

Staff Governance Committee

Tue 09 July 2024, 10:00 - 11:45

via MS Teams

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

Agenda

10:00 - 10:01 **1. Apologies for Absence: Claire Dobson (Belinda Morgan deputising); Nicky Connor (Lynne Garvey deputising); Jenni Jones (Jackie Millen deputising); Margo McGurk (Jocelyn Lyall and Susan Fraser deputising); Ben Hannan; and Wilma Brown**
1 min


Colin Grieve

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

Colin Grieve

10:02 - 10:05 **3. Minutes of Previous Meeting held on Tuesday 14 May 2024**
3 min

Enclosed *Colin Grieve*

 Item 03 Staff Governance Committee Minutes (Unconfirmed) 14.05.2024.pdf (12 pages)

10:05 - 10:10 **4. Matters Arising / Action List**
5 min

Enclosed *Colin Grieve*

 Item 04 - SGC Action List 14.05.24.pdf (1 pages)

10:10 - 10:30 **5. GOVERNANCE MATTERS**
20 min

5.1. Internal Audit Annual Report 2023/2024

Enclosed *Jocelyn Lyall*

 Item 5.1 Internal Audit Annual Report 2023-2024 SBAR.pdf (4 pages)


 Item 5.1 Appendix 1 B06-25 Internal Audit Annual Report 2023-24 FINAL.pdf (44 pages)


5.2. Corporate Risks Aligned to Staff Governance Committee

Enclosed *David Miller*

 Item 5.2 Corporate Risks Aligned to SGC 9 July 2024.pdf (6 pages)

 Item 5.2 Appendix 1 Corporate Risks Aligned to SGC as at 30 June 2024.pdf (6 pages)

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

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

5.3. Attendance Management Update

Enclosed *David Miller*

Item 5.3 Attendance Management Update.pdf (6 pages)

5.4. Delivery of Annual Workplan 2024/2025

Enclosed *David Miller*

Item 5.4 Delivery of Annual Workplan 2024-2025 Report - 9.7.24.pdf (10 pages)

10:30 - 10:55 6. STRATEGY / PLANNING

25 min

6.1. Corporate Objectives 2024/2025

Enclosed *Carol Potter*

Item 6.1 Corporate Objective 2024-2025 SBAR.pdf (4 pages)

Item 6.1 Corporate Objectives 2024-2025.pdf (1 pages)

6.2. Annual Delivery Plan 2024/2025: Scottish Government Response

Enclosed *Susan Fraser*

Item 6.2 Annual Delivery Plan Scottish Government Response 2024-2025 SBAR.pdf (3 pages)

Item 6.2 Appendix 1 NHS Fife Annual Delivery Plan 2024-25.pdf (58 pages)

Item 6.2 Appendix 2 NHS Fife Delivery Plan 2024-25 Approval Letter.pdf (14 pages)

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

Enclosed *Susan Fraser*

Item 6.3 Annual Delivery Plan 202324 Q4 Update v1.0.pdf (28 pages)

Item 6.3 Annual Delivery Plan Performance Report Quarter 4 2023-24 SBAR.pdf (6 pages)

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

Enclosed *Brian McKenna*

Item 6.4 Letter from the Scottish Government Reforming Services and Reforming the Way We Work.pdf (9 pages)

6.5. Workforce Planning Update

Enclosed *Brian McKenna*

Item 6.5 Workforce Planning Report - 9.7.24.pdf (6 pages)

10:55 - 11:00 7. QUALITY / PERFORMANCE

5 min

7.1. Integrated Performance & Quality Report

Enclosed *David Miller*

Item 7.1 IPQR Position at May 2024 SGC.pdf (8 pages)

Item 7.1 IPQR SBAR SGC 9.7.24 v3.pdf (5 pages)

11:00 - 11:30 8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

30 min

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

Enclosed *Jackie Millen*

Item 8.1 Core Training Compliance and PLT Update 9.7.24.pdf (6 pages)

8.2. Staff Governance Standard Overview: Improved and Safe Working Environment

Enclosed *Neil McCormick*

Item 8.2 Improved and Safe Working Environment SBAR.pdf (5 pages)

Item 8.2 Health & Safety Incident Report Appendix 1.pdf (10 pages)

8.3. Staff Governance Annual Monitoring Return 2023/2024 Update

Enclosed *Sandra Raynor*

Item 8.3 Staff Governance Annual Monitoring Return 2024-2025.pdf (3 pages)

8.4. Wellbeing Champion Update

Verbal *John Kemp*

8.5. Equality & Diversity Champion Update

Verbal *Sinead Braiden*

8.6. Whistleblowing Champion Update

Verbal *Kirstie MacDonald*

11:30 - 11:35 9. LINKED COMMITTEE MINUTES

5 min

9.1. Area Partnership Forum held on 22 May 2024 (unconfirmed)

Enclosed

Item 9.1 APF Minute 22.5.24 Linked Cover Sheet.pdf (1 pages)

Item 9.1 APF Minutes (unconfirmed) 22.5.24.pdf (10 pages)

9.2. Acute Services Division and Corporate Directorate Local Partnership Forum held on 25 April 2024 (unconfirmed)

Enclosed

Item 9.2 ASD&CD LPF Cover Sheet 25.4.24.pdf (1 pages)

Item 9.2 ASD &CD Local Partnership Forum Minute 25.4.24.pdf (12 pages)

9.3. Health and Social Care Partnership Local Partnership Forum held 13 March 2024 and 14 May 2024 (confirmed)

Enclosed

Item 9.3 HSCP LPF Cover Sheet 13.3.24 and 14.5.24.pdf (1 pages)

Item 9.3 HSCP LPF Minutes 13.3.24 (Confirmed).pdf (6 pages)

Item 9.3 HSCP LPF Minutes 14.5.24 (Confirmed).pdf (5 pages)

9.4. Health & Safety Sub Committee held on 7 June 2024 (unconfirmed)

Enclosed

Item 9.4 - Health & Safety Sub Committee 7 June 2024 (unconfirmed).pdf (8 pages)

9.5. Workforce Planning Group held on 23 May 2024 (unconfirmed)

Enclosed

Item 9.5 Workforce Planning Group Cover Sheet 23.5.24.pdf (1 pages)

9.6. Medical & Dental Professional Standards Oversight Group held on 11 April 2024 (unconfirmed)

Item 9.6 M&D Professional Oversight Group Minutes 11.4.24 Cover Sheet.pdf (1 pages)

Item 9.6 M&D Professional Oversight Group Minutes (unconfirmed) 11.4.24.pdf (4 pages)

11:35 - 11:37 10. ESCALATION OF ISSUES TO NHS FIFE BOARD 2 min

10.1. To the Board in the IPQR Summary

Verbal *Colin Grieve*

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

Verbal *Colin Grieve*

11:37 - 11:40 11. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 30 July 2024 3 min

Verbal *Colin Grieve*

11:40 - 11:45 12. ANY OTHER BUSINESS 5 min

11:45 - 11:45 13. Date of Next Meeting: Tuesday 3 September 2024 at 10.00 am to 11.45 am via MS Teams 0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 14 MAY 2024 AT 10.00 AM VIA MS TEAMS

Present:

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

In attendance:

Nicky Connor, Director of Health & Social Care (*part meeting*)
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines (*for Agenda Item 5.2 only*)
Susan Fraser, Associate Director of Planning & Performance (*for Agenda Item 6.1 only*)
Ben Hannan, Director of Reform & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Jackie Millen, Interim Learning and Development Manager (*for Agenda Item 5.6 only*)
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement (*for Agenda Item 8.1 only*)
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to John Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, to Dr Chris McKenna, Medical Director, who have both recently joined the Staff Governance Committee and to Ben Hannan, Director of Reform & Transformation, who was attending his first meeting of the Committee.

The Chair expressed the Committee's thanks to Sinead Braiden for her contribution and input during her tenure as Chair of the Committee since September 2021.

In addition, the Chair thanked all staff for their continued efforts during the current workforce pressures.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

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

1. Apologies for Absence

Apologies for absence were received from members Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) LPF, Sinead Braiden, Non-Executive Member and Equality & Diversity Champion, and attendee Margo McGurk, Director of Finance & Strategy.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Wednesday 6 March 2024

The minutes of the meeting held on Wednesday 6 March 2024 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

The Chair sought feedback on suggestions for Deep Dive topics that members wished to consider as part of the Committee's Annual Work Plan and requested members to email proposals to the Head of Workforce Planning & Staff Wellbeing or the Director of Workforce.

5. GOVERNANCE MATTERS

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

The Chair invited the Head of Workforce Resourcing & Relations to speak to Whistleblowing Annual Report for 2023/24, submitted for consideration as mandated by the National Whistleblowing Standards. It was highlighted that this was the first time that the Annual Report had been presented along with the Quarter 4 data, to align with the Board's overall year-end reporting timeframes and assurance processes.

The Head of Workforce Resourcing & Relations provided an overview of the report and appendices, which emphasised the efforts undertaken during 2023/24 to embed Whistleblowing Standards within the organisation, concerns raised in Quarter 4 of the 2023/24 reporting period, mitigating actions implemented, lessons learned and the training materials promoted to raise awareness and support an open and learning Speak Up culture.

The Committee was informed that the report format continued to be developed, to incorporate feedback from stakeholders involved in using the standards. Planned enhancements to the Board's Whistleblowing arrangements for 2024/25 were also highlighted, including the establishment of a Whistleblowing Oversight Group chaired by the Chief Executive, the creation of a Decision Making Team and a planned dedicated staff resource in the form of a Speak-Up Coordinator, amongst other initiatives. Referring to Appendix 2, it was noted that whilst there were no formal concerns reported during the Quarter 4 reporting period, two anonymous complaints had been received, which had been dealt with in accordance with business as usual protocol.

The Committee noted that the report also included an Assurance Statement from K Macdonald, the Board's Non-Executive Whistleblowing Champion, regarding the implementation of the National Whistleblowing Standards during 2023/24.

It was also noted that a small textual amendment had been made to the report since its original circulation to the Committee, and an updated version would be sent to members by email.

Whilst inviting the Committee's further feedback, assurance was offered that the report would continue to be developed in collaboration with the Board's Whistleblowing Champion and the Oversight Group and that any further updates to the report would be circulated for approval following the meeting, prior to being submitted to the Board.

Action: Head of Workforce Resourcing & Relations

In response to a query from A Verrecchia, Co-Chair, Acute & Corporate LPF, as to whether there was regular engagement with Confidential Contacts to seek feedback on current processes, the Employee Director confirmed that the implementation of feedback mechanisms for Confidential Contacts had been a particularly positive development in this programme of work.

The Head of Workforce Resourcing & Relations provided details of ongoing work to support the efforts of Confidential Contacts, adding that a Values Based Reflective Practice session had been scheduled for July 2024. The Chief Executive also advised that there was provision within the Terms of Reference of the new Whistleblowing Oversight Group, to facilitate receiving feedback from Confidential Contacts.

The Committee took **assurance** from the Whistleblowing Annual Performance Report 2023/24, which incorporated the Whistleblowing Quarter 4 2023/24 data, **noting** that any revisions to the report would be circulated virtually for the Committee's endorsement, prior to submission to the Board.

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

The Chair invited the Director of Workforce to introduce the report. The Committee discussed the three aligned Corporate Risk namely, Workforce Planning & Delivery, Staff Health & Wellbeing (both of which were rated as high risk) and the Implementation of Health & Care (Staffing) (Scotland) Act 2019 (HCSA) (which was rated as a moderate risk). The Committee also noted the associated

mitigations in place to manage these risks. Linkages between the three risks, all of which related to the supply of workforce, were highlighted.

Offering appreciation for the work done by the Board to improve staff health and wellbeing, and noting that these efforts had had been recognised at both local and national levels, the Director of Workforce invited the Committee to consider whether the Staff Health & Wellbeing risk should be downgraded to a moderate rating.

In response, J Kemp, Non-Executive-Member, questioned whether the organisation had made sufficient progress in the area of sickness absence to warrant a downgrading in the rating of this risk. He also invited feedback from the Director of Workforce on the recently issued Workforce Planning Internal Audit Report, which concluded that the timescale for reducing the Workforce Planning & Delivery risk was optimistic, and queried whether this feedback should be taken into account, prior to considering a reduction in the rating of the Staff Health & Wellbeing risk.

The Director of Workforce advised that the Internal Audit Report was a reflection of the organisation's position at a particular point in time and that although the operational landscape may have evolved significantly since the audit report had been commissioned and produced, it was important to acknowledge that the supply of workforce was one of the biggest challenges currently faced by the organisation. It was reiterated that this challenge was further exacerbated by the implementation of the non-pay aspects of the Agenda for Change (AfC) Pay deal for 2023/24, in particular the Reduced Working Week.

Emphasising the need to carefully consider revised models of care whilst adopting a whole system approach to address workforce challenges, the Director of Workforce agreed that it may be appropriate for this risk to remain unchanged at this time, notwithstanding that the recent reduction in the sickness absence rate from 7.64% to 6.7%, was indicative of a positive trend. It was proposed that if the staff absence rate was maintained at the target rate of 6.5%, the Committee could consider reducing this risk rating to moderate.

The Co-Chair, Acute & Corporate LPF and the Chair were both in agreement for the risk rating to remain unchanged, taking into account the potential impact of aspects of the Reform, Transform, Perform (RTP) Programme on employees. In addition, highlighting the challenges and impact associated with workforce supply from a nursing perspective, the Director of Nursing agreed with maintaining the current risk rating.

The Chair invited F Forrest, Acting Director of Pharmacy & Medicines, to speak to the Deep Dive topic, the Pharmacy & Medicines Workforce Overview. A detailed presentation with a comprehensive outline of the Pharmacy workforce, its composition and the workforce challenges currently faced was provided, noting the current Pharmacy vacancy rate of 11.4%.

Progress made in this area was attributed to growth in Pharmacy teams working in general practice as a result of the 2018 GP Contract, which has seen the Pharmacy team in Primary Care grow from 20 to 100 staff. Another key driver in reducing the vacancy rate was reported to be an emphasis on a 'Grow our Own'

approach, which focuses on increasing experiential learning for Pharmacy students, Foundation Training Places, investment in training, and promoting education and training as a shared responsibility.

The presentation also showcased the work undertaken to integrate and optimise Pharmacy Directorate operations across services, roles and skill mix, whilst focussing on patient care, with a view to optimising patient outcomes, as part of a multi-disciplinary team.

A summary of the Directorate's overall successes, challenges and areas for improvement was also outlined, along with the strategies to promote staff health and wellbeing, as part of an overall performance management approach. It was highlighted that proactive management of attendance has reaped rewards and in the last couple of months absence has fallen below 4%, as compared to a peak rate of approximately 7% in October 2023. Core Mandatory training was reported as 65%, whilst Annual Personal Development Plan & Review completion rates were 68%. The presentation also detailed the NHS Fife Pharmacy Strategic Workforce Priorities for the period 2024 to 2026.

The Employee Director commended the innovative approach adopted by the Pharmacy & Medicines Directorate to promote staff inclusion, as well as to address workforce challenges. The Committee discussed at length how the holistic approach adopted by the Pharmacy Directorate towards its workforce challenges could be implemented in other areas of the organisation, with particular focus on attraction and retention of staff.

The Chair thanked the Acting Director of Pharmacy & Medicines for an interesting and informative presentation.

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

5.3 Staff Governance Committee Annual Statement of Assurance 2023/24

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report. Noting that all NHS Fife Governance Committees are required to provide an Annual Statement of Assurance to the Board, it was explained that the Staff Governance Committee Annual Statement of Assurance 2023/24 provides detail on how the Committee has delivered on all aspects of its mandated remit throughout the year. It was advised that following approval by the Committee, the Statement would be considered by the Audit & Risk Committee as part of the 2023/24 Annual Accounts process, prior to being submitted to the NHS Fife Board for approval.

Whilst inviting feedback from the Committee, members were informed that feedback could also be provided post-meeting via email.

The Committee **approved** the Annual Statement of Assurance 2023/24, subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

5.4 Health & Care (Staffing) (Scotland) Act 2019 - Update on Implementation of Safe Staffing Legislation

The Head of Workforce Planning & Staff Wellbeing was invited to speak to the report, which provides an overview of the progress, key achievements, challenges and risks associated with the work undertaken in preparation for the implementation of the Health & Care (Staffing) (Scotland) Act 2019 (HCSA). It was noted that the legislation had come into effect on 1 April 2024.

The Head of Workforce Planning & Staff Wellbeing acknowledged the collective efforts of the Board's Health Care Staffing Group in delivering this programme of work. The invaluable contributions of stakeholders across the organisation who had constructively engaged in the provision of feedback to inform the Quarter 3 Return were also recognised. A summary of the key highlights and learning from these activities was shared with the Committee. The Committee was advised that the current year's annual activity would include the production of the first formal update report for the NHS Fife Board, along with quarterly reports for the Committee.

The Director of Nursing thanked the Head of Workforce Planning & Wellbeing and the Health Care Staffing Group for their hard work, underscoring the magnitude of work involved in the production of the HCSA Returns.

The Co-Chair, Acute & Corporate LPF whilst acknowledging the efforts employed in preparing for the implementation of this Legislation, enquired what plans were in place, if areas were found to be non-compliant. In response, the Director of Nursing described the mitigating efforts, reiterating that the scale of the workforce challenge currently being faced by the organisation could not be underestimated.

The Head of Workforce Planning & Staff Wellbeing advised that Health Improvement Scotland (HIS) has expanded their audit and inspection remit. It was advised that these additional controls could potentially result in unannounced visits to Health Boards and poor performance may lead to Boards being placed on 'Special Measures' status. The Committee was assured that HIS / Scottish Government have accepted reasonable assurance of the Board's assessment in relation to the preparations in place for implementation of the Legislation.

It was noted that there are areas within the Board where staffing is a challenge and significant efforts are being made to mitigate those challenges. The Director of Workforce emphasised the enormity of the workforce challenges facing the organisation, particularly in the context of the current financial climate and commended the concerted efforts being undertaken across the organisation to manage these challenges. The Employee Director highlighted the importance of Business Continuity Plans as a means of response to any eventualities that may arise from non-compliance with the legislation.

The Committee took **assurance** from the report and noted the following:-

- The progress of the work undertaken so far in preparation for the implementation of the HCSA and the content of the Quarter 2 Feedback and Quarter 3 Scottish Government Return.

- The pending prioritisation of the implementation of eRostering within clinical areas.
- The plans for internal quarterly reporting in advance of the formal Board Annual Report in 2025.
- The plans for a formal recognised feedback process for risk escalation.
- The plans for high cost Agency reporting.

5.5 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report. The Director of Workforce summarised the updates made to the 2024/25 Annual Workplan. It was advised that the updates included three papers that had been deferred to July 2024, namely the Health & Safety Quarterly Report, Corporate Objectives 2024/25 and the Improved and Safe Working Environment Strand overview.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2024/25.

5.6 Protected Learning Time

The Chair invited the Interim Learning & Development Manager to speak to the report, which outlined the approach to facilitate the provision of Protected Learning Time (PLT) to employees, in relation to their statutory and mandatory training requirements, as part of the Agenda for Change (AfC) Pay deal for 2023/24. A comprehensive overview of the actions employed to support implementation of PLT across the organisation was provided. The importance of quality conversations between managers and employees was identified as key to fostering a successful PLT approach that builds engagement.

The Committee was advised that work was ongoing at pace to improve monitoring and reporting functionalities for managers, which would offer clear visibility of individual team member's core and mandatory training compliance status. The Committee was also briefed on the plans for the design of a new dashboard report, on plans to establish a Short Life Working Group comprising core skills training providers, to support the implementation of PLT, lead the delivery of blended corporate induction to new staff and agree the format for the delivery of combined protected learning sessions, where employees are released to update two or more core skills. This will provide assurance to both new and existing employees that colleagues are fully skilled and safe in their roles.

The Director of Workforce praised the Interim Learning and Development Manager and the entire team for their commitment to the implementation of the PLT statutory mandate. The Head of Corporate Governance & Board Secretary commented favourably on the new reports that would provide visibility of individual team member's core training compliance status, noting that such functionality would be particularly beneficial in PDPR discussions. The value of establishing a more formal linkage between training compliance and the TURAS appraisal system was also reiterated.

In response to a query from the Chair regarding the measures in place to ensure that mandatory training was prioritised before any additional training is accommodated, the Interim Learning & Development Manager advised that the

PLT Clinics would focus on providing support to managers to ensure that there was clear communication with employees in this area, so that that any additional staff learning needs are negotiated separately from PLT.

The Committee **examined** and **considered** the implications of the approach outlined in the report in relation to the implementation of Protected Learning Time.

