received from Ian Campbell and Paul Bishop.	
2	**Minute/Matters Arising**:	
	The Minute of 7 June 2024 was **approved** as an accurate record.	
	Action Item 8.1 Radon Monitoring, Kinghorn Health Centre NMcC advised that he was aware of re-sampling having taken place and all results are satisfactory. 5-year testing cycles will now re-commence.	
	Action now complete.	
	Action Item 4.1 Self-Harm Ligature Risks In terms of patient self-harm incidents, it would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points.	
	BN has agreed to prepare a report containing a breakdown of whether self-harm incidents were caused by personal or environmental items for distribution to the Sub-Committee. This will be prepared as a one-off document.	**BN**

3	**Governance Arrangements**: There were no governance arrangements to report.	
4	**Operational Updates** 4.1 H&S Incident Report (June - August 2024) The H&S Incident Report for the period June 2024 to August 2024 was distributed and noted by the Sub-Committee. **Sharps** (staff) 29 reported incidents in the quarter, of which: 12 incidents - no harm 14 incidents - minor harm 3 incidents - moderate harm Note - there were 8 Sharps Incidents reported with <u>NO</u> SBAR attached. **Slips, Trips & Falls** (staff) 20 reported incidents in the quarter, of which: 6 incidents - no harm 10 incidents - minor harm 4 incidents - moderate harm **Violence & Aggression** (staff) 372 reported incidents in the quarter, of which: 272 incidents - no harm 72 incidents - minor harm 26 incidents - moderate harm 1 incident - major harm 1 incident - extreme harm Incidents reported to Police = 47 Incidents reported as sexual assault/harassment = 28 Incidents reported as hate crimes = 11 **Musculoskeleta**l (staff) 9 reported incidents in the quarter, of which: 3 incidents - no harm 5 incidents - minor harm 1 incident - moderate harm • load handing = 3 • patient handling = 6 **Self-Harm** (patients) 64 reported incidents in the quarter, of which: 30 incidents - no harm	

20 incidents - minor harm
  8 incidents - moderate harm
  1 incident - major harm
  5 incidents - extreme harm

Riddor (all)
9 reported incidents in the quarter, of which:

1 incident - minor harm
6 incidents - moderate harm
2 incidents - major harm

4.2 <u>H&S Heads of Service Riddor Reporting Exercise</u>

BN - Riddor Reportable information over the past 5 years was gathered from Scottish Boards identifying varying numbers of Riddor incidents across Scotland.

It was **agreed** that the report be distributed to Sub-Committee members for information.

<u>Action</u> - BN agreed to distribute.   **BN**

4.3 <u>H&S Sub-Committee Incident Report - Request from the Area Partnership Forum (APF)</u>

Recently, the APF has requested the Incident Report feature as a standard agenda item at future APF meetings, to which the Sub-Committee agreed.

LP thanked the Sub-Committee and welcomed BN for agreeing to attend and present the H&S Incident Report, paying particular attention to the Self-Harm Incidents section in terms of ligature risk, at the next meeting on 18 September 2024.

4.4 <u>Organisation Learning Group </u>(OLG)

NR advised that at a recent OLG meeting, a discussion took place around violence and aggression in terms of conducting preventative work.

She added that due to the high number of recorded incidents in Nursing, what action is being taken to protect staff and reduce these incidents from happening in the future?

A discussion followed on body worn cameras with the focus being on initially considering the introduction of these in areas that display higher numbers of incidents month-on-month.

NMcC added that of the violence and aggression recorded incidents, 88% of these happen in the Health and Social Care Partnership and of these, there are several hotspots where incidents regularly occur in a small number of areas.

The Sub-Committee were happy to support the OLG in wider discussions.