6. STRATEGY / PLANNING

6.1 Draft Annual Delivery Plan 2024/25

The Chair invited the Associate Director of Planning & Performance to speak to the report. The Committee was informed that the 2024/25 NHS Fife Annual Delivery Plan (ADP) had been submitted to the Scottish Government (SG) on 21 March 2024 and, as at the time of the meeting, feedback was still awaited, as a result of which only an overview of the Draft 2024/2025 ADP could be provided at this meeting.

The Chair sought assurance on how aspects of ongoing work programmes that were closely linked to the delivery of the ADP, such as the RTP and others, would be reported into the respective Committees, Board and related workstreams. In response, the Associate Director of Planning & Performance advised that, in accordance with the mandated quarterly ADP updates that were required to be submitted to the SG, feedback would be requested from services on relevant programmes of work and returns submitted would be shared with Governance Committees and the Board on a quarterly basis.

The Chair commented that, given the pace of change in the organisational landscape, there might be a requirement to provide off table updates to the Board and Governance Committees outwith planned meeting cycles.

The Committee took **assurance** from the content of the Draft Annual Delivery Plan 2024/25, noting that feedback was still awaited from Scottish Government.

6.2 Workforce Planning Audit Report

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the findings of the Internal Audit Workforce Planning report.

Given the time lapse between the commissioning of the audit in 2022 and the publishing of the Workforce Plan and report, it was suggested that the report did not fully reflect the evolving organisational landscape, including recent changes to Strategic Planning & Resource Allocation (SPRA) and ADP processes, the development and application of the Scottish Government / National Education for Scotland / Centre for Workforce Supply designed workforce modelling tool, RTP Programme and the current financial climate.

Highlighting discussions that had already taken place at the meeting in relation to Workforce Planning risks, and in particular whether mitigations in place were sufficient to address workforce challenges, the Head of Workforce Planning & Staff Wellbeing provided the Committee with a comprehensive overview of the focus areas identified in the report, mitigations and actions already implemented

and the ongoing collective efforts in place to provide assurance from a governance perspective.

Whilst acknowledging the challenges outlined in the Audit Report, the Director of Workforce drew the Committee's attention to the increased availability and utilisation of data across the organisation over the past year and how this had helped to positively informed organisational planning from an evidence platform.

J Kemp, Non-Executive Member, queried the reason for the time lapse between the draft and final report, particularly noting that the recently published Integrated Joint Board (IJB) Audit Report did not reflect Workforce Planning risks in the same tenor as this report. The Head of Workforce Planning & Staff Wellbeing responded that the time lapse could potentially be attributed to staff absence in the team involved in the preparation of the Board's Audit Report.

The Committee was offered assurance that an integrated workforce planning approach is already in place, with members of the NHS Fife Workforce Planning team working in close collaboration with Workforce Planning colleagues in H&SCP.

The Chair requested an off-table consultation with the Director of Workforce and the Head of Workforce Planning & Staff Wellbeing to discuss whether moving forward Workforce Planning risks should be discussed at the Committee as a standing agenda item or whether a Deep Dive session would be more beneficial.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the content and responses to the Workforce Planning Audit B17/23.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce spoke to the report, which highlights the Board's position with regard to Sickness Absence, PDPR Compliance & Vacancy Rates.

It was highlighted that Sickness Absence had seen a positive decline from 8.7% in January 2024 to 7.64% in February 2024, with a further reduction to 6.7% in March 2024. The Director of Workforce commended the ongoing efforts of all stakeholders involved in positively impacting on this metric.

It was noted that PDPR Compliance has decreased slightly to 40.9% in March 2024, a reduction of 0.2% from the previous month. The Committee was advised that there were no updated metrics available for the vacancy position as at February 2024.

The Chair sought an update on the request to managers of teams where high levels of PDPR non-compliance were noted, to develop action plans to increase compliance within their teams before 30 April 2024. The Director of Workforce agreed to obtain an update and for this to be circulated to the Committee post meeting.

Action: Director of Workforce

In addition, the Chair requested for feedback from the Medical Director on the Short Life Working Group that had been set up to consider strategies to attract permanent medical staff to NHS Fife and whether the Committee would benefit from an update on lessons learned from this initiative. It was also enquired as to whether these lessons could be shared with the other areas of the organisation that are facing similar challenges.

The Medical Director responded that there was work ongoing in relation to the Senior Medical Workforce Strategy, which would be reported via the Acute Services Division and H&SCP to the Professional Standards Oversight Group, following which regular updates would be provided to the Committee. It was hoped that this would offer the Committee the required level of assurance and bridge the gap that currently exists between ongoing medical workforce activity and the reporting of this workstream to the Committee.

The Chair recommended an offline discussion between the Medical Director and the Director of Workforce to agree on a format for providing assurance to the Committee in the area of medical workforce activity.

Action: Medical Director & Director of Workforce

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

8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

8.1 Well Informed – Communication & Feedback

The Chair invited the Director of Communications & Engagement to speak to the report, which provides a detailed quarterly update summarising NHS Fife communications and engagement activity with staff, patients and the wider population of Fife, for the period from 1 January to 31 March 2024. It was advised that the report uses a standard set of data modelling to track reach, assess the impact of communications activity and to ensure that the organisation's goals are being met, whilst delivering best value.

It was highlighted that the analytics software used comprises either built-in analytics (example StaffLink) or Google Analytics, which are the industry standard used by organisations reporting on communications activity. The report also provides a breakdown of channels and types of communication as well as interpretations of the analytics, with trend analysis being the next focus in this area. The Committee was informed of ongoing work to develop a Draft Corporate Communications Strategy in support of the new Public Participation and Community Engagement Plan, due to be presented at the May 2024 Board meeting and which will also help to support the RTP programme of work.

It was noted that funding for the required platforms, particularly StaffLink, the organisation's main communications and engagement application, was the primary risk associated with delivering the Corporate Communications Strategy.

The Employee Director enquired whether there was value in providing a regular update of key messages to managers prior to these details being made available on StaffLink, as a timely and supportive forewarning which would afford managers

the opportunity to have local discussions with their teams. The Director of Communications & Engagement acknowledged the benefit of such updates to managers and confirmed support for this request.

The Committee took **assurance** that NHS Fife Corporate Communications activity is being monitored and adjusted to continue to meet the needs of its target audience and the organisation.

8.2 Staff Health & Wellbeing Champion Update

The Chair informed the Committee that 'Champion Updates' were being introduced as a new item on the Committee Agenda, with a view to obtaining feedback on specific areas of remit from Board Champions, garnered from their interactions directly with staff and other stakeholders, as well as from being members of related Working Groups. It was advised that a format was currently being developed to facilitate the provision of written 'Champion Updates' to the NHS Fife Board.

The Chair invited J Kemp, Non-Executive Member, to provide an update to the Committee on his new role as the Board's Staff Health & Wellbeing Champion.

J Kemp commented on the volume of well-being efforts being employed across the organisation. It was pointed out that being a member of the Staff Governance Committee would help provide the appropriate context for informing his role as the Board's Staff Health & Wellbeing Champion. A key focus would be understanding the impact of the RTP Programme of Work on staff wellbeing. The importance of making staff feel part of the RTP journey was emphasised as being vital to staff wellbeing, particularly as the organisation undergoes a period of significant transformational change.

The Committee took **assurance** from the update provided.

8.3 Equality & Diversity Champion Update

The Chair advised that S Braiden, Non-Executive Member and the Board's Equality & Diversity Champion, had tendered apologies for the meeting and that an update on the Board's Equality & Diversity Champion's activity would be provided at a future meeting.

8.4 Whistleblowing Champion Update

The Chair advised that K Macdonald, Non-Executive Whistleblowing Champion, had been required to leave the meeting early due to personal circumstances and that an update on the Board's Whistleblowing Champion's activity would be provided at a future meeting.

9. LINKED COMMITTEE MINUTES

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

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

- 9.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 February 2024 (unconfirmed)
- 9.3 Health & Social Care Partnership Local Partnership Forum held 16 January 2024 (confirmed)
- 9.4 Health & Safety Sub Committee held on 8 March 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

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

11. ANY OTHER BUSINESS

11.1 Staff Governance Monitoring Return Feedback 2022/2023

The Chair invited the Head of Workforce Resourcing & Relations to speak to the paper, detailing the feedback received from the Scottish Government in response to the Board's 2022/23 Staff Governance Monitoring Return. It was noted that the report included highlights of activities which had worked well within the Board and which could be shared as good practice. In addition, the report detailed areas to be considered whilst developing the 2023/24 Return.

It was advised that Committee would be advise of any further advice from the Scottish Government to support the preparation of 2023/24 Return.

12. DATE OF NEXT MEETING

Tuesday, 9 July 2024 at 10.00 am, via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Tuesday 9 July 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	14/05/24	5.1 Whistleblowing Annual Performance Report 2023/2024, incorporating the Quarter 4 Report	An updated report incorporating any feedback received post-meeting to be circulated to the Committee.	SR	Updated report circulated on 15 May 2024.	Closed
2.	14/05/24	6.2 Workforce Planning Audit Report	Committee Chair, Director of Workforce and Head of Workforce Planning & Staff Wellbeing to agree on a format for updating the Committee on Workforce Planning Risks (whether as a standing agenda item or Deep Dive).	CG/DM/RW	Agreed with Committee Chair that a Workforce Planning update will be provided at future meetings from July 2024. Agenda and Workplan updated accordingly.	Closed
3.	14/05/24	7.1 Integrated Performance & Quality Report/ PDPR Compliance	Provide an update to the Committee on the request to managers of teams with high levels of PDPR non-compliance to develop action plans to increase compliance within their teams. (Ref Page 5 of the IPQR – PDPR Compliance).	DM	Direct action was taken by managers on receipt of reports resulting in a 4% increase in compliance the following month.	Closed
4.	14/05/24	7.1 Integrated Performance & Quality Report	Director of Workforce and Medical Director to agree on a format for providing assurance to the Committee in the area of Medical Workforce activity.	DM/CM	To seek input from the Director of Acute Services and arrange feedback for the 3 September 2024 Staff Governance Committee meeting.	In Progress

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Annual Internal Audit Report 2023/2024
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Jocelyn Lyall, Chief Internal Auditor

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- 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 NHSScotland quality ambition(s):

- Effective

This report aligns to the following strands of the NHS Scotland Staff Governance Standard:

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

2. Report Summary

2.1 Situation

The purpose of this report is to present the Annual Internal Audit Report 2023/24 to the NHS Fife Staff Governance Committee. This report has been considered by the Audit and Risk Committee at its meeting on 20 June 2024 as part of the wider portfolio of year end governance assurances. This report is for the Staff Governance Committee to consider and specifically note the narrative for staff governance.

2.2 Background

The Audit and Risk Committee approved this report at its meeting on 20 June 2024, including the completed action plan, as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This Annual Internal Audit Report provides details on the outcomes of the 2023/24 internal audit and the Chief Internal Auditor’s opinion on the Board’s internal control framework for the financial year 2023/24.

2.3 Assessment

Based on work undertaken throughout the year the Chief Internal Auditor has concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, the Chief Internal Auditor has not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

Therefore, it is the opinion of the Chief Internal Auditor that:

- The Board has adequate and effective internal controls in place.
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

Key themes are highlighted on pages 5 to 7 of the Annual Report and key developments are set out on page 8.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy prior to being presented to the Audit and Risk Committee on 20 June 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.
- **Discussion** – Consider the narrative for Staff Governance Committee.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Annual Internal Audit Report 2023/24

Report Contact:

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

FTF Internal Audit Service

Internal Audit Annual Report 2023/24

Report No. B06/25

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

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Draft Report Issued	10 June 2024
Management Responses Received	13 June 2024
Target Audit & Risk Committee Date	20 June 2024
Final Report Issued	14 June 2024

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2023/24 internal audit and my opinion on the Board's internal control framework for the financial year 2023/24.

2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected.
- The format and content of the Governance Statement in relation to the relevant guidance.
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2023/24 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy. The plans were approved by the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment. The Internal Audit Plan for 2023/24 was amended and approved at the March 2024 Audit & Risk Committee.

6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards (PSIAS).

7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

Previous recommendations

8. The Internal Control Evaluation (ICE), issued December 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE made recommendations to drive forward strategic change within an environment of financial and workforce challenges and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and to the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due. There has been minor slippage on Risk Management and Information Governance recommendations. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.
10. The 2024/25 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
11. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development will be followed up in the 2024/25 ICE.

Governance Statement

12. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2023/24 Governance Statement.
13. The Governance Statement format and guidance are included within the NHSScotland Annual Accounts Manual. The 2023/24 Accounts Manual states that the Governance Statement should explain the relationships (including the Health Board's responsibility for any operational aspects of activities) with any IJBs, and how the Board maintains governance oversight of its activities and receives assurance from the IJB on the development and delivery of its strategy and its overall governance. The Governance Statement guidance includes compliance with the principles of good governance set out in the NHS Scotland – Blueprint for Good Governance: second edition and sets out the essential features of the Risk Management section of the Governance Statement.
14. The Board has produced a Governance Statement which states that: *'During the 2023/24 Financial Year, there was one significant failure of internal control, related to a data breach / unauthorised release of patient-related information. The Information Commissioner's Office has issued a Reprimand to the Board for the incident, concluding that NHS Fife did not have appropriate security measures in place to secure personal information, as well as low staff training rates. Following this incident, the Board has introduced new measures to strengthen internal controls in the related areas. An update on all actions undertaken by the Board in response to the Reprimand is due to be submitted to the Information Commissioner in June 2024 and as such, at the time of writing, full assurance cannot be given that the Board's actions have fully addressed the original weaknesses in the control environment. Following the review and the action taken by the Information Commissioner's Office,*

the Board assessed the incident matched the requirements for disclosure.'

15. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this, combined with a sound corporate governance framework in place within the Board throughout 2023/24, provides assurance for the Chief Executive as Accountable Officer.
16. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.
 - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
17. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
18. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies.

Key Themes

19. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
20. The Board has continued to improve its governance during the year and has completed the Blueprint for Good Governance (2nd edition) self-assessment. The resulting action plan identified actions including renewal of the Board's risk appetite statement, finalising a stakeholder engagement strategy, increasing the benchmarking information available to the Board, and facilitating more opportunities for Board members to engage with staff and stakeholder groups.
21. The Audit Scotland 'NHS in Scotland 2023' report, published in February 2024 stated that '*Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability*'. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The 2023/24 savings target of £15 million was not delivered, with £8.14 million achieved (54%), of which £2.97 (36%) was recurring. For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). This was achieved largely following receipt of unplanned funding from the Scottish Government and other non-recurring sources. Brokerage of £14 million was also required for the second consecutive year to deliver the RRL target of breakeven.
22. As reported by the Director of Finance and Strategy to the March 2024 Board, the financial sustainability challenge is significant and unprecedented, with an estimated financial gap before savings of £121 million over the next three years. Savings of £75 million have been identified with a residual gap of £46 million.
23. In future years NHS brokerage funding may not be guaranteed to the extent it has been in past and NHS Fife may need to prepare contingency plans accordingly. The impact from the known reductions in capital funding will be a key consideration.

24. NHS Fife has introduced 'Re-form, Transform, Perform' (RTP) which has four workstreams: Medicines, Service Design and Delivery, Infrastructure, and Workforce, with an executive lead for each and a Director of Reform and Transform appointed. These workstreams are *'designed to be agile and fluid, enhancing delivery without altering individual roles or accountabilities. Initial savings are allocated to these streams, enabling focused delivery, rapid progress, and effective monitoring, all under Executive oversight to align with strategic goals.'*
25. The Board's Population Health & Wellbeing Strategy remains the overall document of strategic direction for NHS Fife through to 2028, and RTP will serve as an operational plan to deliver these strategic aims, supported by annual planning requirements.
26. Financial sustainability must underpin all decisions taken by the NHS Board and all staff have a part to play in moving the organisation to a more sustainable footing. The approach is collaborative and prioritised and in line with the Population Health and Wellbeing Strategy, with the overall aim of delivering the required level of savings and a sustainable and recurring balanced financial position.
27. There have been a number of changes within the Non-Executive cohort, including the appointment of the Chair.
28. The Blueprint for Good Governance states that *'An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about how things are and should be done around here'*. These 'things' include how decisions are made, how people interact and how work is carried out. Maintaining an appropriate organisational culture continues to be important and more so in the current environment when taking account of the scale of the financial challenge for NHS Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.
29. Risk management work continues and is summarised in the NHS Fife Risk Management Annual Report 2023/24. A Board Development Event on risk appetite was held in April 2024 and work continues on this. The Risk Management Framework is being updated and a Delivery Plan to support implementation is being finalised. Internal Audit provided feedback on the deep dive process and this will be considered by the Risk Opportunities Group over the summer.
30. Operational performance has been mixed over the past year, and it is likely that the challenge will continue in the short and medium term until strategic solutions can be found, working in partnership with the IJB.
31. In common with many Health Boards, NHS Fife is finding achievement of a range of national targets extremely challenging. In 2023/24, Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance remained key areas of focus for improvement within Fife.
32. The style of the Integrated Performance & Quality Report (IPQR) continues to evolve with Annual Delivery Plan trajectories and benchmarking graphs included. The IPQR continues to identify where performance is below expectations and provide meaningful narrative on the underlying causes and barriers to achievement and proposed solutions. This will need to be accompanied by a culture of rigorous but supportive challenge.
33. In their 'NHS in Scotland 2023' report Audit Scotland stated that *'Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future'*. This view has also been reported by Public Health Scotland as outlined in the January 2023 discussion paper 'Public health approach to prevention and the role of NHSScotland' which stated that *'there is a*

growing body of economic evidence that supports the case for investing in public health interventions and prevention.'

34. Reflecting on the Audit Scotland and Public Health Scotland conclusions, the Population Health and Wellbeing Strategy has public health as a central component of its strategy, with public health measures reported within the Strategy update to the Board in May 2024.
35. The Audit Scotland report 'NHS Scotland 2023' reported '*The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.*' Internal Audit will follow up action to address recommendations from our May 2024 report B17/23 – Workforce Planning, which provided Reasonable Assurance.
36. Whilst there are important staff wellbeing factors related to high levels of sickness absence, the level of absence also has a direct impact on the level of supplementary staff costs. At the end of March 2024, the total spend on supplementary staffing for Health Board retained services was £21.1m, a reduction of £2.4m from the previous financial year. The actions taken to increase controls on spend and investment in staffing models and permanent posts took several months to deliver and the anticipated supplementary staffing reduction only began to be realised in the last quarter of the financial year.
37. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework.
38. The Staff Governance Committee (SGC) Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there was full coverage of the strands of the Staff Governance Standard. Progress has been made in implementing actions to address recommendations made in our previous annual and ICE reports with actions related to the staff governance standards and whistleblowing having recently been implemented. Action to provide the Staff Governance Committee with assurance on action to address Scottish Government feedback on the Staff Governance Monitoring Return is on track to be addressed in 2024/25.
39. The Clinical Governance Committee has operated well during 2023/24 and improvements continue. Assurance reports are now presented to the Clinical Governance Committee following each meeting of the Clinical Governance Oversight Group and provision of assurance on clinical aspects of services delegated to the IJB has also improved in 2023/24. The quality of data used to assess performance in progressing adverse events reviews is being examined and overall performance in this area continues to be poor. There are no actions from our previous annual and ICE reports related to Clinical Governance remaining to be addressed.
40. NHS Fife has performed well in compliance with Network & Information Systems Regulations (NISR) with the competent authority auditor concluding that '*NHS Fife is a high-performing board with well-defined security policies and procedures in place*' The uptake of mandatory Information Governance training has remained a challenge and this was raised by the Information Commissioner's Office. Assurances have been provided through governance structures that action is being taken forward to address this in 2024/25.

Key developments since the issue of the ICE included:

- The development of the 'Reform, Transform and Perform' Framework to enable change and work towards a financially and operationally sustainable future.
 - Self-assessment against the Blueprint for Good Governance, and submission of an improvement plan to Scottish Government.
 - Risk Management arrangements continue to evolve, and the Board's Risk Appetite is being reviewed and revised.
 - Ongoing review of the effectiveness of the Risk and Opportunities Group and reporting arrangements.
 - Approval of Committee Chairs' Assurance Reports and levels of assurance for agenda papers by Fife NHS Board on 28 May 2024. The Chairs' reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board and providing a level of assurance.
 - NHS Fife continues to work with key partners to progress implementation of the Population Health and Wellbeing Strategy.
 - The Clinical Governance Strategic Framework Delivery plan is being implemented with monitoring of this being reported to the Clinical Governance Oversight Group.
 - Excellent performance in maintaining Clinical Policies has again been achieved in 2023/24 with 99% of policies being within their target review date.
 - The three-year Financial Plan 2024/25 to 2026/27 was approved by the Board on 26 March 2024 but remains as yet unapproved by the Scottish Government. A formal quarter 1 financial performance review with NHS Fife and Scottish Government is planned.
 - Approval by the Finance, Performance & Resources Committee (FPRC) in December 2023 for critical posts not currently funded.
 - Workforce planning linked to RTP.
 - NHS Fife achieved the highest level of engagement in Scotland for the iMatters process.
 - Whistleblowing arrangements and compliance with the national standards continues to improve with all of the actions related to recommendations made in internal audit report, B13/23 – Whistleblowing, now having been implemented.
41. Overall, there has been good progress on recommendations from the ICE from last year and the Internal Audit Annual Report for 2022/23. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

Audit Output

42. During 2023/24 we delivered 26 audit products with five currently work in progress. (3 for NHS Fife and 2 for Fife IJB).
43. Our 2023/24 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or a full report for each review were presented to the Audit & Risk Committee throughout the year.

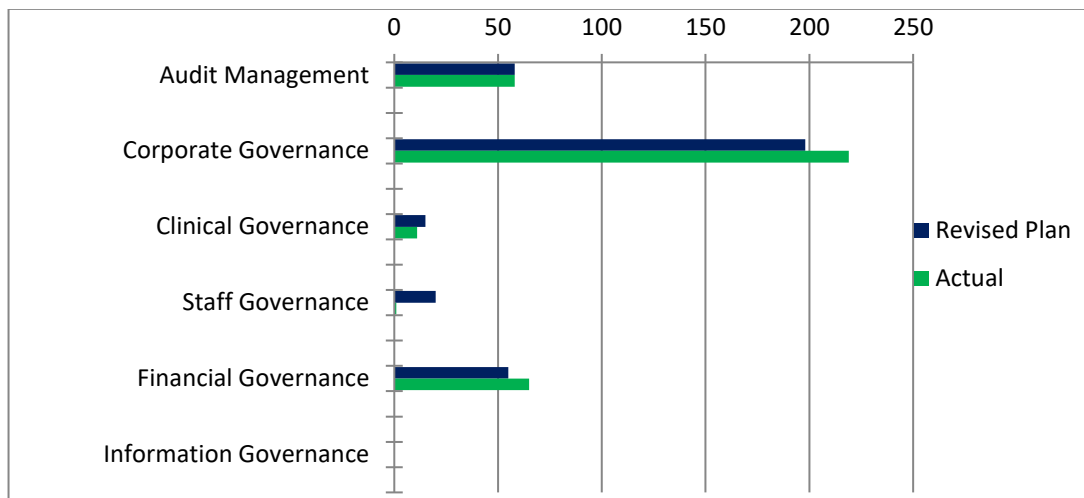
44. A number of our reports, including the ICE, have been wide ranging and complex and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
45. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

ADDED VALUE

46. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
 - Examining a wide range of controls in place across the organisation.
 - Continuing as lead auditors for Fife IJB.
 - Providing internal input through Board Development Events and input to risk management developments.
 - The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.
 - Continuing to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive reporting process.
 - Advising on amendments to the Fife IJB Risk Management Strategy.
 - Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE review which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Providing Audit Follow Up reporting to the NHS Fife Audit & Risk Committee.
47. Internal Audit continue to reflect on our working practices to build on action taken in response to previous External Quality Reviews and in preparation for the External Quality Assessment in 2024/25.
48. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's IJB, with Internal Audit Plans agreed. Internal Audit has continued to highlight the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

INTERNAL AUDIT COVER

49. Figure 1: Internal Audit Cover 2023/24



50. Figure 1 summarises the 2023/24 coverage against the revised Internal Audit Plan, approved by the Audit & Risk Committee in March 2024. As at end of April 2024 we had delivered 354 days against the 346 revised planned days. There are three ongoing Health Board and two ongoing IJB reviews.
51. During 2023/24 we have regularly reported to the Audit & Risk Committee delays in finalising audits from the previous audit years, mainly due to staff absences. To account for time lost due to staff absence, the Regional Audit Managers, Chief Internal Auditor, and the Director of Finance and Strategy developed a revised audit plan for 2023/24. The plan reflected the detailed work undertaken in the 2023/24 ICE which covered in detail the five strands of governance. While Information Governance and Staff Governance did not have any formal reviews during 2023/24 work on the ICE and Annual Report and key reports from the prior year have provided the required level of coverage.
52. A summary of 2023/24 performance is shown in Section 3.

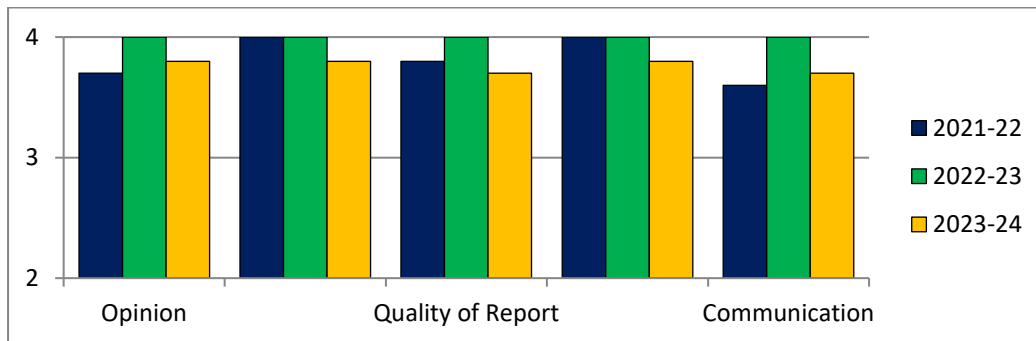
PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

53. The FTF Partnership Board met in May 2024 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.
54. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.
55. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.

- 56. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board’s investment in audit.
- 57. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, *‘it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.’* FTF updated its self-assessment during 2022/23 and a further EQA will take place in 2024/25.
- 58. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

59. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



- 60. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

- 61. In 2023/24 the Internal Audit Plan was delivered with a skill mix of 84%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

ACKNOWLEDGEMENT

- 62. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit, throughout my tenure as Chief Internal Auditor.
- 63. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Head of Corporate Governance and Board Secretary and the Audit & Risk Committee.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by 31 March 2024

Currently Below Risk Appetite

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

Risk 2 – Health Inequalities – High Risk (20); Target (15) High Risk by 31 May 2024

Currently Within Risk Appetite

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

Risk 4 – Environmental Management & Climate Change – Moderate (12); Target (10) Moderate by 1 April 2025

Currently Below Risk Appetite

There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'

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

Currently Above Risk Appetite

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

Reform, Transform, Perform

Reform, Transform, Perform (RTP) is NHS Fife's approach to improving services delivered to the population of Fife and addressing its financial challenges. RTP is a renewed strategic approach to creating the right conditions to evolve services, empower staff and to ensure a more sustainable future. This framework is firmly rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. NHS Fife remains committed to this strategy and seeks to deliver the best quality health and care for the people of NHS Fife.

RTP has been widely communicated and there is a clear message from the Chief Executive and the senior team that everyone has a role to play in delivering RTP.

The Blueprint for Good Governance states that *"An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about "how things are and should be done around here"*. These 'things' include how decisions are made, how people interact and how work is carried out." A culture of rigorous but supportive culture will be key when taking account of the scale of the financial challenge for Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.

Strategy Development and Implementation

Fife NHS Board was presented with mid-year and year-end reports on the Population Health and Wellbeing Strategy (PHWS) delivery plan. The year-end report introduces a summary of 32 key metrics and provided a progress update against the strategy's key actions.

The report provided updates on each of the four strategic priorities outlining the ambitions associated with each and the key achievements in 2023-24, performance against key metrics and a progress update against specific actions included in the strategy. The plans for NHS Fife for 2024/25 and beyond are described in the NHS Fife Annual Delivery Plan, the RTP Framework and the Board's Corporate Objectives, and will be refreshed throughout the 5 year lifespan of the strategy. An update on the status of the strategies and programmes supporting the PHWS and how these relate to its four strategic ambitions was also included.

Internal Audit Report B14/23 Strategic Plan Development provided Reasonable Assurance on NHS Fife's arrangements for developing the Population Health and Wellbeing Strategy and made one 'merits attention' recommendation related to risk management.

Governance Arrangements

The updated Code of Corporate Governance (CoCG) was recommended for approval by the Audit & Risk Committee on 16 May 2024 and approved by Fife NHS Board on 28 May 2024.

Standing committee annual assurance reports/statements confirmed that they have fulfilled their remits in 2023/24 and each committee undertook a self-assessment in 2023/24, with the results reported to each standing committee in March 2024.

All Standing Committees' draft annual reports/assurance statements are broadly in line with the FTF Committee Assurance Principles, cover all areas of their remits and include a conclusion on risk management relevant to the committee. These will be presented to the 20 June 2024 Audit & Risk Committee.

The introduction of Committee Chairs' Assurance Reports was approved by Fife NHS Board on 28 May 2024. These reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board. The Board also agreed on proposed levels of assurance, based on those used by internal audit, to be included in reports so that members can consider what the suggested Level of Assurance means in respect of the subject matter, and focus their questioning and governance oversight on these aspects of the report.

The NHS Fife Chief Executive has completed the accountable officer memorandum which provides assurance that responsibilities of the accountable officer have been carried out and does not raise any issues regarding the discharge of these.

Blueprint for Good Governance

Internal Audit Report B12/24 Blueprint for Good Governance provided Substantial Assurance on NHS Fife's compliance with the timeline for completing the Blueprint self-assessment confirmed We confirmed that Scottish Government guidance had been followed, evidence appropriately recorded, and an appropriate action plan produced to improve NHS Fife's Governance arrangements with actions timebound within financial year 2024/25.

A Board Development session was held to analyse and discuss the results and develop the improvement plan.

Anchor Programme

The draft Anchor Strategic Plan was presented to PHWC in September 2023 and submitted to Scottish Government in November 2023. An update was presented to the Board in March 2024.

Work has progressed within the national Anchors workstream to develop metrics to be used by all Boards to measure progress and impact of their strategic plans. Boards were required to complete a baseline assessment and submit this to Scottish Government by 31 March 2024.

Public Participation and Community Engagement Strategy 2024/28

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy along with RTP activity. The Public Participation and Community Engagement Strategy 2024/28 was discussed at the Board Development Session on 30 April 2024 and presented to the PHWC on 13 May 2024. The strategy reflects the aims and objectives of the NHS Fife Population Health and Wellbeing Strategy 2024/2028 and was considered by Fife NHS Board on 28 May 2024 and they requested that the strategy be brought back to a future meeting once it has been updated to reflect the feedback from the meeting.

Operational Planning

The draft Annual Delivery Plan 2023/24 was presented to the Board in July 2023 before submission to the Scottish Government and subsequent approval on 11 August 2023. A new approach to monitoring Delivery Plans is being developed by the Scottish Government, with the expectation that this will draw performance information from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, and aligned to finance and workforce plans.

Assurance Mapping

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive risk reporting process.

The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.

The Chief Internal Auditor also contributed to a presentation on scrutiny and assurance to Non-Executive Directors in May 2024.

Integration

A Fife Integration Scheme is in place and will be due for review in 2027.

The Finance, Performance & Resources Committee (FPRC) and Clinical Governance Committee (CGC) receive minutes from the IJB equivalent committees.

The Fife IJB Annual Assurance Report/Statement will be presented to its Audit and Assurance Committee on 27 June 2024.

Performance

The Board, the FPRC, the SGC, the CGC and the PHWC received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are also reported.

The format of the Fife Integrated Performance and Quality Report (IPQR) has been reviewed and proposed changes were presented to and discussed at the April 2024 Board Development Event. Internal Audit provided commentary on the report format.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully.

Particular areas of challenge are 4 hour emergency access, patient treatment time guarantee, new out-patients, diagnostics, cancer 31 and 62 day referral to treatment, CAMHS and Psychological Therapies.

Best Value

Best value and effective allocation of resources is a key element of the Financial Improvement & Sustainability Programme (FISP) which contributes to *'a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.'* The FPRC received updates on the FISP in 2023/24 and this, along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, allows NHS Fife to demonstrate processes are in place to promote and deliver best value. The work of the FISP is now contained within the RPT framework arrangements.

Policies

A General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC. In April 2024, of the 54 General Policies, 10 (18%) remain beyond their due date. Review work is underway for one (2%) General Policy, and three (6%) of General Policies are under review. 40 (74%) of General Policies are up to date which is an improved position since the last report in November 2023.

Corporate Objectives

The EDG considered the 2024/25 corporate objectives on 16 May 2024. The objectives are aligned with the existing strategic priorities within the PHWS and reflect the focus areas of RTP and the Annual Delivery Plan for 2024/25. The corporate objectives were discussed by the Remuneration Committee in May 2024 and an updated version is to be presented to the committee for approval on 24 June 2024. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities with delivery mapped to a responsible Executive Director and oversight to the relevant standing committee.

Board and Standing Committee Development Sessions

Areas covered in Board Development Sessions since the issue of the ICE included Risk Appetite; Scrutiny & Assurance – Best Practice in Governance and the Role of Board Standing Committees; Integrated Performance & Quality Report Review; Public Participation and Community Engagement Strategy; Blueprint for Good Governance; Financial Challenge for 2024/25; RTP Next Steps; individual discussion topics focused on empowering change to support the path to balance; Medical Education - initiatives aimed at widening access for Medical staff and students; Spiritual Care - Values Based Reflective Practice and Working Well in Fife.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2023/24. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate.

The status of the actions related to previous Internal Audit Annual and ICE reports that remained to be addressed when we published our latest ICE report is recorded in the table at section 5 of this report. This shows that 3 of the 6 actions to address recommendations in our 2023/24 ICE Report (B08/24) are still to be fully implemented and 3 of the 11 actions to address recommendations in our 2022/23 Annual Report (B06/24) are still to be fully implemented. All other actions from previous ICE and Annual reports have been implemented or superseded and none of the remaining actions are more than 12 months old.

Risk Management

The Annual Risk Management Report 2023/24 was considered for assurance by the Audit & Risk Committee on 16 May 2024 and concluded that there were adequate and effective risk management arrangements in place throughout the year. The report referred to the continuous improvement of the operational risk management approach citing the following developments:

- Completing the refresh of the Risk Management Framework incorporating the Risk Register/Risk Assessment Policy (GP/R7).
- Refining risk management processes.
- Reviewing and updating of the Board risk appetite statement.
- Updating risk key performance indicators.
- Improving the content and presentation of risk management reports.
- Supporting the continuing development of assurance reporting.
- Devising and delivering a risk management training programme.
- Reviewing the Board Strategic Risk Profile.

The report outlines further improvements including:

- Update of Corporate Risk Register to reflect changes in the internal and external environment and RTP.
- Further contribution from the Risk and Opportunities Group (ROG) to identify and assess emergent risks and opportunities and potential impact on the Board's Risk Appetite Position.

A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee when risk appetite is completed.

The ROG provided a positive annual statement of assurance for 2023/24 to the Audit & Risk Committee on 16 May 2024. This summarised the business covered by the group and reports on the self-assessment undertaken by members.

The Regional Audit Manager provided advice to the ROG on improving the deep dive process so that it explicitly answers the questions included in the committee assurance principles.

Since publication of our 2023/24 ICE report, revised KPIs were presented to Audit & Risk Committee on 16 May 2024 and the Audit & Risk Committee was advised that these will continue to evolve.

We evidenced improvement in completion of the Risk Management section of cover papers presented to the Board and its Standing Committees. Previous internal audit recommendations relating to development of risk appetite being used by standing committee in relation to strategy, decision making, prioritisation, budget setting and organisational focus and updates to the Dep Dive Process to address the

'specific questions when analysing a risk delegated to the committee in detail' are ongoing and progress will be monitored via the Internal Audit Follow-up system.

Environmental Management & Climate Change

The deep dive of the environmental management and climate change policy obligations risk reported to PHWC on 4 September 2023 provided 'Limited Assurance' that the Board will be able to manage the risk to its target level within the specified timescale. The paper explained that the root cause of the risk is that insufficient resource to meet the objectives of the NHS Scotland Climate Emergency Strategy 2022-26 and it outlines 20 actions to mitigate against this and their status. Six were assessed as completed, ten on track, one with a significant level of delivery challenge and three at risk of non-delivery.

The minutes of the meeting record that the main reason for 'Limited Assurance' is uncertainty and limitations around funding and competing priorities. The Board's Annual Delivery Plan includes a section on climate change and the related deliverables are to be monitored via that process. We welcome the appointments of a Non-Executive Sustainability Champion and Head of Sustainability.

Primary Care Services

The deep dive report on the provision of sustainable quality primary care services risk reported to the PHWC on 15 May 2023 provided 'Reasonable Assurance'. The paper explained that the root causes of the risk are broad issues that impact across all of Primary Care including General Practice, Community Pharmacy, Dentistry, and Optometry.

The report outlined 16 actions to mitigate against this and their status. One was assessed as completed, one as not started, seven on track and seven with a significant level of delivery challenge.

The Primary Care Strategy 2023-26 was endorsed by PHWC and subsequently approved by Fife NHS Board in July 2023. Primary Care Oversight Board monitoring of delivery of the strategy will be key to ensuring the successful mitigation of the risk.

Clinical Governance

Corporate Risks:

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate by 31 March 2025

Currently Within Risk Appetite

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

Risk 9 – Quality & Safety - Moderate (12); Target (6) Low by 31 March 2025

Currently Within Risk Appetite

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

Risk 16 – Off-Site Area Sterilisation and Disinfection Unit Service - Moderate Risk (12); Target (6) Low by 1 April 2026

Currently Within Risk Appetite

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Annual Statement of Assurance

The Clinical Governance Committee (CGC) annual statement of assurance provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place during the year and provided commentary on a range of key areas and assurance arrangements.

Clinical Governance Strategic Framework

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023.

The year-end update on the 2023/24 delivery plan presented to Clinical Governance Oversight Group (CGOG) on 16 April 2024 recorded that from the 18 items on the plan 7 had been delivered, 9 are on track and 2 had not progressed as expected. The 2024/25 delivery plan was presented and includes 8 items carried forward from the 2023/24 plan and 4 new items. The items delivered in 2023/24 were:

- Review of Patient Representation on the Clinical Governance Committee - The addition of patient stories to the CGC agenda.
- A focus on Quality & Safety -Establishment of Care Assurance walkarounds and Infection Control walkarounds.
- Development of the Clinical Governance Strategic Framework Workplan 2023/24 – Delivery Plan developed and reporting on this to CGOG & CGC in 2023/24.
- Review of Adverse Events Policy & Procedure - Adverse Events Policy updated and supporting Management Resource Pack in development.

- Organisational Learning Communication Quality Improvement Project - Realistic Medicine Communications Plan developed and implementation started.
- Excellence in Care - Establishment of a Short Life Working Group to review tools and templates used with the aim of creating a consistent approach to providing care assurance from Ward to Board and also promoting the use of the Excellence in Care Dashboard.
- Clinical Governance Oversight Group – Workplan reviewed and regular assurance reporting to CGC now in place.

The CGOG April 2024 Assurance Summary provided CGC with assurance that the year-end position regarding the Delivery Plan had been reported to CGOG and that the workstreams included in the 2024/25 plan had been presented. This reporting would be enhanced if it included a high-level summary of delivery with reporting of the number of items delivered in target timescale and any issues with delivery.

All actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance have been implemented and validated as part of the Audit Follow-Up process.

Progress towards implementation of actions to address recommendations from our report F06-22 Clinical and Care Governance is being monitored by the IJB follow-up protocol with 5 of the 16 actions having been validated as completed so far.

CGC Governance and Assurance

The Clinical Governance Strategic Framework outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB. The following annual assurance reports/statements and annual reports were received by CGC in 2023/24:

Annual Assurance Reports/Statements

- Clinical Governance Oversight Group
- Digital & Information Board
- Health & Safety Sub-Committee
- Information Governance & Security Steering Group
- Resilience Forum
- IJB Quality & Communities Committee

Annual Reports

- Adult Support & Protection Annual Report 2020-22
- Clinical Advisory Panel Annual Report 2022/23
- Controlled Drug Accountable Officer Annual Report 2023
- Director of Public Health Annual Report 2023
- Fife Child Protection Annual Report 2022/23
- Medical Education Annual Report 2022/23
- Medical Appraisal and Revalidation Annual Report 2022/23
- Occupational Health Annual Report 2022/23
- Organisational Duty of Candour Annual Report 2022/23

- Prevention & Control of Infection Annual Report 2022/23
- Radiation Protection Annual Report 2022/23
- Research, Innovation and Knowledge Annual Report 2022/23
- Volunteering Annual Report 2022/23

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance 2023/24 provided reflection on changes to the configuration of services, and on which services could be provided, during the pandemic and the recovery period. This recognised that some patients were adversely affected by these decisions particularly in respect of a backlog in treatment and delays for patients in accessing diagnostic tests and care and provided assurance regarding the management of the associated corporate risk (Risk 7 *'There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife'* – which is aligned to FPRC). This section of the assurance statement concludes by referring to likely recommendations in reports from both the UK and Scottish Covid Inquiries, and that NHS Fife will aim to implement actions to address any recommendations made in full, to ensure both patient and staff safety.