	4.5 Reinforced Autoclaved Aerated Concrete (RAAC) Update NMcC advised the Sub-Committee that a paper going to the Staff Governance Committee today with updates, as the discovery surveys are now complete over the seven blocks that have been identified the presence of RAAC across the NHS Fife portfolio,. The Estates team was pleased to report that there had been no further degradation of the identified RAAC, adding that it remains in the same condition as it did one year ago, with no signs of water ingress or further decomposition. He added that at this stage, there is no further risk to patients, staff or visitors. The Scottish Government will issue guidance in the near future which will support the actions that NHS Fife has recently undertaken. **4.6** Sharps Review Update BN advised that Sharps Audits continue on sites across NHS Fife. Anonymous reporting has been taking place and feedback, albeit, slow is filtering through. Recognition of the Sharps Policy is underway with a refresh to several pieces of sharps communication. Sharps information and policy guidance is available to access on Blink.	
5	**NHS Fife Enforcement Activity** There was no enforcement activity to report within NHS Fife. Enforcement activity by the HSE continues in several Boards throughout Scotland, particularly around ligature contraventions. NMcC added that he was pleased with the progress of work around improving the anti-ligature situation in mental health facilities in Fife. He added that, as a Board, we should remain mindful not only to the possibility of prosecution from the Mental Health Welfare Commission but also prosecution from the Health & Safety Executive who are another interested party. BN advised that mental health patients are often admitted to Acute wards for medical treatment, which are not identified as ligature free wards. He added that conversations with nursing staff have identified concerns around the fact that they have no mental health training. BN agreed to provide members of the Sub-Committee with anti-ligature updates in order to keep everyone informed of progress. The Anti-Ligature Policy has recently been approved and will be available to staff on Blink.	

6	**Policies & Procedures**	
	6.1 Surveillance Policy	
	The Surveillance Policy is currently with Occupational Health colleagues for review.	
	6.2 Manual Handling Policy	
	The Manual Handling Policy is being completely rewritten to tie in with the Manual Handling teams way of working. Due for completion by the end of September 2024.	
	6.3 Lone Working Policy	
	LP advised the Sub-Committee that work continues on the Lone Working Policy particularly around the HSCP and community hospital settings.	
	Staff are being consulted on how they feel the policy will impact in services and individual areas. LP added that she was looking forward to receiving feedback in due course.	
7	**Performance**	
	7.1 ASD&CD H&S Committee Update	
	- The ASD&CD H&S Committee Minute of 20 May 2024 was circulated to the Sub-Committee for noting. - CD advised the Sub-Committee that she and Andy Verrecchia (AV) are handing over the Chair of the ASD&CD H&S Committee to Paul Hayter and Mimms Watts. This arrangement was agreed to be actioned once the group was established. NMcC on behalf of the Sub-Committee extended his thanks to CD, AV, and colleagues for their hard work in getting the meeting up and running. - CD advised that the next ASD&CD H&S Committee meeting will take place on 18 November 2024.	
	7.2 HSCP H&S Assurance Group Update	
	- The HSCP H&S Assurance Group minute of 30 April 2024 was circulated to the group for noting. - There was no representation at the meeting today from the HSCP.	
8.	**Any Other Business**	
	There was none.	
9	**Date & Time of Next Meeting**	

	Friday 6 December 2024 at 1 pm on Teams.	

Staff Governence Committee
Medical and Dental Professional Standards Oversight Group **Monday 14 October 2024**
No issues were raised for escalation to the Staff Governance Committee.

Medical and Dental Professional Standards Oversight Group
Note of Meeting held at 3.00 pm on Monday, 14th October 2024
on Microsoft Teams

Present:

	Designation:
Dr C McKenna	Executive Medical Director/Responsible Officer, NHS Fife (Chair)
Dr A Kelman	Associate Medical Director Fife Health & Social Care Partnership
Prof M Wood	Director of Medical Education
Dr M Philp	GP Appraisal Lead
Dr E O'Keefe	Director of Dentistry
Ms J Anderson	General Manager, Women, Children & Clinical Services
Dr I Banerjee	LNC Representative
Dr S Savage	Associate Director for Risk and Professional Standards
Dr J Tomlinson	Director of Public Health
Ms S Ali	Medical Education Manager
Ms G Couser	Associate Director of Quality and Clinical Governance
Ms A Gracey	Medical Appraisal and Revalidation Co-ordinator
Ms Lisa Cooper	Head of Primary and Preventative Care Services
Dr H Hellewell	Deputy Medical Director – Fife Health & Social Care Partnership
Dr S McCormack	Associate Medical Director – Surgical and Medical Directorate