Risk Management

The CGC has considered the risks aligned to it throughout 2023/24 including consideration of deep dive reports into the risks associated with Quality and Safety, Off-site Area Sterilisation and Disinfection Unit Service, Digital & Information, Cyber Resilience, Optical Clinical Outcomes, and the closing of the corporate risk associated with Covid 19.

CGOG also considered the Corporate Risk Register at every meeting in 2023/24 and considered deep dives into the Digital & Information and Optical Clinical Outcomes corporate risks at its December 2023 and February 2024 meetings respectively. CGOG also considered the Adult Support/Child Protection risk report at its June 2023 meeting.

The IPQR continues to show relevant corporate risk information in all sections including Clinical Governance providing appropriate context for performance and risk management.

External Review

External reviews are included in the NHS Fife Activity Tracker and the Health & Social Care Partnership (HSCP) Clinical Assurance updates presented to the CGOG. The regular CGOG Assurance Summary reports presented to CGC include a summary of the reports considered. The annual assurance report/statement for the CGC for 2023/24 references reports from external bodies considered during 2023/24 and provides assurance that action is being taken to address recommendations. The CGOG annual assurance report/statement for 2023/24 does not provide assurance on the action being taken to address recommendations from external reports.

CGC considered external reports on a fatal accident enquiry, a HIS infection control inspection and a report from the Scottish Public Sector Ombudsman on a December 2023 and were assured that action plans were being progressed to address issues recommendations made.

CGOG considered external reports on Mental Welfare Commission inspections at wards at Whyteman's Brae, Lynebank and Stratheden Hospitals and the HIS Unannounced Inspection at Victoria Hospital at its meetings in 2023/24 and were assured that action plans were being progressed to address issues recommendations made.

Core members of the Organisational Learning Group (OLG) assessed the group's activities in 2023 in light of the well-publicised Countess of Chester Hospital incidents and a refreshed approach to the group's approach was considered by CGOG on 16 April 2024. The refreshed approach includes updating the terms of reference of the group, including revision to membership, and a new workplan for the group for 2024/25. Triangulation is included as a principle of the group and is referred to in its revised workplan as an improvement activity as part of the development of a learning system framework. An EDG development session on the OLG is to be undertaken in July 2023 and EDG members will be asked to decide on where an update on this work will be presented.

Significant Adverse Events

The IPQR presented to CGC on 3 May 2024 stated that reporting on the 'actions closed' aspect of Adverse Events was paused in December 2023. The data the KPI was based upon was unreliable and action is in progress to address this.

Adverse events KPIs are now reported to CGOG at each meeting with the following reported in April 2024, for February 2024:

- 43% of Significant Adverse Event Reviews (SAERs) for Major or Extreme Adverse Events were submitted and a decision made within 10 working days of reported date.
- 59% of adverse events with severity reported as 'no harm' were closed within 10 working days of reported date.
- 86% of adverse events with severity reported as 'Minor' or 'Moderate' were closed within 60 working days of reported date.
- 68% of adverse events with severity reported as 'major' or 'extreme' were closed within 90 working days of reported date.
- 50% of actions from Local Adverse Event Reviews (LAERs) and Significant Adverse Event Reviews (SAERs) were completed by their target dates.
- 72% of all actions from LAERs and SAERs reported since 1 April 2018 were closed.
- Overall analysis of incident categories does not highlight any significant trends.

The update to the Adverse Events Policy and associated procedures in 2023 has promoted a more streamlined and efficient management of major and extreme adverse events.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2022/23 financial year was presented to Fife NHS Board 26 March 2023 and reported that there were 33 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 33 cases and that lessons were learned.

As reported to the 1 March 2023 CGC, in 2023/24 to date there were 8 confirmed DoC incidents (3 falls, 1 each for paediatrics, patient info, personal accident, surgical complication and tissue viability) with 8 outcomes recorded (4 being an increase in treatment). It has been agreed that the full report for 2023/24 should be presented in January 2025.

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2023/24 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG Annual

Statement of Assurance reported that over the year a 99% compliance rate was achieved, which is an excellent outcome that has been consistent for a number of years.

Health and Safety

The 2023/24 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the CGC or disclosed in the Board's Governance Statement.

The 2023/24 CGC Annual Assurance Report/Statement provided assurance on actions to mitigate risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) within the Estate and radon in excess of HSE limits at a Medical Practice.


There was no Health & Safety Executive enforcement during the year.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 3 May 2024 which provided moderate assurance, reflecting the work-in-progress to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners.

The CGC Annual Assurance Report/Statement included assurance regarding business continuity arrangements put in place for potential industrial action and for the breakdown of CT scanners.

All actions to address recommendations from Internal Audit Report B23/22 on Resilience have been implemented and actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Action Point Reference 1 – CGOG Annual Assurance Statement	
Finding:	
The CGOG receives updates on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission via the NHS Fife Activity Tracker and the HSCP Clinical Assurance Update reports that are presented at each of its meetings, but this assurance is not referred to in its Annual Assurance Statement.	
Audit Recommendation:	
The CGOG Annual Statement of Assurance for 2024/25 should include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission. This should include assurance on action being taken to address recommendations made in these.	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
Management will include an appropriate reference to external assurance reporting in the next CGOG statement of assurance.	
Action by:	Date of Expected Completion
Medical Director	31 March 2025

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (8) Moderate by March 2025

Currently Above Risk Appetite

There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.

12 Staff Health & Wellbeing - High Risk (16); Target (8) Moderate by March 2025

Currently Above Risk Appetite

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

19 Implementation of Health and Care Staffing (Scotland) Act 2019 - Moderate Risk (12); Target (9) Moderate by July 2024

Currently Within Risk Appetite

Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring/measures.

Workforce Planning

Internal Audit Report B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan and was provided to the Audit & Risk Committee and the Staff Governance Committee (SGC) in May 2024.

Our audit opinion was 'Reasonable Assurance' and we made three significant and three moderate recommendations related to risk management, workforce plan information to assess the capacity and capability to effectively deliver services, oversight & assurance over delegated functions, workforce action plan, SGC and the workforce plan and comprehensive information to committee and the Board. One of the recommendations was addressed at the time of report publication and actions to address the remaining five recommendations have been agreed with management with target implementation dates ranging from 31 October 2024 to 31 May 2025.

An update on workforce planning was presented to the SGC on 6 March 2024 and provided assurance that the national workforce modelling tool would be utilised as part of the wider RTP discussions and would allow fuller modelling of how workforce levels are likely to change over the next three years.

Workforce Risks

The three corporate risks are set out as above. Both the Workforce Planning and Delivery Risk and the Staff and Wellbeing Risk are rated as High and are both above risk appetite. Both these risks and current ratings are reflective of the current environment including the intense levels of activity in health and social care and the pressures on staff.

During 2023/24 the SGC reviewed the corporate risks assigned to it including a new corporate risk for implementation of the Health and Care Staffing (Scotland) Act 2019 which comes into force in April 2024 and reflects the preparatory work required to meet the terms of the legislation. This risk was approved by the Board and has been reported to the SGC since January 2024. The risk score reflects the current

arrangements. Updates on preparation for implementation of Health and Care Staffing (Scotland) Act 2019 were presented to the September 2023 and May 2024 SGC and the May 2024 NHS Board and provided assurance on the plans for quarterly reporting and prioritisation of implementation of eRostering in clinical areas. The Scottish Government quarter 3 return provided reasonable assurance and no 'red' RAG status was noted for any element.

In addition to the summary presentation of the aligned risks, the SGC have received deep dive information on individual aspects of a corporate risks aligned to the SGC. In May 2023, the SGC were provided a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The SGC Annual Report for 2023/24 recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. A further report to the Committee's March 2024 meeting noted that initiatives were continuing at pace however the real impact should be seen in 2024/25.

The March 2023 SGC was advised that future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members. A Pharmacy workforce deep dive was planned for May 2024.

Staff Governance Committee

The Staff Governance Self-Assessment report was to the March 2024 meeting and noted improvements in year, including focus on strategic rather than operational details. Improvements included continued focus on agenda management and feedback from clinical and operational leads to aid interpretation of performance data were noted.

Revised SGC Terms of Reference were agreed at the March 2024 meeting. Amendments included the addition of oversight of Workforce Planning and risk, and review of compliance with Whistleblowing Standards, in response to previous internal audit recommendations.

The SGC Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there is evidence of the SGC addressing full coverage of the strands of the Staff Governance Standard.

Staff Governance Assurances

Our 2023/24 ICE report recommended that the 2022/23 Staff Governance Monitoring Return presented to the 9 November 2023 SGC should be updated to reflect action taken to address Scottish Government Feedback. The feedback was reported to SGC on 14 May 2024 and SGC are to be updated on progress to address this feedback at a future meeting. Scottish Government has paused the requirement to complete the monitoring return and Boards have been asked to continue with their ongoing commitment to the Staff Governance Standards and that they will seek a statement of assurance on this from Boards later in 2024.

Each paper presented to the SGC in 2023/24 references the strand(s) of the Staff Governance Standard it relates to. The SGC's Annual Report/Assurance Statement was presented to SGC on 14 May 2024 and included reflection on how successfully and effectively the strands of the Staff Governance Standards have been implemented. Positive feedback on coverage was provided in the Staff Governance Committee Self-Assessment and is evident in SGC discussions.

Remuneration Committee

The Remuneration Committee (RC) held regular meetings throughout 2023/24. It completed an annual self-assessment of its performance along with all standing committees in February 2024, with only a small number of minor changes to future performance being required. This is reflected within the RC annual Report for 2023/24 which overall provides positive confirmation on the activities of the RC for the year.

Appropriately Trained & Developed

Both Personal Development Plan (PDP) and sickness absence statistics are now reported to the SGC as part of the IPQR.

41% of PDP reviews were complete at March 2024 (38% in March 2023), and Mandatory training completion was 56% at January 2024 (57% at April 2023). Both of these are well below the target of 80% and limited improvement has been made during the year, despite agreement of new management improvement actions. In March 2024 the SGC was provided as part of the Staff Governance focussed IPQR that for PDP performance *'action plans have been developed and this work will be taken forward in the first half of the 2024/25 financial year'* and on the existing actions to improving mandatory training uptake including agreeing performance trajectories with services and prioritising certain elements of core training, engaging with training owners, improving compliance reporting and reviewing and refining the core training offering to improve satisfying role specific training requirements. The Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The minutes of the meeting record that *'It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics'*.

NHS Fife's Mandatory Core training compliance performance was reported to the March 2024 SGC for the period to 22 January 2024 and included assurance on associated recovery actions identified to improve completion levels into 2024/2025. The target for 31 March 2024 was 80%, however achievement was 56% up to January 2024, with actions identified to improve the performance.

The Medical Appraisal and Revalidation Annual Report for 2022/23 was considered at the January 2024 SGC. Primary Care GPs achieved 99.35%, Acute Consultants 91.27% and Speciality and Specialist Doctors (SAS) 59%. The report includes actions that will be undertaken in 2024/25 to improve performance.

Attendance Management

Sickness absence at February 2024 was 7.64%, a significant increase over February 2023 (5.69%). Benchmarking for February 2024 shows NHS Fife to be in the lower range of all the mainland Boards. SGC considered a comprehensive update on attendance management on 6 March 2024 which highlighted the need for a change in emphasis to secure a longer term, sustainable improvement in absence rates, and outlined the attendance management actions to be taken forward in 2024/25. The SGC annual assurance report/statement for 2023/24 concluded that *'Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage'*.

The results of the 2023/24 iMatter survey and the comparative national results were presented to the SGC in January 2024. NHS Fife has achieved increases in each KPI with NHS Fife's engagement and questionnaire rates the highest out of all 14 NHS Scotland territorial boards.

Whistleblowing

All actions to address recommendations made in Internal Audit report B18/23 – Whistleblowing have been implemented.

Quarterly update reports detailing action to comply with the National Whistleblowing standards and the number of concerns raised are presented to the SGC. The SGC annual assurance report/statement 2023/24 includes a statement from the Board's Non-Executive Whistleblowing Champion providing assurance that at Board level there is an environment of listening and openness whilst emphasising that further work is required and that this is more important during this period of reform and transformation.

The annual whistleblowing report for 2023/24 was presented to SGC and to Fife NHS Board in May 2024, an improvement in timing to align with year-end reporting and assurance processes. Planned arrangements for 2024/25 include establishment of a Whistleblowing Oversight Group, a decision making team and recruitment of a Speak-up Coordinator.

Staff Wellbeing

The SGC endorsed NHS Fife's Staff Health and Wellbeing Action Plan 2023-2025 for publication on 11 January 2024. The Head of Workforce Planning & Staff Wellbeing emphasised that the future focus would require to be on evaluation and metrics, to ensure the best use of available resources.

The SGC annual assurance report/statement for 2023/24 summarises the services available to help support staff during this time of continuing high levels of activity on all services.

Financial Governance

Corporate Risks

6 - Whole System Capacity - High Risk (20); Target (9) Moderate by 30 April 2024

Currently Above Risk Appetite

There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.

7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20); Target N/A

Currently Above Risk Appetite

There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.

8 – Cancer Waiting Times - High Risk (15); Target (12) Moderate by 30 April 2024

Currently Above Risk Appetite

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

13 - Delivery of A Balanced In Year Financial Position - High Risk (16); Target (12) Moderate by 31 March 2024

Currently Above Risk Appetite

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without further planned brokerage from Scottish Government.

14 - Delivery of Recurring Financial Balance Over the Medium Term - High Risk (16); Target (12) Moderate by 31 March 2024

Currently Above Risk Appetite

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

15 - Prioritisation & Management of Capital Funding - Moderate (12); Target (8) Moderate by 1 April 2026

Currently Within Risk Appetite

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

Financial Performance

The Medium Term Financial Plan (MTFP) was endorsed by the FPRC (Reserved Business) on 14 March 2023 and approved by Board (Reserved Business) on 28 March 2023. It provided clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty. It presented a range of potential scenarios which demonstrate the impact of changes to key parameters, with a £10.9m financial gap identified for 2023/24.

For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). Achievement of this was primarily due to the late receipt of share of *'funding of non-recurring additional UK Government consequentials'* (£10.3m) and a national reduction of CNORIS costs (£2.3 m). Brokerage was also required for the second consecutive year of £14.005 to deliver the RRL target of breakeven.

While the year-end financial position is line with the initial forecast, this has only been achieved by the use of non-recurring funding in year. Recurring cost improvements have not been achieved (see Savings section below).

The draft financial outturn position to 31 March 2024, subject to external audit review, is:

- A break-even position against the Revenue Resource Limit (RRL)
- A break-even position against the Capital Resources Limit (CRL)
- A break-even position against the cash requirement
- The 2023/24 savings target of £15 million was not delivered, with only £8.142 million achieved (54%), of which only £2.974 (36%) was recurring.

The Financial Performance Report 2023/24 paper to the May 2024 FPRC stated that the draft IJB outturn had increased to a £17m overspend from the £7m forecast deficit to end of January 2024, reported to FPRC in March 2024. The earlier reported deficit was to be managed through the application of £7m from IJB reserves. The movement was due to an increase in social care costs, supplementary staffing, GP prescribing and costs associated with providing out of area mental health services. General and earmarked reserves reduced the £17m overspend to £0.775m of which NHS Fife reported a £0.466m impact for the Health Board as part of the risk share.

The Director of Finance and Strategy for NHS Fife and the Director of Finance for Fife Council remained in dialogue with the IJB Chief Finance Officer (CFO) to determine the final position for the IJB, including the ability and agreement of partners to support reinstating aspects of the applied "ear marked" reserves in 2024/25. On 30 May 2024 the CFO received notification from the Scottish Government that several of the ear-marked reserves were required to be held by the IJB and therefore the £0.775m overspend increased to £5.578m which required to be covered through the risk-share arrangement. To cover the appropriate NHS Fife share, further repayable brokerage of £2.992m was requested from Scottish Government. This was a very late adjustment with final funding only confirmed on 11th June 2024.

The Chief Finance Officer is completing due diligence around the reasons for the significant move in the position at year end which will require further discussion with partners.

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

Savings Challenge

A savings target of £15 million was identified for 2023/24, all on a recurring basis.

Despite having identified the main areas to target cost reduction in the original financial plan for 2023/24, 54% of the cost improvement target was delivered and 36% was achieved on a recurring basis. The consequence of not achieving savings on a recurring basis means that around 80% of the 2023/24 savings plan (£12m) will be carried forward for action into 2024/25.

Financial Planning 2024/25

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. Due to the scale of the forecast deficit within NHS Fife and the significant movement from

plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework. FPRC noted that this did not represent formal escalation but did signal enhanced scrutiny at Scottish Government level.

The Internal Audit Annual Report for 2022/23 reported that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. In 2023/24 NHS Fife have clearly communicated that it is everyone's responsibility to contribute towards achieving financial parity through Reform, Transform and Perform (RTP). RTP promotes a culture that empowers change by involving everyone, alongside clear instructions to budget holders to achieve savings within the grip and control programme.

On 13 December 2023 the Scottish Government advised NHS Fife that all NHS Boards had been assessed for financial performance against the revised NHS Scotland Support and Intervention Framework and confirmed NHS Fife would move from level 1 to level 2 due to the relative scale of deficit in 2023/24 and the variation from the original financial plan for the year.

The three-year Financial Plan 2024/25 to 2026/27 was approved by Board on 26 March 2024, with a summary of the revenue projections as follows:

	2024/25 £m	2025/26 £m	2026/27 £m
Financial gap before savings	(53,507)	(42,924)	(24,961)
Savings plans / targets	25,000	25,000	24,961
Residual gap	28,507	17,914	-

The 3-year plan carries a significant level of risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing. The Financial Plan recognises that the scale of the financial challenge is unprecedented and delivering financial balance across the 3-year timeframe will be extremely challenging.

The Scottish Government did not approve the MTFP with its assessment set out in a letter on 4 April 2024 which stated the NHS Fife MTFP not fully met the following criteria:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- Deliver an improved forecast outturn position compared to the forecast outturn for 2024/25 reported at the start of 2023/24.
- Present a credible financial plan that would meet the brokerage cap set by Scottish Government.

The Scottish Government has not asked NHS Fife to resubmit its MTFP but, in the period to the formal Quarter 1 financial review with the Scottish Government, key actions identified by the Scottish Government will need to be progressed to improve the position of the MTFP. These actions include:

- Progress delivery of a minimum 3% recurring savings in 2024/25 and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the 15 box grid.

- Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
- Develop further measures to reduce the Board residual financial gap towards the brokerage cap set.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

Finance Risk Reporting Revenue

There are two corporate financial risks related to revenue, one for in year delivery of the financial plan and the second related to the longer term financial plan.

The update provided to the FPRC in May 2024 for Risk 13 - Delivery of a balanced in-year financial position noted the detailed discussions at the January and March 2024 FPRC meetings with the year figures being finalised for external audit review, and that the Director of Finance & Strategy will propose further clarification on the description of the risk for 2024/25 once the 2023/24 position is finalised.

The FPRC May 2024 update on Risk 14 Delivery of recurring financial balance over the medium term noted that the MTFP *'was approved by the NHS Fife Board in March 2024 however discussion remains ongoing with Scottish Government in relation to several key planning assumptions and is currently not approved. The plan indicates a 3-year period is required to enable delivery of sustainable cost reduction and service change to deliver recurring financial balance.'*

As expected, the risk scores for both these risks have remained High during 2023/24. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances. We encourage review of both the target and actual risk scores, to ensure they fully reflect the deterioration in the financial position and the challenging environment.

Property Asset Management, Net Zero and Capital Risk

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report on year-end performance to the May 2024 FPRC reflecting a balanced position for capital funding and achievement of the year end capital resource limit financial target.

The deep dive of the Prioritisation & Management of Capital funding risk (No. 15), in January 2024 provided reasonable assurance. The minute reflects the conclusion that *'given the limited capital funding available, and demand for investment, members recognised it is vitally important that funding is prioritised to mitigate operational risks, whilst delivering change to meet strategic objectives. Employing the correct governance, processes and procedures also helps to mitigate the risk that the Board may fail to maximise the benefit from the capital allocation it receives.'*

We commend the discussion on the risk 15 and the recognition that a separate but closely related risk concerning the amount of capital funding and how this will impact on NHS Fife plans needs to be developed. Consideration of a new Corporate Risk – Reduced Capital Funding was approved by the EDG on 4 May 2024.

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy.

This Strategy details how NHS Fife expects to meet the challenge to reduce carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine of the Board's sites have been created, with a further three in

progress. Previous decarbonisation scheme funding has allowed £1.8m of investment projects during 2022/23 and further applications are planned over the next three years.