Apologies:

Dr I MacLeod	Deputy Medical Director – NHS Fife Acute
Dr J Morrice	Associate Medical Director, Women and Children
Mr E Dunstan	Secondary Care Appraisal Lead
Dr J Pickles	LNC Representative

ACTION

1 Welcome/Apologies for absence
Apologies noted as above.

2 Draft Note of previous meeting (19/07/2024)
Minutes accepted by group as an accurate record.

DMc

3 Action Tracker

Action: Item 2: Terms of Reference - Medical Education SLT minutes to be fed into this group. Further discussions into this with SA and GC to discuss what exactly is relevant to bring to this group from the Medical Education Committee side of things. It was confirmed that they would provide a flash report.
Status – Completed and Closed.

Action: Minutes and terms of reference to be shared with this group after their meeting has taken place – minute of last HSCP Workforce Planning meeting shared.
Status: Completed and closed.

Action: HH, IM, SMc, AK to discuss the need for the 3rd sign off' and any issues there may be excluding this - SMc Confirmed that the Surgical and Medical Directorates would keep the budget holder i.e. General Manager as 3rd sign off. HH advised they are keeping the current sign offs for now and will review for next year
Action: Ongoing

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Action: HH to share flash report with SAS or AG - Template shared with AG.
Status: Completed and Closed.

4.   **Medical Appraisal and Revalidation.**

AG reported that the priority for the service is to ensure that all doctors have access to an appraiser when their appraisal is due and noted that this is more challenging within Secondary Care due to the lack of appraisers.

AG advised that there will be 4 appraiser sessions available in Primary Care as of April due to retirement.t MP has successfully managed to recruit from within the current appraiser cohort to cover these sessions.

There is also a need to recruit to the Local Appraiser Advisor role next year as MP is one of the appraisers retiring at end March 2025.

AG reported that there were 58 revalidations during the last 3 months and 6 deferrals. The deferrals were due to lack of information (an example being the need to obtain patient feedback after maternity).

CM added that another reason for deferrals can be when Doctors rejoin or come from oversees. In these cases, the GMC often only give you a 2 year turn around for a revalidation date. This is for the RO to have close sight of their activity on their return to ensure there are no competency issues. In some of these cases though they do need to be deferred to have more time to gather the information required.

AG referred to the Medical Appraisal and Revalidation Annual Report 2023/24 tabled for information.

5.   **Consultant and SAS Doctor Job Planning.**

SMc stated that job planning in the Medical and Surgical directorates is progressing and the majority of plans are in discussion. The report she ran gave the date the person was last on the system and the majority were in the last few months. This is a big improvement from previous years.

The Medical Directorate are hoping to have 80% signed off by December. A third of those in the Surgical Directorate still need further work but conversations are underway. It was noted that the Emergency Department has been struggling with the eJobplan and SMc assured the group that Ian Fairbairn and Melvin Carew have had a lot of discussion around activities in the Emergency Department as to whether these should be in the job plan or extra. Hopefully the hard work will soon be reflected in the numbers.

HH stated that there have been improvements within Primary, Preventative Care and Community portfolios. They have set out a plan for education and conversations for staff to help progress this, especially in Mental Health. There is continued monitoring in the Workforce Group meeting with eJobPlan being a standing item. This should ensure the pace of improvement continues.

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AG confirmed that job plans are locked down at the end of January/beginning of February, allowing for a couple of months to review job plans before the start of the next year on 1 April 2025.