We commend the reporting to the January 2024 FPRC around the decarbonisation of the NHS Fife fleet of vehicles. A change in legislation has resulted in the previous target to not buy/lease new fossil fuelled light vehicles from 2025 to not using any by 2025. Effectively this shortens the target by several years. The paper to the FPRC is clear on the actions NHS Fife needs to take to meet this challenging target.

Best Value

Regular reporting of the Financial and Sustainability Programme to FPRC and the FPRC assessment of Best Value within its Annual Report for 2023/24 jointly demonstrate a commitment by NHS Fife to achieving best value across resource allocations.

Funding of Critical Posts

In December 2023, the Director General Health & Social Care and Chief Executive NHS Scotland, wrote to all NHS Board Chairs stating that approval is sought from Scottish Government before committing expenditure that does not have a budget, in the context of the national financial challenge. A paper to the January 2024 FPRC requested approval of posts critical to NHS Fife, because the clinical risk of not undertaking the expenditure was deemed to outweigh the financial risk. These posts were approved by the FPRC subject to discussions with the Scottish Government around including these cost pressures in the 2024/25 Financial Plan.

Digital and Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate by September 2024

Currently Above Risk Appetite

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 - Digital & Information (D&I) - High Risk (15); Target (8) Moderate by April 2025

Currently Above Risk Appetite

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Actions to Address Recommendations made in Previous ICE and Internal Audit Annual Reports

The following action has been completed:

The Information Governance & Security (IG&S) Update report presented to CGC on 1 March 2024 included consideration of an escalation to CGC of one incident, which was included as a disclosure in the 2023/24 draft Governance Statement.

The following actions are in progress:

- The IG&S Accountability and Assurance Framework report has been updated but performance measures (for five of the 10 categories) and risk summaries (for all 10 categories) are not yet included. The target date of 30 April 2024 has been extended to 31 October 2024.
- Timely issue of Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&I Board) meeting papers is to be monitored and reported in their respective annual reports/assurance statements in 2024/25. The target date of 30 April 2024 has been extended to 30 April 2025.
- The D&I Strategy update to CGC on 3 November 2023 included a more explicit review of the deliverables achieved during the D&I strategic period 2019-2024 and will inform development of the next iteration of the Digital and Information Strategy which is to be supported by a financial framework. The timeframe for development of the revised D&I Strategy has been extended from 31 July 2024 to 31 January 2025.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been adequate and effective throughout the year. Both groups provided regular update reports and Annual Assurance Reports/Statements to the CGC. The D&I Board meeting originally scheduled for April 2024 was rescheduled to 9 May 2024 and took place after the CGC meeting at which the D&I Board's Annual Assurance Statement/Report was considered (3 May 2024). The report was agreed by the D&I Board Chair (Medical Director), the Executive Lead for D&I (Associate Director for Digital & Information) and the Head of Corporate Governance/Board Secretary ahead of the CGC meeting and was subsequently presented to D&I Board.

The IG&SSG meeting scheduled for 31 January 2024 was cancelled meaning that the group met on three occasions in 2023/24 rather than the four required by its Terms of Reference. However, the conclusion in the IG&SSG Annual Assurance Report/Statement was that the remit of the group was fulfilled, and we concur with this as the papers intended for discussion at the meeting were distributed to members and appropriate assurance has been provided to CGC.

The IG&S Accountability and Assurance Framework report presented to each IG&SSG meeting provides assurance across 10 categories derived from the Network & Information Systems Regulations (NISR) and the ICO Accountability Framework. As reported above, further work to improve the report is required.

A Senior Information Risk Owner (SIRO) and a Data Protection Officer (DPO) are in place.

Digital and Information Strategy

The deep dive into corporate risk 18 – Digital and Information Strategy reported to the CGC in November 2023, recorded the need to rewrite the Digital Strategy to match the revised Population Health and Wellbeing Strategy and align to the wider strategic landscape, and that creation of a future strategy allows for specific consideration of the financial plan.

Updates on the D&I Strategy have been provided in line with the CGC 2023/24 workplan. The latest update in November 2023 concluded that many of the deliverables are consistent with an overall maturing of the digital capabilities and can be expected to be included in multiple strategies as NHS Fife moves through the levels of maturity associated with digital capability. The Associate Director of D&I has informed Internal Audit that the timescale for revising the D&I Strategy (2019-2024), which expired on 31 March 2024 but remains fit for purpose, has been put back from 31 July 2024 to 31 January 2025, as reflected in the D&I Board Workplan for 2024/25.

Risk Management

Risk reports were presented to the majority of IG&SSG and D&IB meetings in 2023/24 including visualisation of the risk profile.

During 2023/24, the IG&SSG and the D&IB received reports on relevant corporate and operational risks. Overall there was considerable movement in the risk profile, with several risks closed or with improved ratings and moved to a status of monitoring, although one risk rating did deteriorate.

Draft Risk Management Operational Guidance was presented to IG&SSG on 10 October 2023 and the Risk Tolerance Framework for D&I was presented to D&I Board on 19 April 2023.

The deep dive report on risk 17 – D&I Strategy, presented to CGC on 2 November 2023, concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by April 2025, from its current High (15) level to the target level of Moderate (8), which is within the Board's risk appetite for this subject.

The deep dive report on risk 18 – Cyber Resilience concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by September 2024 from its current High (16) level to the target level of Moderate (12), which is within the Board's risk appetite for this subject. More recently the D&I Board were provided with a verbal update on the hacking incident that impacted on NHS Dumfries and Galloway and received assurance that the exploit that had been effective in that Board would not have been effective in NHS Fife due to the controls in place.

NIS Regulations

The compliance score from the Competent Authority's May 2023 audit of the NIS Regulations has improved from 76% to 87%, but inclusion of additional controls resulted in a new baseline of 77% for NHS

Fife, a positive outcome against the required 60%. A presentation on the NISR audit by the Competent Authority was scheduled to be presented to the cancelled January 2024 IG&SSG but the high level results were reported to IG&SSG at the 16 April 2024 meeting in its Annual Assurance Report/Statement.

Digital Maturity Assessment

NHS Fife participated in the Scottish Government's Digital Maturity Assessment and received a comprehensive report on the outcomes. Assurance was taken that the consideration would be adopted into lifecycle and programme activities.

IG Incidents

In 2023/24, 12 incidents were reported to the Information Commissioner's Office (ICO), compared to 14 incidents in 2022/23. 83% were reported within the 72-hour requirement. 10 of the 12 incidents did not require any further follow up and two remain to be confirmed.

The incident that led to a reprimand from the ICO is included as a disclosure in the draft Fife NHS Board Governance Statement that was presented to the Audit and Risk Committee on 16 May 2024.

Information Governance & Security and Digital & Information Policies

The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May 2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of D&I explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.

Action Point Reference 2 – Digital and Information Strategy

Finding:

The D&I Strategy 2019-2024 remains fit for purpose but it has passed its original end date and the development of the next iteration has been put back from July 2024 to January 2025. CGC has been regularly updated on the delivery of the strategy but has not yet been informed of a clear timetable for its revision.

Audit Recommendation:

The update report to on the D&I Strategy scheduled to be presented to CGC in July 2024 should include clear scheduling of the revision process including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

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

Management Response/Action:


Management accepts and will action this recommendation.

Action by:

Date of expected completion:

Director Digital & Information

31 July 2024





Action Point Reference 3 – IG&S/D&I Policies	
Finding:	
<p>The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May 2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of Digital and Information explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.</p>	
Audit Recommendation:	
<p>Assurance regarding the review status of D&I policies not included in the IG&S Accountability and Assurance Framework report should be regularly provided to the D&I Board.</p>	
Assessment of Risk:	
<p>Moderate</p>	<div style="display: flex; align-items: center;">  <p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p> </div>
Management Response/Action:	
<p>Management will consider and report on this recommendation.</p>	
Action by:	Date of expected completion:
<p>Director Digital & Information</p>	<p>30 September 2024</p>





Key Performance Indicators



Planning	Target	2022/23	2023/24
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented June 2023	Draft presented June 2024
Internal Audit Annual Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2023	Presented Audit & Risk Committee – June 2024
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	78%
Efficiency			
Draft reports issued by target date	75%	57%	46%
Responses received from client within timescale defined in reporting protocol	75%	80%	100%
Final reports presented to target Audit & Risk Committee	75%	57%	80%
Number of days delivered against plan	100% at year-end	90%	102%
Number of audits delivered to planned number of days (within 10%)	75%	79%	80%
Skill mix	50%	88%	84%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	




Assessment of Risk



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

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

ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Governance Statement Disclosures		
<p>Process to highlight issues that may require to be included as disclosures in the Board's Governance Statement throughout the year.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date N/A.</p>	<p>Management considered introducing a new process but decided that the current arrangements to allow members of standing committees to consider which issues warrant disclosure in the Board's Governance statement are sufficient.</p>	 <p>Completed</p>
2. Performance Monitoring		
<p>Report to the Clinical Governance Committee on remedial action to improve performance for - Adverse Events Improvement Actions (70% target) and Complaint Closed- Stage 1 (80% target). This was recommended as these are the only measures included as Quality Performance Indicators in the Clinical Governance Strategic Framework that were not routinely reported on to the Clinical Governance Committee.</p> <p>Action Owner: Director of Nursing / Planning & Performance Team</p> <p>Original target implementation date 31 December 2023.</p>	<p>The IPQR now includes reporting on all of the Quality Performance Indicators included in the Clinical Governance Strategic Framework including evidence of review and remedial action.</p>	 <p>Completed</p>
3. SG Annual Monitoring Return		
<p>Update to SGC on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>Scottish Government feedback related to the 2022/23 Annual Monitoring Return was reported to SGC on 14 May 2024 and a paper reporting on how the feedback has been acted upon is to be presented to SGC by the revised target implementation date of 30 Sep 2024.</p>	 <p>Minor slippage on agreed timelines</p>
4. Assurance Reporting to IG&SSG		
<p>a. All sections of IGS Accountability and Assurance Framework Report (IGSA&AR) to include performance measures and risk summary information.</p> <p>b. Monitoring of timing of distribution of IG&SSG and D&I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 30 April 2024.</p>	<p>a. The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 did not fully address this recommendation and a revised target implementation date of 31 October 2024 has been agreed.</p> <p>b. Monitoring of the timing of issue of papers to of IG&SSG and D&I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 to allow this to be monitored in</p>	 <p>Minor slippage on agreed timelines</p>

	2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.	
5. IG&S Incident Management Assurance		
<p>Incident Management reporting to direct IG&SSG members to consider whether any incidents will likely warrant disclosure in the Board’s Governance Statement.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 30 April 2024.</p>	<p>Consideration of whether the ICO reprimand related incident warranted disclosure in the Board’s Governance statement was included in the IG&SSG Annual Assurance Statement and was discussed at length at the IG&SSG meeting held on 16 April 2024.</p>	 <p>Completed</p>
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Development of Risk Management		
<p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for provision of assurance consistent with the IJB Risk Management Strategy.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 31 March 2024.</p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board’s risk appetite has not taken place yet.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite. Target implementation date extended to 30 September 2024.</p> <p>b. The Deep Dives continue to evolve but they do not include the 3 components referred to in our recommendation which are derived from the ‘Specific questions when analysing a risk delegated to the committee in detail’ section of the Assurance Principles that are appended to the Risk Management papers presented to standing committees. Target implementation date extended to 30 September 2024.</p> <p>c. Revised KPIs which allow the A&RC to oversee performance management of the risk management framework were presented to A&RC on 16 May 2024</p>	 <p>Minor slippage on agreed timelines</p>

	<p>and A&RC were advised that these will continue to evolve (Complete).</p> <p>d. The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete).</p>	
<p>2. Staff Governance Standards</p>		
<p>a. A year-end report to be presented to the Staff Governance Committee providing year-end feedback on:</p> <ul style="list-style-type: none"> The action taken on each strand of the Staff Governance Standards during 2023/24. Reflection on how successfully and effectively these have been implemented. What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. <p>b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>a. The conclusion in the SGC Annual Report/Assurance Statement presented to SGC on 14 May 2024 combined with the paper presented to the March 2024 SGC on the coverage of the strands at SGC meetings in 2023/24 satisfies our recommendation.</p> <p>b. As per 2a above</p>	 <p>Completed</p>
<p>3. Whistleblowing</p>		
<p>The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion's opinion on the adequacy NHS Fife's whistleblowing arrangements.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>The Whistleblowing Annual Report 2022/2023 was presented to the SGC on 9 November 2023 and subsequently to Fife NHS Board on 28 November 2023. This includes a statement from the Whistleblowing Champion on the adequacy of NHS Fife's Whistleblowing arrangements.</p> <p>The SGC Annual Assurance Report/Statement for 2023/24 presented to SGC on 14 May 2024 includes a statement from the Board's Non-Executive Whistleblowing Champion on the adequacy NHS Fife's whistleblowing arrangements at section 4.13.</p>	 <p>Completed</p>
<p>6. Digital & Information Strategy</p>		
<p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new</p>	<p>a. The D&I Strategy update to CGC on 3 November 2023 included analysis of</p>	

<p>D&I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale.</p> <p>Action Owner: Associate Director of Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The D&I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework. The development of the revised D&I Strategy has been delayed. Target implementation date extended to 31 January 2025.</p>	<p>Minor slippage on agreed timelines</p>
<p>ICE Report 2022/23 (B08/23) - Update of Progress Against Actions</p>		
<p>Agreed Management Actions with Dates</p>	<p>Progress with agreed Management Actions</p>	<p>Assurance Against Progress</p>
<p>1. Committee Assurances</p>		
<p>a. The Board’s action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings.</p> <p>b. Risk sections within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences.</p> <p>c. SBARs on Policy Updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete).</p> <p>b. Improvements to the completion of the Risk Management section of SBARs presented to the Board and its Standing Committees was evident in a sample selected for meetings in December 2023, January 2024, and March 2024.</p> <p>c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).</p>	<p style="text-align: center;">  Completed </p>
<p>10. IG&S Incident Reporting to CGC</p>		
<p>The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including:</p> <ul style="list-style-type: none"> ○ Reasons for any instances of non-compliance with the 72-hour statutory timescale for 	<p>IG&SSG Updates to CGC on 1 March 2024 includes assurance regarding compliance with the 72-hour timescale for reporting incidents to the ICO and consideration regarding whether or not any of the</p>	<p style="text-align: center;">  Completed </p>

<p>reporting to the ICO and what has been done to prevent this from happening in future.</p> <ul style="list-style-type: none">○ Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board's Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 29 February 2024 (TBC)</p>	<p>incidents will warrant disclosure in the Board's Governance statement.</p>	
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Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Update on Corporate Risks Aligned to the Staff Governance Committee, incorporating Deep Dive: Nursing and Midwifery
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities:
 - To improve quality of health & care services
 - To improve staff experience and wellbeing

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

- Safe, Effective & Person Centred

This report aligns to the following Strands of the Staff Governance Standard:

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

2. Report Summary

2.1 Situation

This paper provides an update on the Risks aligned to this Committee since the last report to the meeting on 14 May 2024. Members are invited to:

- Note details of the Corporate Risks as at end of June set out at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2 and the Risk Matrix at Appendix 3;

- Consider and be assured on the mitigating actions to improve the Risk levels;
- Conclude and comment on the assurance derived from the report.
- Discuss the Nursing and Midwifery Workforce Deep Dive.

2.2 Background

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

- Relevance
- Proportionality
- Reliability
- Sufficiency

2.3 Assessment

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

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	45	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

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

Table 2: Risks Aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve staff experience and wellbeing	<div style="display: flex; justify-content: space-around; width: 100px;"> 2 - - - </div>	◀▶	<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 	Mitigations updated for Risks 11, and 12
 To improve the quality of health and care services	<div style="display: flex; justify-content: space-around; width: 100px;"> - 1 - - </div>	◀▶	<ul style="list-style-type: none"> 19 - 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019' 	Mitigations updated for Risk 19

Since the last report to the Committee on 14 May 2024:

- Three risks continue to be aligned to this Committee.
- The risk ratings and levels are unchanged with Risks 11 and 12 assessed as High, and Risk 19 as moderate.

UPDATES

Risk 11 – Workforce Planning and Delivery

The work on the ScotCom Programme and widening participation continues. The partnership agreement is signed between NHS Fife and the University of St Andrews and a programme timetable launched starting with a briefing targeting high school influencers in late April 2024 and the application window for the summer school opening in June 2024. Further engagements events are being planned with the Developing the Young Workforce Coordinators for September 2024, to support pupils who are not predicted to meet the entry grades for Medicine degree courses, to explore other opportunities in healthcare. This is alongside an NHS Fife based Careers event and the new EMERGE programme.

Risk 12 – Staff Health and Wellbeing

Consideration and review of staff support priorities for 2022-2025 are being progressed via the Staff Health & Wellbeing Group and other fora, aligned to our Action Plan. There is a current focus on wellbeing support for Doctors and Dentists in Training, aligned to the RTP programme.

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

Work continues on HCSA implementation. This includes preparing to be in a position to formally report quarterly on progress to Scottish Government. The June 2024 Scottish Government engagement meeting supported assessment of reasonable assurance.

Deep Dive Reviews

A Nursing and Midwifery workforce related presentation, will be provided to the Staff Governance Committee on 9 July 2024, in lieu of a Deep Dive.

Next Steps

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

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

This report provides the following Level of Assurance:

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

2.3.1 Quality / Patient Care and Value-Based Health & Care

Effective management of risks will support delivery of all strategic priorities. Applying realistic medicine principles will ensure a more holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to support staff health and wellbeing, and the quality of health and care services. This report contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

The management of the Corporate Risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and workplans, with updates provided via established Governance routes, for example, Programme Boards, Steering Groups and other management groups. These include the Workforce Senior Leadership Team and the local Health and Care (Staffing) (Scotland) Act 2019 (HCSA) Reference

Group. The above groups provide fora in which there can be due diligence on the risks, contributing to more transparent decision making and good corporate governance.

Risk Appetite

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

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

The Board's risk appetite is currently under review.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, Involvement, Engagement and Consultation

This paper reflects a range of communication and engagement with key stakeholders, including the newly formed NHS Fife Workforce Planning Group on 23 May 2024; NHS Fife HCSA Implementation Group on 17 May and 20 June 2024; the newly reformed Attendance Management Oversight Group on 21 May 2024; the recently established People and Change Board on 17 June 2024; and NHS Fife Staff Health & Wellbeing Group on 25 June 2024.

2.3.8 Route to the Meeting

Via the various meetings set out above.

2.4 Recommendation

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

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

3. List of Appendices


The following appendices are included with this report:

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

Report Contact:

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

Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 30 June 2024

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



To improve staff
experience and
wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>The new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, now offering up to 20 places for pupils interested in health-related careers.</p> <p>ScotCom: widening participation. The partnership agreement is signed between NHS Fife and University of St Andrews and a programme timetable launched starting with a briefing targeting high school influencers in late April and the application window for the summer school opening in June 2024. Further engagements events are in planning with DYW coordinators for September to support pupils who are not predicted to meet the entry grades for Medicine degree courses to explore other opportunities in healthcare.</p> <p>The HSCP Anchor group has formed with the first meeting held in April 2024. Integrated membership includes social care, nursing, business enabling and administrative services. Public Health Input and direction to support the group to start to map out workforce ambitions. Continued development of Service Level Workforce Plans, taking account of the</p>						



To improve staff experience and wellbeing

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



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
12	Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022 and complementary Action Plan for 2023 to 2025 now approved, in order to deliver these commitments.</p> <p>Consideration and review of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, aligned to Action Plan. Current focus on wellbeing support for Doctors and Dentists in Training, aligned to RTP programme.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and promote staff wellbeing. This includes commencing multifactorial reviews within</p>	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		targeted areas to develop bespoke support to both staff and managers in these areas as part of the 2024 / 2025 initiatives, overseen by a new Board wide assurance group.						



To improve the quality of health and care services

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
19	<p>Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]</p> <p>Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will</p>	<p>NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established. Frequency of meetings increased to monthly from September 2023.</p> <p>Seven SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness, one remaining</p>	<p>Moderate 12</p> <p>(L4x C3)</p>	<p>Mod 9 (L3x C3) by 22/07/24</p>	<p>◀▶</p>	<p>Within</p>	<p>Director of Workforce</p>	<p>Staff Governance (SGC)</p>

	<p>influence the level of compliance with HCSA requirements.</p> <p>While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.</p>	<p>SWOT to be shared and logged with national team.</p> <p>HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p> <p>Quarterly progress returns submitted to SG and June 2024 SG engagement meeting supported assessment of reasonable assurance. Enhanced local engagement and reporting achieved via introduction of MS Forms to capture latest activity in respect of Act requirements. Feedback informs local action plan.</p> <p>Regular updates provided to APF, EDG and SGC and Fife NHS Board.</p> <p>Board participation in national SG /HIS event on 12 March 2024, Speech & Language Therapy service recorded HIS podcast to support shared learning now published nationally.</p> <p>This risk on the preparations for HCSA implementation is monitored via the NHS Fife HCSA Local Reference Group.</p>						
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Risk Movement Key

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

Appendix 2: Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- Scrutiny or risk delegated to Committee

Year End Report

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





General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances – which monitor the application of controls/actions?
- Assessing Controls
 - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
 - 1st line – management/performance/data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Appendix 3: Risk Assessment Matrix

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

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

Figure 1 Likelihood Definitions

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

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

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

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

Figure 2 Risk Matrix

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

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

Figure 3 Consequence Definitions

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

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

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 9 July 2024
Title:	Attendance Management Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing & Relations

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 March 2024; this paper provides details of plans to progress promoting attendance and details proposed actions that are intended to deliver a reduction in sickness absence by the end of the current financial year 2024 / 2025.

2.2 Background

Given the current absence trend and the ask by Scottish Government (SG) to reduce sickness absence in 2024 /2025, it is recognised that there would require to be a change in emphasis to secure a longer term, sustainable improvement in absence rates within NHS Fife, taking account of existing managerial, occupational health, workforce, and organisational inputs.

For transparency, **Appendix 1** sets out the current absence rates, reasons for absence and details of areas within the Board where areas are classified as 'high priority' based on aggregated absence rates in last three months.

2.3 Assessment

January 2024 recorded the highest sickness absence rate of 8.27%. There was a reduction in February at 7.64% and then March recorded the lowest figure so far at 6.62%. April saw a rise to 7.35% before the figure for May reduced to 7.11%.

The aim now is to drive forward improved attendance management working towards a reduction in our absence rate with the target set for achieving 6.5% by the end of March 2025.

We recognise that there are resource constraints and that we must now focus our resource on the areas of most need and what will have the most impact on improving attendance.

The newly formed Attendance Management Group have now met on one occasion and have developed their own Terms of Reference as well as an action plan with short-, medium- and long-term activity.

Listed below are some high-level activities that are underway: -

- H&SCP colleagues have commenced a multifactorial review, exploring the benefits to share approach across the system for all services to use as appropriate.
- Benchmarking with other Boards on their approaches to find any learning.
- Reviewing the purpose of the Attendance Management Panels, considering their focus and purpose.
- Promotion of the Attendance Management Training to the appropriate audience.
- Implementation of a Neurodiversity Passport to support managers and neuro diverse staff.

In the medium term (which the group have classed as 7 to 12 months) we will:-

- Develop bitesize learning sessions using the TURAS Learn NHS Scotland Attendance eLearning module.
- Review our Health and Wellbeing support to ensure it can maximise and support improved and sustained reduction in absence management.
- Continue to develop our approach to Values Based Reflective Practice (VBRP).

Recognising that NHS Fife's highest reason for absence is mental health, anxiety and depression at 28.97%, the group are also considering the potential for NHS Fife to work in partnership with a company called Thrive Mental Wellbeing that would provide our workforce with an accessible mental health support all in one mental health app, allowing staff to take control of their mental health through the provision of support without any barriers.

From an initial discussion we are currently exploring some further clarity on matters that we need to understand in more detail. Some examples of the ongoing discussions are how can they link the data to evidence that Thrive helped an employee stay in work? Understanding more about how referrals work and how do they ensure that the support from OH does not prevent an individual being eligible for therapy with Thrive? They use the terminology

“coaching” and we want to be clear on what they mean by 'coaching' from a Therapist context and how they manage people in crisis.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No impact has been identified.

2.3.7 Communication, involvement, engagement and consultation

Actions proposed are being discussed with the Attendance Management Oversight Group 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 Attendance Management Oversight Group, the Workforce Directorate, Executive Directors Group, and service leads, who have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendix are included with this report:

- Appendix 1: NHS Fife Sickness Absence Tableau Reports – May 2024

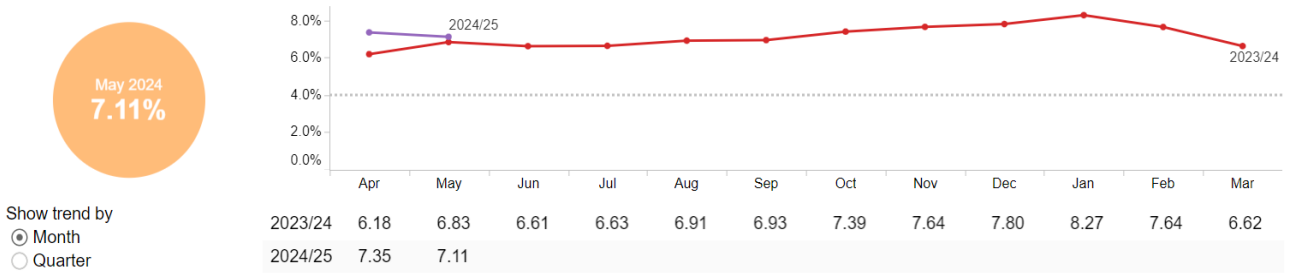
Report Contact:

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

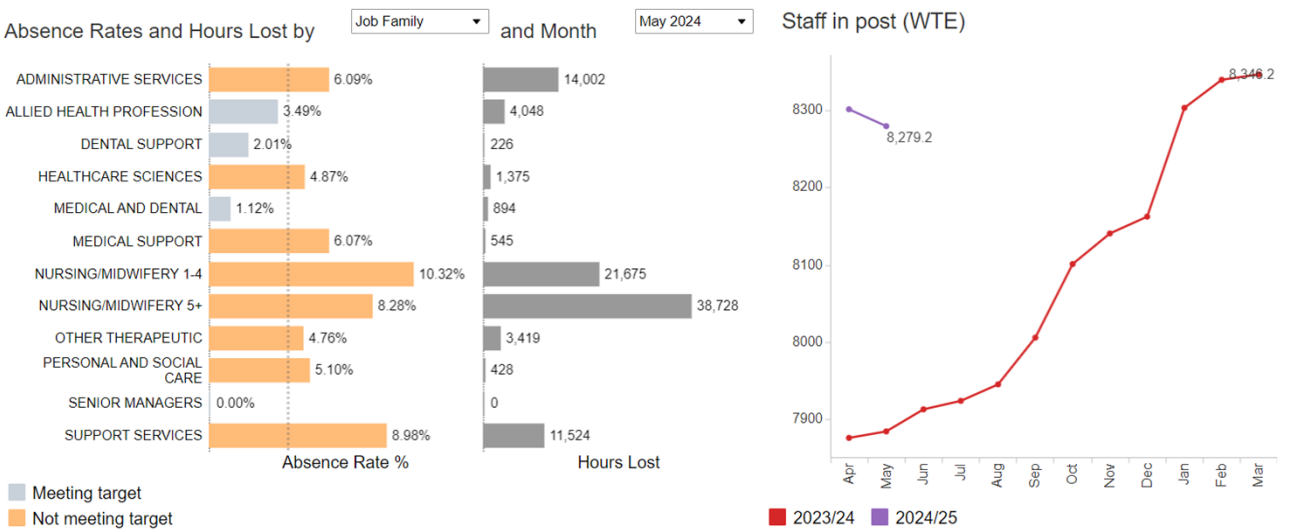
Appendix 1: NHS Fife Sickiness Absence Tableau Reports – May 2024

NHS Fife Absence Rates – April 2023 to May 2024

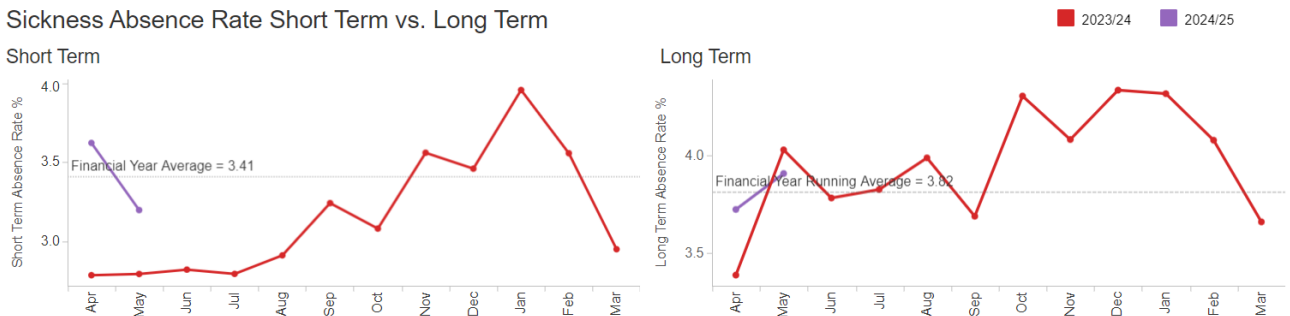
Sickness Absence Rate



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



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



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

Overall Absence Rate and Hours Lost by Age Group

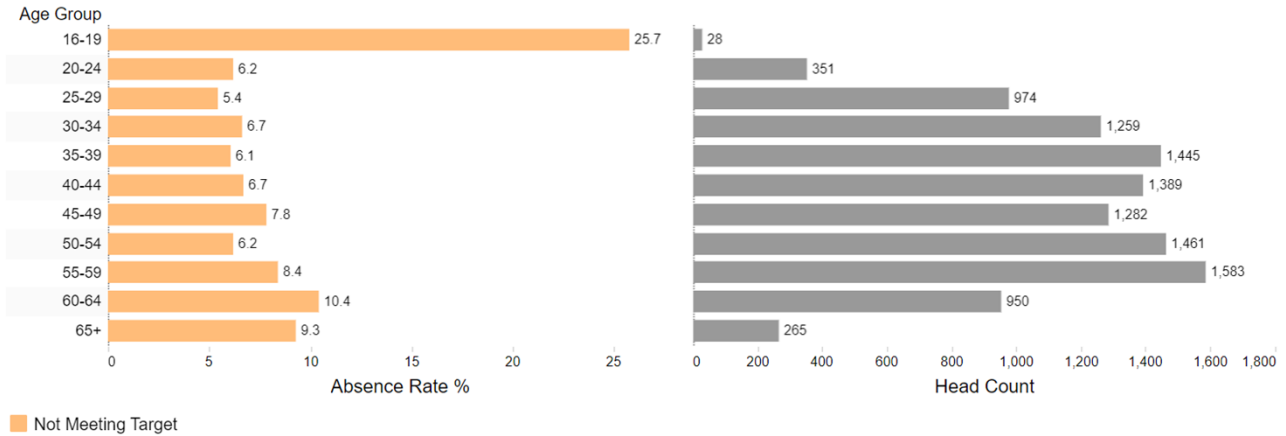
This chart will hide age groups with a headcount of 5 or less

Choose Short Term / Long Term

Select Month(s)

Overall

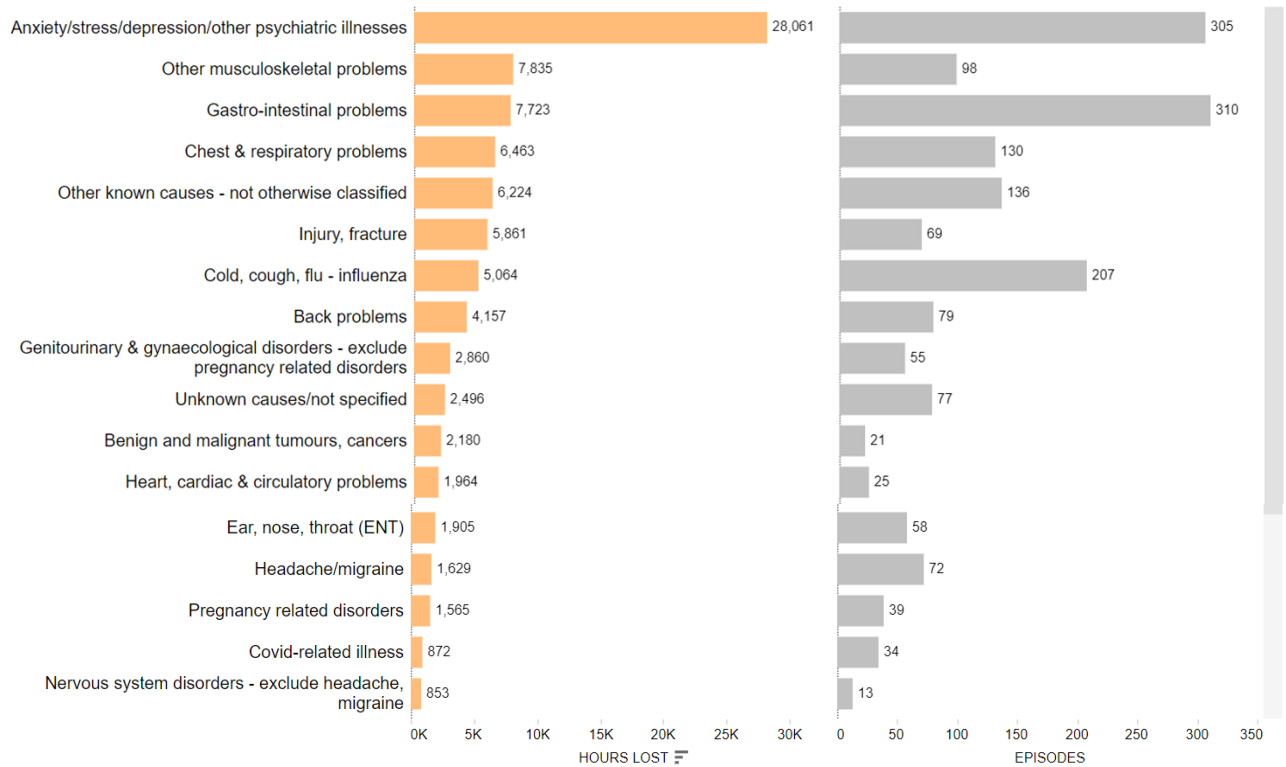
May 2024



NHS Fife Absence Episodes and Hours Lost by Reason – May 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.



Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Delivery of Annual Workplan 2024/2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

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

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B08/23, whilst ensuring due

diligence in respect of the range of workforce matters to be considered by the Committee and the commitment to the NHS Scotland Scottish Government Standard.

2.3 Assessment

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

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee. Delivering robust governance across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Standard. The content, update and review of the Annual Workplan contributes to all strands of the NHS Scotland Staff Governance Standard. The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage of respective strands of the Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2024/2025 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 6 March 2024, 14 May 2024 and those planned for the meeting on 9 July 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 14 May 2024.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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



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

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

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

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

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

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

Linked Committee Minutes (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		Meeting Cancelled	✓		✓	
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		✓				

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

Meeting: Staff Governance Committee

Meeting Date: Tuesday 9 July 2024

Title: NHS Fife Corporate Objectives 2024/2025 (Draft)

Responsible Executive: Carol Potter, Chief Executive

Report Author: Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This report is presented to Staff Governance for:

- Assurance
- Discussion

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive
- 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 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
- 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
- We will develop a workforce staffing model for in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.

- We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60%

2 Report Summary

2.1 Situation

The Committee is asked to consider the key corporate objectives for 2024/25. These objectives align with the NHS Fife Population Health and Wellbeing Strategy and the Re-form Transform and Perform Framework and will be taken formally to NHS Fife Board for approval.

2.2 Background

The Corporate Objectives details the priorities for NHS Fife for 2024/25 and beyond and aligns to the key strategic frameworks – the Population Health and Wellbeing Strategy and the Re-from, Transform and Perform Framework.

2.3 Assessment

The proposed Corporate Objectives were developed by the Executive Directors with support from the Associate Director of Culture, Development and Wellbeing. The Corporate Objectives are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the Annual Delivery Plan for 2024/25. The Corporate Objectives aligned to the Improving Value and Sustainability Strategic Priority 4 are:

- We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.
- We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.
- We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.

Each Corporate Objective has a Lead Director assigned and the Corporate Objectives form an integral part of Executive Director's performance management. The Chief Executive will have monthly meetings with each director to provide

assurance for delegated responsibilities including review of performance metrics and to discuss and monitor personal objectives.

In addition to individual discussions with the Chief Executive, a Corporate Objective Review Group (comprising the Executive Team and the Associate Director of Planning and Performance) will meet every 2 months to report on progress against the delivery of the Corporate Objectives and the lead director will take ownership for a brief written update for their Corporate Objective(s).

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

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife Corporate Objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife Corporate Objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment / Management

Each Corporate Objective will be assessed against the corporate risk management framework.

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

Each corporate objective will complete an EQIA as appropriate.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Developed through discussion with Executive Directors.

2.3.8 Route to the Meeting

This paper has been considered and agreed by the Executive Directors Group on 16 May 2024 and the Corporate Objectives have been approved in draft at the Remuneration Committee on 21 June 2024.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Significant** Level of Assurance. The Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 - Corporate Objectives 2024/25

Report Contact

Susan Fraser
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Corporate Objectives 2024/25

Executive Directors

Committees

Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strat	Director of Acute Services	Director of Health & Social Care	Director of Workforce	Director of Property & Asset Mang	Director of Pharm and Medicines	Director of Reform & Trans	Director of Comms	Director of Digital & Information
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Clinical Governance	Staff Governance	Finance, Resource and Performance	Public Health and Wellbeing
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Improve health and wellbeing

1	We will deliver 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.			L		✓	✓	L	✓			L	✓
2	We will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.			✓		✓	L						
3	We will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.	✓	✓	L		L	L					✓	✓

	✓		✓
✓			✓
✓		✓	✓

Improve quality of health and care services

4	We will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.	✓	✓		✓	L	L	✓		✓	✓		✓
5	We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.	L	L		✓	L	✓		✓	✓	✓		✓
6	We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.	L	L		✓	✓	✓		✓	L	✓		

✓		✓	
✓		✓	
✓		✓	

Improve staff experience and wellbeing

7	We will develop a workforce staffing model for in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.	L	L	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
8	We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of PDRs.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	✓
9	We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.	✓	✓	✓	✓	✓	✓	L	✓	✓	L	✓	

	✓	✓	
	✓		
	✓		

Improve value and sustainability

10	We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.	✓	✓	✓	L	✓	✓	✓	✓	✓	L	✓	✓
11	We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.	✓	✓		✓	✓	✓		L	✓	✓	L	
12	We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	✓

		✓	
✓		✓	
		✓	

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Annual Delivery Plan Scottish Government Response 2024/2025
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/2025

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 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.

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 changes from 2023/24 drivers are:

- Health Inequalities driver has been expanded to cover a wider range of population health planning.
- Digital Services and Technology and Innovation Adoption have now been merged into a combined "Digital Services Innovation Adoption" driver.
- Women and Children's Health driver has been added.

2.3 Assessment

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.

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 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 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)
- NHS Fife Board 20 June 2024
- Public Health & Wellbeing Committee 1 July 2024
- Executive Directors Group 4 July 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Annual Delivery Plan 2024/25
- Appendix 2: NHS Fife Delivery Plan 2024/25 Approval Letter

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RE-FORM • TRANSFORM • PERFORM



Annual Delivery Plan 2024/25

21 March 2024

nhsfife.org

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Published March 2024

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Planning Context

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

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

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

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

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

Population Health and Wellbeing Strategy

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

PRIORITY 1
Improve health and wellbeing
 We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

Ambitions*
 A Fife where we:
 1 live in flourishing, healthy and safe places and communities.
 2 thrive in our early years.
 3 have good mental wellbeing.
 4 reduce the use of and harm from alcohol, tobacco, and other drugs.
 5 have a sustainable, inclusive economy with equality of outcomes for all.
 6 eat well, have a healthy weight and are physically active.

*Based on Scotland's public health priorities.

PRIORITY 2
Improve the quality of health and care services
 We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

Ambitions
 For all healthcare services provided by NHS Fife, we will:
 1 Provide high quality person-centred care.
 2 Deliver services as close to home as possible.
 3 Reduce reliance on inpatient beds by providing alternatives to admission to hospital.
 4 Ensure timely access to services based on clinical need.
 5 Prevent and identify disease earlier.
 6 Support the delivery of seamless, integrated care and services across health and social care.

PRIORITY 3
Improve staff experience and wellbeing
 We value and look after our staff.

Ambitions
 Our workforce:
 1 is inclusive and diverse, reflecting Fife's communities.
 2 is supported to develop new skills that help improve care for patients.
 3 is heard and at the heart of transforming services.
 4 works in partnership across health and social care, recognising interdependencies.
 5 experiences compassionate leadership in a culture that supports wellbeing.