6. Medical Education.

MW reported that a lot of effort is being put into getting ready for ScotCom. There has been recruitment from various secondary care specialities on a short term basis to provide input to the curriculum development. The Hub 1 lead post which is a joint post with MoE is currently sitting in the VMF process.

MW advised that NES has confirmed that the Scottish Government will provide funding to develop Cedar House, Whyteman's Brae Hospital, for Student accommodation and that Medical Education has been given additional space for expansion within Victoria Hospital. MW also reported that The Education Hub at Cameron House has opened, which is an integral part of ScotCom.

MW reported that 5 Associate Directors of Medical Education have been appointed.

MW also reported that NHS Fife has been judged as excellent in some surgical specialties but unfortunately did not do so well in Medicine. She advised that there are ongoing discussions between NES and NHS Fife and a meeting planned. There are challenges in the number of senior trainees in Fife within some specialities particularly medicine, anaesthetics and in psychiatry.

MW also advised that they are working to achieve hot food 24/7 for all staff particularly those working overnight.

7. Dental Education.

Emma O'Keefe stated that they have got a good cohort of vocational trainees that have come into dental practises within Fife. There are 8 out of 12 possible posts in place.

Core training has started within the public dental service, a first for a good number of years. There is a bit of learning around the processes, particularly occupational health clearance with NES and NSS.

There has been really good feedback from outreach places for dental students. Emma O'keefe stated that there's a bit of underfunding from NES that comes into Fife Health Board and other health boards

We look to Dundee and Edinburgh Dental Institute for referrals to secondary tertiary care, but also get students and trainees on placement There is one general dental practitioner in Fife that's on the leadership fellowship this year. There are only two dentists in Scotland on that fellowship, so that's really positive for Fife.

EO advised that the challenge within Dental is that there is no revalidation process required by the GDC. It is recommended as part of the practise to have inspections around PDPs, but it is not a requirement. They do however have to do a certain amount of CPD hours and submit that annually.

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3/5   282/284

8. **Medical Workforce Planning – Acute Services.**

SMc updated the group from the Medical staffing meeting.

Monitoring has been undertaken in the Medical and Surgical Directorates, with Women's and Children's happening shortly. Changes with the Medical Juniors has gone really well to date. There haven't been enough forms received to make it viable but the forms that have been returned have been the best yet in terms of taking breaks.

In terms of the Doctor in training wellbeing campaign, there wasn't an update from the PMO although the CD's had been asked to complete the escalation pathways within directorates for juniors not achieving breaks. This has now been done and the document is being put forward for publishing.

All 3 directorates are making progress with job planning; however getting the final sign off is taking time. SMc advised that they are pushing for completion before the end of the year.

Locum costs are down across all directorates and it is really much improved.

Study budgets for doctors to be brought to the next Medical Staffing meeting to ensure parity across directorates.

9. **Medical Workforce Planning - HSCP**

HH discussed their priority areas around the consultant vacancies. In terms of rheumatology, only 1 WTE substantive consultant will be in post after Nov 2024. Psychiatry locally and nationally continues to be a challenge.

Education is being planned for Mental Health to be able to engage fully in job planning.

Work is ongoing towards delivery of CSER Fellowship/Portfolio Programme in psychiatry. CM asked that more detail of the CSER fellowship be brought to the next meeting. HH agreed to bring a paper to the next meeting. **HH**

CM raised a concern that if we have a significant number of mental health trainees coming out at the one time, then there may be no jobs for them. HH advised that it is a rolling programme where the trainees move around different specialties then you can keep recruiting year on year but can stop recruitment once you have enough trainees. She felt it would be clearer once the paper was presented.

HH noted that there is still lack of interest in posts within rheumatology and the Sir George Sharps unit.

Action: HH to bring the paper the next meeting of the Portfolio Programme.

10. **Any Other Competent Business**

There was none

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11.
Date, Time and Venue of Next Meeting – To be confirmed.

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

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