PRIORITY 4
Deliver value and sustainability
 We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Ambitions
 1 Provide the right services in the right places with the right facilities.
 2 Ensure the best use of our buildings and land.
 3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
 4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
 5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

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

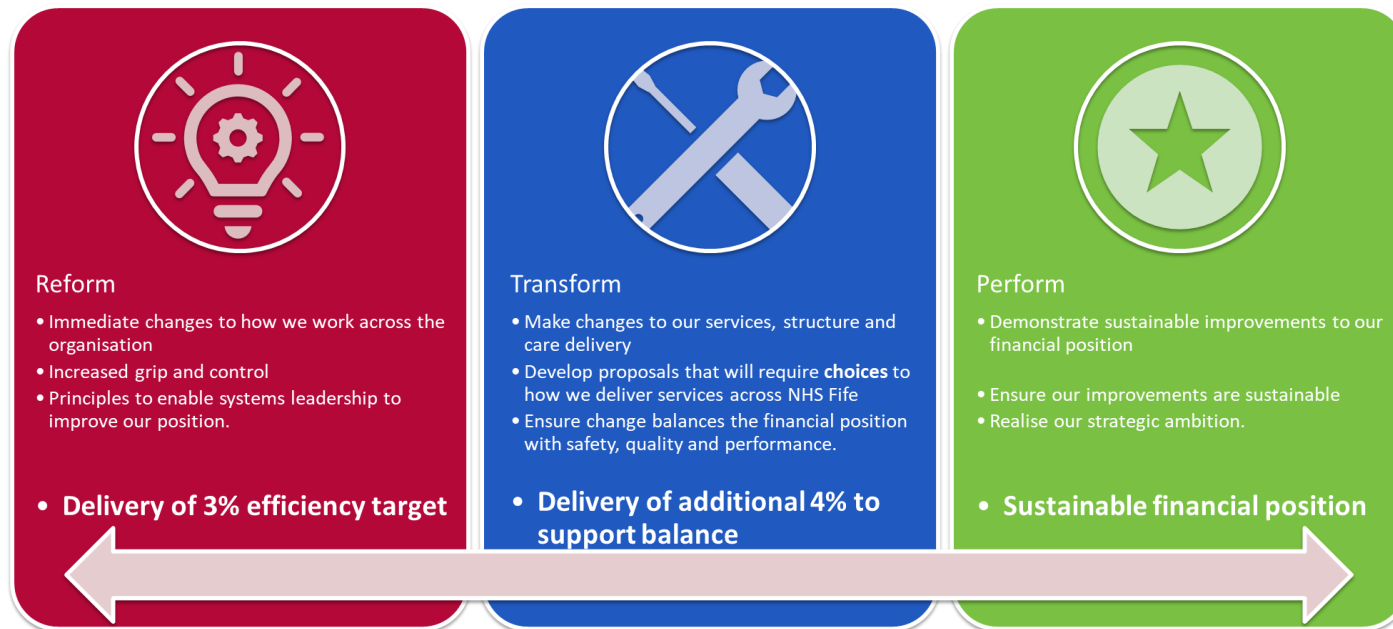
Medium term Financial Plan 2024-27

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

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

Re-form, Transform and Perform Framework

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



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

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

Regional planning

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

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


Risk Management

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

Recovery Drivers

1 Primary and Community Care

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

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

1.1 Delivery of core primary care services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

2 Urgent & Unscheduled Care

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

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Urgent & Unscheduled Care 	SAS Handover Times	100% patients turnaround within 60 minutes		Feb-24	88.8%	100%
	Emergency Department Waiting Times	95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for treatment, to work towards 98%		Feb-24	63.9%	75%
		Patients wait less than 12 hours to admission, discharge or transfer		Feb-24	115	0
	Unplanned Care	Ensure that acute receiving occupancy is 95% or less		Feb-24	110%	95%
		Reduce estimated average length of stay for emergency admissions to acute hospitals		Feb-24	4.1	4.0
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Acute/Community hospital	Standard Delays	Feb-24	49	39
AWI Delays			13		19	

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

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

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

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

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

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

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

2.2.1 Optimising Flow Navigation Centre

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

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

2.2.2 Signposting and scheduling of appointments to A&E

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

2.2.3 Increasing the routes for professional-to-professional advice

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

2.2.4 Focus on frailty pathways and care home support

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

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

2.2.5 Develop further ambulatory pathways

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

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

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

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

2.3.1 Hospital at Home (Older People)

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

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

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

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

2.3.3 Respiratory

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

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

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

2.3.4 Paediatrics

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

2.3.5 Heart Failure

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

2.3.6 Long Term Conditions and Complex Care

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

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

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

2.3.7 Improving access to 'same day' services

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

2.3.8 The use of early and effective triage

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

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

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

2.3.9 Rapid decision-making

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

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

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

2.4.1 Increasing 1–3-day admissions

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

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

2.4.2 Reducing delays over 14 days

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

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

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

2.4.3 Supporting Discharges

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

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

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

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

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

2.4.4 Promoting early and effective discharge planning

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

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

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

2.4.5 Robust and responsive operational management

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

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

2.5.1 Reduce unscheduled admissions

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

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

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

2.5.2 Accelerate rapid assessment

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

2.5.3 Evolve to implement Frailty Units

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

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


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

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

2.5.4 Frailty Skill Mix

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

3 Mental Health

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

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

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

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

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

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

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

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

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

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

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

3.1.2 Psychological Therapies

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

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

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.

3.2.1 Development of Fife Mental Health Strategy

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

3.5 Improving support and developing the Mental Health workforce.

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

3.6 Improving the mental health-built environment and patient safety.

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.

The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.

4 Planned Care

Recovering and improving delivery of planned care

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

4.2 Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

4.3 Maximising capacity to meet local demand trajectories.

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

4.6.2 Transfer of lists

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

4.7 Undertake regular waiting list validation.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

4.8 Wait Well

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.

4.9.1 ACRT/PIR

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed specialty by specialty. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

4.10 Optimise theatre utilisation and implement digital solutions.


NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

5.1.1 *The Framework for Effective Cancer Management*

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

5.1.2 *Breast Pathways*

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

5.1.3 Colorectal Pathways

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

5.1.4 Urology Pathways

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)

5.2.1 Increasing Diagnostic Capacity

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

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

5.2.2 Increasing Endoscopy Capacity

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

5.2.3 Rapid Cancer Diagnostic Service

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce an Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

5.4 Delivering single point of contact services for cancer patients

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support

5.5.1 Prehabilitation

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.

Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

5.5.2 Psychological Therapies


NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate in the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard	Latest		By Mar-25	
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	QE Sep-23	82.9%	90.0%	
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
	Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%	
Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500	
		40% Most Deprived		111	324	
Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300	
		C&YP	YE Feb-24	134	156	

6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

6.2.1 Implementation of MAT standards

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

6.2.2 Outcome 1 – Fewer people develop problem drug use.

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

6.2.3 Outcome 2 - Risk is reduced for people who take harmful drugs.

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

6.2.4 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services.

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approach) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.

6.3.1 Develop and maintain Smoking Cessation Services

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

6.3.2 Weight Management

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *'support and empower a sustainable skilled workforce to deliver safe and effective immunisation services'* and the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".

6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities through engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

Employability

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already an established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

Anticoagulant medicines are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

Lithium is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

Insulin - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

Sodium Valproate is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.

7 Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.

7.1.1 Best Start

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

7.1.2 New Model of Neonatal Care

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those how need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

7.2 Taking forward the relevant actions set out in the Women's Health Plan

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

7.2.1 Access to TOP Service

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

7.2.2 Access to contraception

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

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

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

9.6.2 *Upgrades and Lifecycle Plans*

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.





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Scottish Government
Riaghaltas na h-Alba
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28 May 2024

Dear Carol

NHS FIFE DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. Most recently, the letter from the Scottish Government to all Chief Executives on 8 May regarding *NHS Boards Financial Position and Service Delivery* emphasised that the target for 3% recurring savings against baseline funding must be achieved, and the requirement to reach financial balance through further choices and actions.

In support of this, Boards have been asked to complete, by 31 May, a schedule of further Board level choices and decisions you have assessed to reduce financial deficit, but which require further discussion and clearance to move forward with due to the impact on performance or service delivery. This return will also help us understand the impact on your Delivery Plan.

Within this context, we are satisfied that your current Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.



To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which can be found in **Annex A**. This covers a small number of 'Priority Areas' where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of "Development and Improvement Areas" which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, reducing planned care waiting lists remains a key Government priority, and we will continue to work with you to refine and deliver your Planned Care Plans, supported by the additional funding announced last month, to ensure that we can maximise performance within the available resource envelope.

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely



PAULA SPEIRS
NHS Scotland Deputy Chief Operating Officer

Annex A – Scottish Government Feedback

Recovery Driver	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>It is welcome that the Board’s plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.</p> <p>The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on “quick wins” and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.</p> <p>It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.</p> <p>The plan briefly references the Board’s own locally funded and managed ‘Glaucoma Shared Care Scheme’ and then references “the national service” - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife’s eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.</p> <p>As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.</p> <p>It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).</p>	

Recovery Driver	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
Priority Areas	
<ul style="list-style-type: none"> None specific to the plan itself; however the Board should continue to work closely with the Scottish Government <i>Unscheduled Care Policy and Performance Team</i> to drive improved performance. 	
Development and Improvement Feedback	
<p>The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.</p> <p>The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centers. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.</p>	

Recovery Driver	Improve the delivery of mental health support and services
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Mental Health Team</i> to drive improved performance. 	
Development and Improvement Feedback	
<p>The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.</p> <p>The following areas in particular will be the focus on ongoing engagement:</p> <p>CAMHS - The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.</p> <p>There is risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.</p> <p>There is risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.</p> <p>Psychological Therapies - Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.</p> <p>Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.</p> <p>Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.</p>	

Recovery Driver	Recovering and improving the delivery of planned care
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Planned Care Policy and Performance Team</i> on actions needed on their associated Planned Care Plan. 	
Development and Improvement Feedback	
<p>Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.</p>	

Recovery Driver	Delivering the National Cancer Action Plan (Spring 2023-2026)
Priority Areas	
	<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Cancer Access Team</i> to drive improved performance.
Development and Improvement Feedback	
	<p>It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.</p> <p>A Rapid Cancer Diagnostic Service pilot has been operational since June 2021 but is only funded until September 2024. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after September 2024. The plan states that the service is at risk if no additional funding is secured.</p> <p>The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.</p> <p>SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.</p>

Recovery Driver	Enhance planning and delivery of the approach to health inequalities and improved population health
Priority Areas	
	<ul style="list-style-type: none"> • None
Development and Improvement Feedback	
	<p>On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.</p>

Recovery Driver	Take forward the actions in the Women's Health Plan and support good child and maternal health , so that all children in Scotland can have the best possible start in life.
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.</p> <p>High level assurance is provided in relation to the delivery of child health reviews.</p> <p>It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.</p> <p>On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.</p>	

Recovery Driver	Implementation of the Workforce Strategy
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning. 	
Development and Improvement Feedback	
<p>Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place.</p> <p>NHS Fife's Delivery Plan provides sufficient high level assurance of activity in relation to the implementation of the Workforce Strategy.</p>	

Recovery Driver	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of upmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.</p> <p>It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.</p> <p>It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365 and LIMS. The plan highlights a funding risk for e-rostering after November 2024. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.</p> <p>Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by March 2026 as mandated in the Scottish Government’s Directors Letter (2024) 3</p>	



Recovery Driver	Climate Emergency and Environment
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Overall, the plan is effective at meeting the climate emergency and environment planning priorities.</p> <p>Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided and it would be useful to include information on this.</p> <p>The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.</p> <p>The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include; total land area, greenspace area and indicate greenspace types. The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.</p> <p>The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.</p> <p>The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board's fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.</p> <p>NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board's longer term portfolio. Using the Jacobs Net Zero Routemaps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.</p> <p>The Board will need to ensure that they have a plan for Entonox mitigation. . A clear program needs to be articulated including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.</p>	

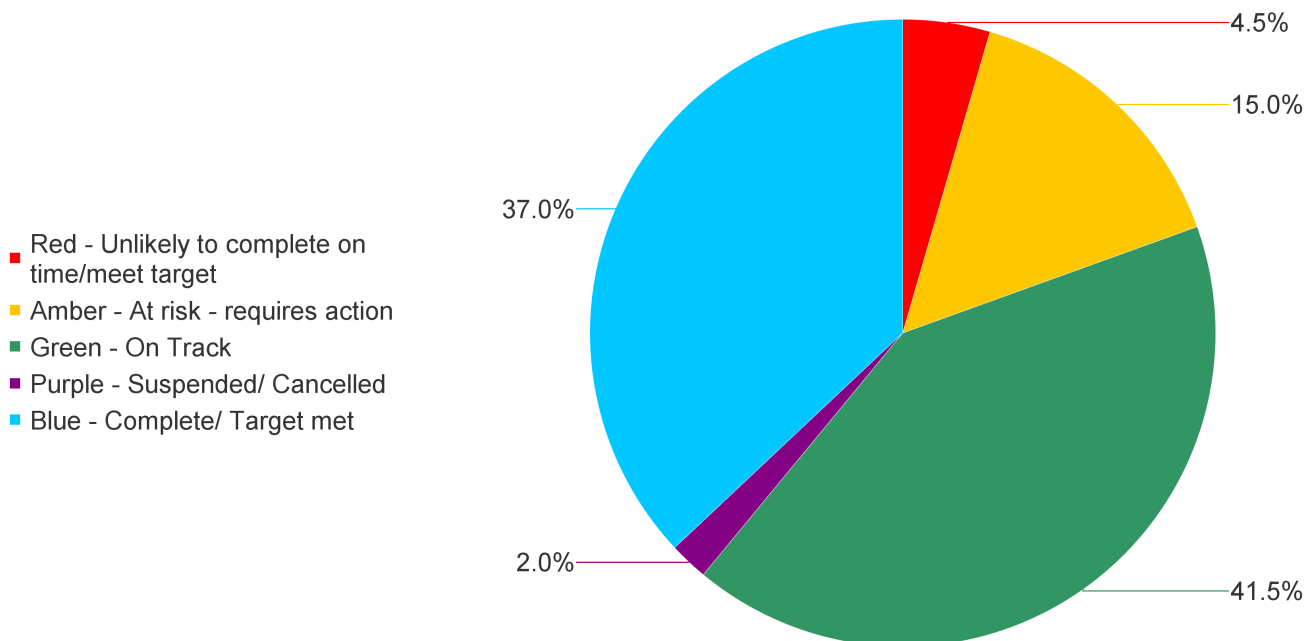


Supporting Theme	Finance & sustainability
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government <i>Health Finance Team</i> on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan. 	
Development and Improvement Feedback	
None.	

Supporting Theme Value Based Health & Care
Priority Areas
<ul style="list-style-type: none"> • None
Development and Improvement Feedback
<p>While the Delivery Plan mentions Realistic Medicine, there is no mention of how the Board intends to support delivery of the Value Based Health and Care Action Plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system.</p>

Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	30
2. Urgent and Unscheduled Care	1	3	5		5	14
3. Mental Health		3	8		2	13
4. Planned Care		1	3		6	10
5. Cancer Care	2	1	6		6	15
6. Health Inequalities		1	9	1	5	16
7. Innovation Adoption					4	4
8. Workforce		1	10		7	18
9. Digital	1	5	6	2	7	21
10. Climate			2		7	9
Other	4	9	16		21	50
TOTAL	9	30	83	4	74	200



Annual Delivery Plan 2023/24 Progress - Deliverable Summary - RAG

Red - Unlikely to complete on time/meet target

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Implement IPC Workforce Strategy 2022-24</p> <p>Update: Due to the national deliverables not as yet been delivered, this has impacted local implementation. Resulting in milestones extended by 6 months.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Nursing Directorate
<p>Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.</p> <p>Update: Significant work undertaken around reducing Length of Stay and improving flow, looking at MDT approach and rolling out EBR. SLWG established linking to RTP - Surge reduced by 10 beds.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Improve quality of cancer staging data</p> <p>Update: Improvement seen in staging data in prostate and bladder.</p> <p>Improvement required in Renal and this will be measured through the QPI process.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways</p> <p>Update: CMGs are still being implemented nationally. NHS Fife (and SCAN) continue to use the regional CMPs.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&I</p> <p>Update: Due to challenges with capital funding, this work is currently on hold. Consideration and planning around development of the physical space requirements for hospital pharmacy continue.</p>	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
<p>Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife</p> <p>Update: Work has continued throughout the quarter, however due to the continued pressure across the payroll teams, the workstreams have not been able to conclude by the year end and will therefore continue into 2024/25 until such times as the milestones are all achieved.</p>	To Deliver Value & Sustainability		Finance
<p>Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets</p> <p>Update: SBAR paper taken to QMag meeting March 2024 regarding HSCP monthly meetings to discuss CHP and improvements. QMAG in agreement. Meetings need to be arranged. Complaint Complexity Categorisation Tool shared with Directorates for comment. Tool updated. Needs to be shared with Clinical Governance for final approval. Further work has taken place with Escalation tool and will be shared with PET colleagues for input and review before sharing with Services for comment. Further discussion regarding MDT approach needs to happen with Services and how this process will look. This will be discussed at monthly complaint meetings with Acute and H&SCP.</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.</p> <p>Update: Dependency on D&I to progress eCatheter insertion & maintenance bundles, has resulted in an extension to the planned milestones</p>	To Improve the Quality of Health and Care Services		Nursing Directorate

<p>Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences</p> <p>Update: Have now received complaint data from other Scottish Health Boards to assist with workforce review.</p>	<p>To Improve the Quality of Health and Care Services</p>		<p>Nursing Directorate</p>
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Amber - At risk - requires action

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty</p> <p>Update: Pharmacy colleagues are determining antibiotic compatibility and drug costs for 24-hour IV antibiotic pumps. This and the established criteria for the pumps may negate the benefit but this is being fully scoped.</p> <p>Respiratory team still building expertise and capacity</p> <p>An SBAR for SLT is being prepared with a slightly different proposal to previous.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Community Care
<p>Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)</p> <p>Update: Initial target of elimination for Hep C by 2024 set by Scottish Government pre-covid. As local and national BBV services were redeployed to pandemic response, targets for 2022 and 2023 were paused.</p> <p>The national Rest and Rebuild document (2021) set out priorities for regaining momentum towards this target. The current SH & BBV framework was published in November 2023.</p> <p>Locally testing activity has continued. Performance for 2023/24 is below the SG target of 124 set. Financial constraints - HCV drug budget was set on basis of treating 70 patients. Primarily as team of 4 BBV nurses responding to significant rise in HIV pts transferring to Fife and challenges in HCV case finding.</p> <p>Service capacity to develop HCV plans reduced - limited back fill to BBV MCN managers and lead Nurse roles - postholders are seconded/acting up to other roles.</p> <p>Lookback project - re-engage patients who had positive test but no recorded treatment. If successfully implemented - yield over 200 treatment initiations over two years - meet criteria for HCV Elimination by 2025 subject to drug budget set at level to accommodate in 24/25 and 25/26. This would be in line with the timeline in most other board areas of a similar size to NHS Fife.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Implement preventative podiatry service in care homes</p> <p>Update: We had significant recruitment challenges which will impact on the implementation of the model. It is currently very challenging to recruit band 7 and band 6 podiatrists nationally.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Increase capacity for providing in-hours routine and urgent dental care</p> <p>Update: The PDS has continued to be the safety net for un/de registered patients throughout Fife, this has proved extremely challenging to ensure we are meeting the needs of our core service as well as providing emergency and targeted care.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED</p> <p>Update: The FICOS scheme is running well with an audit and review currently underway aiming for completion at the end of Summer 2024. Glaucoma shared care scheme is not progressing as funding issues for required EPR (openeyes system). E-health have said no further progress can be made until the funding issue is resolved.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care

<p>Improved Fife-wide ADHD pathways for children & Young people Improve patient experience and reduce waiting times in Community Paediatrics service. Release capacity through rationalisation of Community Paediatric service and re-modelling service provision relating to children/young people with suspected/diagnosed ADHD</p> <p>Update: Fife-wide review of ADHD services ongoing. Slow progress but some achieved, although no changes to pathways as yet and no impact on reduction of waiting times within Community Paediatrics. Implementation of NHS Fife Neuro-developmental pathway now planned for summer 2024 and this will support improvement in ADHD services.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Women, Children & Clinical Services
<p>Develop and scope ambulatory models of care supporting early supported discharge and admission prevention</p> <p>Update: Visits to other Boards to review SDEC/front door models, to inform review of our ambulatory services.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Emergency Care
<p>Improve Same Day Emergency Care and rapid assessment pathways</p> <p>Update: Working towards SDEC model central to discussions. Recognition that significant review and redesign required. Workshop 25th April to progress SDEC and agree key metrics.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach</p> <p>Update: Continuing to promote Right Care Right Place, engaging with key stakeholders. Progress being made, demonstrated by the slight increase in redirection from ED. SLWG established to review triage.</p>	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
<p>Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways</p> <p>Update: Delay due to service pressures in roll out of Test of Change regards documentation/standards. Requirement due to financial pressures to pause longer term development to look at immediate service redesign.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>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</p> <p>Update: 11a - Progress made in recruiting to new and replacement posts, however not yet reached the number of staff required to meet the PT target and due to the financial situation it will not be possible to recruit the number originally identified as required by trajectory modelling. Recruitment to date has contributed to progress in reducing the number of long and very long waits. 11b - Service development and redesign implemented on schedule; further redesign will be required in next reporting year due to financial pressures. 11c - Training and CPD activities to increase capacity completed. 11d - Demand-capacity monitoring in place across all services.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>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%</p> <p>Update: Current provision across all Mental Health services is under review as part of the Fife HSCP financial planning process which requires Mental Health service to achieve £6million reduction in spend.</p>	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
<p>Best Start</p> <ol style="list-style-type: none"> 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. Expand and embed Psychological services <p>Update: Ongoing work re: continuity of carer with report to be submitted to SG by AL. Community continuity of carer completed and in place.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Women, Children & Clinical Services

<p>Roll out of Digital Pathology</p> <p>Update: On hold in Q4 due to implementation of new lab information system.</p>	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services
<p>To meet the recommendations of the WHP by end Dec 2024</p> <ul style="list-style-type: none"> -Endometriosis nurse specialist to support women through their journey and improve the care and advice they receive -Increased menopause capacity to meet demand, including training delivered to GPs <p>Foetal loss expansion in EPC to provide additional scanning appointments</p> <ul style="list-style-type: none"> -To increase the access to a bereavement nurse -Provision of post natal contraception post TOP, including post partum intrauterine contraceptive for vaginal deliveries. <p>Update:</p> <p>EPC discussions with team ongoing re: scanning slots.</p> <p>Post TOP contraception is in place with Nexplanon, injection or oral contraception. Midwifery training is ongoing.</p> <p>Sonographer role is not within band 6 remit, therefore further review of options to be considered over time.</p>	To Improve the Quality of Health and Care Services	6. Health Inequalities	Women, Children & Clinical Services
<p>Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation</p> <p>Update: Financial challenges have continued to place the bank consolidation project at risk, Due to the current financial constraints there is no funding to support the model for a full bank consolidation at this time. We have undertaken an option appraisal that will be considered by EDG on 21st March for a part consolidation within existing budget / resources in the interim which is approved will commence in May 2024.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Enhanced data availability and sharing</p> <p>Update: Delays with enabling GP IT ongoing. Performance of integration the main area of concern</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>National - Child Health Replacement</p> <p>Update: The national Child Health System Programme is reported as Amber due to delays in delivery being experienced.</p>	To Improve Health and Wellbeing	9. Digital	Digital & Information
<p>National - eRostering</p> <p>Update: No national interfacing delivered between Health Roster and other workforce and finance systems.</p> <p>No establishment of a system ownership model within NHS Fife</p>	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
<p>Digital medicines management programme</p> <p>Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution</p> <p>Update: Awaiting schedule of works for both stock control and HEPMA. Collaborative working with NHS Lothian will support drug file for stock control allowing for the build to commence.</p> <p>Orion user acceptance testing raised a number of issues - there is ongoing engagement with the supplier.</p>	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
<p>Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.</p> <p>Update: Accelerated product live in Feb 24, work continues to resolve issues post go live. Plans for implementation of national product being developed in conjunction with national team.</p>	To Deliver Value & Sustainability	9. Digital	Women, Children & Clinical Services
<p>Develop and Implement the Corporate Communication Strategy</p> <p>Update: Going to EDG in May for approval following revisions to reflect RTP communications</p>			Comms

<p>Develop and Implement the Public Participation and Community Engagement Strategy</p> <p>Update: Going to NHS Fife Board on 26th May 2024 n- resources and funding still to be establish to allow the new strategy to be implemented</p>			Comms
<p>PPD Succession Planning</p> <p>Update: During the last quarter, significant work has been undertaken to redesign the resuscitation training programme resulting in a 56% increase in training capacity with no additional staffing. The addition of a 1.0WTE secondee from ASD has increased capacity further. Further work to secure a B6 WTE within service budget is unlikely due to RTP constraints so alternatives are being considered during the next quarter.</p>	To Improve Staff Experience and Wellbeing		Nursing Directorate
<p>IPQR Digitisation</p> <p>Update: Review of metrics will be ongoing but initial feedback on refreshed presentation has been well received so far. Discussions to take place with Board Chair and Committee Chairs.</p> <p>Advised that local BI tool is not option for dashboard, required to explore PowerBI. Lack of local knowledge might be an issue.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Deliver a more effective BCG and TB programme Public Health Priority 1 and 2</p> <p>Update: Transition to ERHPT has required an operational focus. Out of scope work has been at risk during this time. Workplan discussions underway to incorporate out of scope work.</p> <p>Some delays in risk assessing patients with TB due to current workload and capacity. This will be included in the above workplan.</p>	To Improve Health and Wellbeing		Public Health
<p>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.</p> <p>Update: Future VAM expectations uncertain, and limited capacity to support form existing resources</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners</p> <p>Update: A multi-agency meeting was held in January to discuss expansion. Due to no additional capacity of the CARF Money Advisor posts, the programme cannot be expanded beyond MW, HV, FNP, this is funding options to be explored. In the meantime, rollout of the poverty awareness training and Fife Benefit Checkers Toolkit.</p>	To Improve Health and Wellbeing		Public Health
<p>Ensure the delivery of an effective resilience function for NHS Fife</p> <p>Update: FH-PH-16 a: Incident framework documents for NHS Fife are in their final stages of approvals. FIF-PH-16b: Business continuity management systems SOP was ratified 18/1/24 & risk profile in Datix with visual dashboard overview. FIF-PH-16c - Emergency Planning risk profiling has commenced with an initial presentation & consultation at risk and opportunities group 2/4/24 for way forward to emergency planning risks being coordinated across NHS fife with the risk owners - a SLWG is being enabled to further progress where milestone date is changed to March 2025</p>	To Improve the Quality of Health and Care Services		Public Health
<p>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</p> <p>Update: Housing - declaration of housing emergency in Fife, publication of SG New Housing Bill. There is a need to review and consider a local action plan. A workshop is planned at end of April with Fife Housing Partnership.</p>	To Improve Health and Wellbeing		Public Health

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>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 in the context of the COVID-19 pandemic.</p> <p>Update: FIF-CCCS-13d - A project manager has now been assigned to this project and project planning is underway.</p> <p>FIF-CCCS-13e - Coproduction is in 4 phases. Phases 1 and 2 are complete. Planning for phases 3 and 4 is underway.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Complex & Critical Care
<p>Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population</p> <p>Update: 7a - Immunisation inclusion steering group met 26/03/24. Outreach model now incorporated into delivery plan template for each immunisation programme as it is developed and reviewed by the immunisation operational group. Review of progress against equality objectives and action plan within the Fife 2021-2024 Immunisation Strategic Framework is in progress. Reaching a final version of the EQIA action plan has been delayed but will also feed into strategy development for 2024 - 2027 which is planned for May & June 2024.</p> <p>7b - This is now part of daily business.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award</p> <p>Update: An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.</p> <p>A delivery model was developed and agreed by partnership, we are moving towards the implementation stage</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Children's speech, language and communication development Plan</p> <p>Update: Meeting with colleagues in Public Health, Health Promotion and Children's Services to establish representation on CIF Groups to raise awareness. Meeting held with RESLL Link. Raising awareness of whole systems approach required.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>Develop and Enhance Children's Services</p> <p>Update: 6a - Guidance implemented, milestone achieved</p> <p>6b - Ongoing, with no challenges forecast</p> <p>6c - ongoing, full incorporation of law by 16th July, working group established with action plan in place.</p> <p>6d - Ongoing work, working group created to drive forward principles of The Promise.</p>	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
<p>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</p> <p>Update: Workforce forecasting across Immunisation Service and CTAC has taken place, with recruitment ongoing and staffing plans in place for 12 months of the year.</p>	To Improve Staff Experience and Wellbeing	1. Primary and Community Care	Primary & Preventative Care

<p>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</p> <p>Update: Further consultation on draft strategy to be completed by 24th March. Strategy has been discussed at ELT and SPG in March, feedback will be considered and reflected in next iteration. Draft delivery plan has been discussed at the Strategy Development Group with further discussions and amendments to be made during March and April. Draft Strategy will now be presented to IJB in July.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Develop plans to make sure CIS delivers on key operational priorities</p> <p>Update: 10a - Maternity continues to deliver all pregnancy vaccinations. National maternity working group has commenced to focus on the delivery of RSV to either pregnant mothers or neonates- Likely to be August 2024.</p> <p>10b - National Timescales have moved with no confirmed change date agreed.</p> <p>10c - Not for implementation until 2026.</p> <p>10d - Immunisation Strategy being refreshed this will be considered as part of this focus.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models</p> <p>Update: The scope of the Urgent Care Oversight Group will be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care.</p> <p>PA - Fixed Term contract with Urgent Care until 11.09.24.</p> <p>24 hour MDT role development is in combination with the development of in-hours Urgent Care Hubs. The 24 hour nursing roles would then be incorporated into the delivery of Urgent Care 24 hours a day.</p> <p>Urgent Care North East Fife Minor Injury Unit Development Group has been established to develop urgent access for minor injury care in the north east of Fife. This includes; current nursing role review to incorporate minor injury and illness examination, extension to radiology access and increased operating hours for Minor Injury Unit access in the NE</p> <p>Urgent Care Strategic Oversight Group will review the workforce model across all Urgent care Centres within Fife to ensure there is appropriate access to Urgent care in the out-of-hours period. There has been significant improved to on the floor senior clinical decision making and visible leadership within the MDT since the development and employment of the Senior ANP role.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.</p> <p>Update: Continuing to work with digital services to achieve solutions to current problems which will allow migration across to Trak/MORSE systems by summer 2024.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>

<p>Improve sustainability of Primary Care</p> <p>Update: The scope of the Urgent Care Oversight Group to be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care.</p> <p>ANP in-hours Urgent Care workforce continues to be developed with 18 WTE ANPs in post across Primary Care under PCIP. Out-of-hours Urgent Care continues to develop a Salaried GP model aiming for 70% salaried GP cover per annum - currently 55% with permanent salaried GPs employed.</p> <p>Current 2c practice being transferred to 17J - anticipated transfer date of 1st July 2024.</p> <p>Work is progressing but further action is required around the interpretation of the sustainability questionnaire responses.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Local Enhanced Services Review</p> <p>Update: We have established the membership of the review Group, with a Terms of Reference being progressed. Next steps will be to progress with defining the scope of the Enhanced Service review and agree actions to be taken forward. We are in the processes of recruiting a Project Manager to the team for a 12-month period to support the review from the outset to conclusion.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Refresh of the Primary Care Improvement Plan</p> <p>Update: There is a detailed communications plan in place to provide general practice updates on delivery of PCIP, including regular discussions with individual practices and Clusters by service leads.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24</p> <p>Update: The service has increased from 18 clinics (April 2023) to 39 clinics (March 2024) across Fife weekly. To maximise the reach of the service, these are a mix of GP and community venues.</p> <p>Working in collaboration with Fife Maternity Services, we have developed effective pathways including an on site drop in for all pregnant women at first point of contact.</p> <p>Promotion of the service remains as a cyclical roster into the most deprived areas of Fife. These areas present engagement challenges and require ongoing visibility and accessibility. We endeavour to continue using the mobile unit to provide outreach.</p> <p>Development of the text messaging reminder service has produced a DNA rate of 12.8%.</p> <p>The specialist advisors for the maternity Quit Your Way Service now includes as standard a referral pathway into appropriate income maximisation support services. The advisors have all received training to carry out brief interventions prior to referral on. This will continue as best practice for the client group.</p>	<p>To Improve Health and Wellbeing</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>
<p>Review existing arrangements which support children with neurodevelopmental differences.</p> <p>Update: New Model developed and in the process of being implemented. Focus groups/questionnaire completed. Using data to support training required.</p>	<p>To Deliver Value & Sustainability</p>	<p>1. Primary and Community Care</p>	<p>Primary & Preventative Care</p>

<p>Rheumatology workforce model redesign</p> <p>Update: The redesign plan is progressing and workforce plans have been approved and are in post or in the recruitment process. I think we need to extend the milestones for next steps due to ongoing discussions re future of service.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Targeted actions to improve the quality of our Immunisation services</p> <p>Update: Restructuring of the CIS Programme Board and the CIS Operational group will set the direction of travel for the QI work in relation to Childrens Immunisations.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
<p>Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service</p> <p>Update: Involvement of staff in the development of tool was key, we were able to balance service planning demands and clinical demands.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Delivery of Care at Home /Commissioning: Maximise capacity and commission and deliver care at home to meet locality needs</p> <p>Update: Singled Handed Care working group continues.</p> <p>New processes in place for new financial year to monitor going forward</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Digital / Scheduling: create a centre of excellence for scheduling across community services</p> <p>Update: Scheduling oversight group progressing digital solution.</p> <p>New processes in place for new financial year to monitor going forward.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care</p> <p>Update: ToC Review concluded Jan 2024 and SBAR submitted to CCS QMAG set new direction of travel. Learning gained from Midlothian LA has enabled a refocus from the group.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix</p> <p>Update: Planned Day of Discharge Roadshows are in progress and on target for completion in April. Criteria-led discharge commenced as TOC in Community as part of Transformation workstream.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Home First: people of Fife will live long healthier lives at home or in a homely setting</p> <p>Update: Dashboard in progress for Home First reporting.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.</p> <p>Update: This work is continuing.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</p> <p>Update: Currently the advertisement of vacancies is taking longer and therefore we are unable to reach full capacity.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>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.</p> <p>Update: Caseload Management has been implemented in full. The Early Intervention Service continues to work to ensure children and young people achieve timely access to the right support. Currently advertisement of vacancies is taking longer therefore we are unable to reach full capacity.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care

<p>Improve compliance with CAPTND dataset</p> <p>Update: 12a - Implementation date adjusted due to supplier being unable to deliver new system to meet original target date. Working closely with supplier to monitor progress towards revised date. 12b - EPR implemented.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development</p> <p>Update: Digital & Improvement project is ongoing. MicroStrategy dashboard established for Inpatient bed usage to demonstrate real time demand and capacity. KPI's being developed across each service area. Work ongoing to identify the source data for the MHQIs, future work on MHQIs will reflect outcomes of national review of these measures. MH Core standards will be incorporated into the D&I programme.</p>	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
<p>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</p> <p>Update: This work is ongoing although taking time to embed learning from test of change and further changes throughout the service.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>Refreshed Mental Health Strategy for Fife for 2023 - 2027</p> <p>Update: The Mental Health Strategic Implementation Group (MHSIG) concluded the Participation and Engagement Phase of the strategy development plan with the production of the Mental Health Strategy Participation and Engagement Report. This follows an extensive engagement period in which over 1000 people took time to give their views to help us to shape the strategy. The Participation and Engagement Team used a range of methods to remove barriers to engagement and reach as many people as possible, including people from marginalised and often under-represented groups. Analysis has shown strong support for the strategic direction proposed. Minor changes will be made to the vision, mission and value statements to improve readability. The priorities received extremely high levels of support with between 92% and 96% of respondents agreeing with each of the four priorities. Thematic analysis of this feedback has enabled us to understand local challenges and opportunities, and paved the way for further discussion at the MHSIG around the actions we should take to meet local needs. This is now being taken forward by creating a delivery plan to support the strategy.</p>	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
<p>Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis</p> <p>Update: Benchmarking family engagement in progress; service partner evaluation exercise now launched; patient evaluation tool being formatted for issue to last 100 patients using the service; second phase of KPI development now commencing; service redesign workshops planned.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Develop, Enhance and re-invigorate Regional Networks</p> <p>Update: OMFS Weekend cover across network arrangement in place with rota between NHS Tayside and NHS Fife.</p> <p>CANCER Service demands in NHS Lothian have required removing specialty doctor from Fife oncology. This puts our service at risk and discussions continue as to how service can be supported. Likely to be resolved on recruitment in summer.</p> <p>VASCULAR Full regional working in place with NHS Fife consultants supporting Tayside on call rota. Locum post in NHS Fife - in talks with Tayside to support a job plan for advertising substantive post. In place since January 2024 with no adverse events recorded.</p> <p>BREAST Waiting times continuing to fund regional work to minimise waits for patients - Funding confirmed for 2024/25</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care

<p>Enhance Theatre efficiency</p> <p>Update: ERAS programme continues to be successful within selected specialties, including elective orthopaedics and GI. Cataract waiting times being managed with high volume dedicated lists. Ongoing monitoring of theatre utilisation and flexible use of any early finishes to support CEPOD demand.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Maximising Scheduled Care capacity</p> <p>Update: SURGICAL BACKLOG Being monitored through waiting times and Scheduled Care meetings. Paper to SG highlighting deteriorating list number in 24/25</p> <p>BADS Increasing utilisation of QMH with successful relocation of some ENT work</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Expanding Endoscopy capacity and workforce</p> <p>Update: RCDS Implementing test of change for colorectal</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Planned Care
<p>Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times</p> <p>Update: Review of cancer pathways continues as ongoing BAU.</p> <p>GP audit of referrals carried out on prostate patients.</p> <p>ACRT and PIR continues to be rolled out across NHS Fife where USC referrals are not a suspected cancer.</p> <p>MDT TORs, where appropriate have been updated.</p> <p>Funding requires to be sought for a replacement digital tracking solution.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Cancer patients will be signposted to third sector cancer services and embedded in cancer pathways</p> <p>Update: Cancer patients are signposted to Maggie's and Macmillan ICJ.</p> <p>Meetings ongoing with eHNA team. 75% of all referrals into ICJ come from our CNSs and RCDS. This will continue into 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Implementation of cancer priorities and development of the delivery plan as outlined in the Cancer Framework to support delivery of Recovery and Redesign: An Action Plan for Cancer Services.</p> <p>Update: Progress Report done for 2023-24. To circulate around governance groups. Now reviewing actions for 2024-25 which will be reflected in updated ADP for 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Scope the Psychological Therapies Support Framework into cancer services</p> <p>Update: The SCAN regional group has been established. A psychological self assessment form is now open - for distribution. Work on this will continue into 2024-25.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)</p> <p>Update: Key achievements include: Delivery of additional CT activity to maintain 2 week urgent/USOC waiting time target and to reduce the number of patients waiting longer than 6 weeks for CT imaging. Collaborative work resulting in optimisation of cancer pathways. Focussed work on longest waits for Ultrasound. Focussed work on DNA to avoid waste.</p> <p>Challenges: Increasing demand for in-patient and ED CT imaging resulting in limited additional OP CT activity. Increase in demand for complex CT imaging and CT guided biopsy requiring longer appointment times. National approach to CT and MRI equipment development/procurement, await outcomes from national procurement to guide NHS Fife plan.</p>	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services

<p>Carers will have access to information where and when they want, that helps them to manage their caring role.</p> <p>Update: A dedicated worker has been funded to enhance the awareness raising programme this is currently being advertised.</p> <p>A dedicated carers page has been created within the new H&SCP website and also funding has been allocated to FVA to support a wider dedicated site.</p> <p>The carers experience survey was created and went live in March 2024 and will close for submissions at the end of April 2024. Initial reporting will be made in June 2024.</p>		6. Health Inequalities	Business Enabling
<p>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.</p> <p>Update: All elements are either completed or on-track. Several are not due until 2026.</p>		6. Health Inequalities	Business Enabling
<p>Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time</p> <p>Update: FIF-BUSE-07a and FIF-BUSE-07g are being reviewed as part of prioritisation across the Partnership and therefore there is a risk that these milestones will be delayed.</p> <p>The skills gaps (FIF-BUSE-07c) have been identified and options to mitigate these have been put in place. Social Work Assistants will be undertaking Good Conversation training during the spring of 2024 and subsequently Adult Carer Support Planning training. Once these skills development opportunities have been completed we expect the team will take a proactive approach to identifying unpaid carers.</p> <p>The review of the eligibility criteria (FIF-BUSE-07h) for carers will be undertake as part of the wider review by the Principal Social Worker.</p>		6. Health Inequalities	Business Enabling
<p>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</p> <p>Update: Outcome FIF-BUSE-08e has been delayed until later in the plan and subject to additional resources being available.</p>		6. Health Inequalities	Business Enabling
<p>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</p> <p>Update: The Short Breaks Service Statement will be published later in 2024 and only following engagement of unpaid carers and commissioned carer services providers.</p>		6. Health Inequalities	Business Enabling
<p>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.</p> <p>Update: 14c Reviewed - Systems not compatible for integration.</p> <p>14d Meeting date in planning stage led by Sheriff.</p> <p>14e Sessions commenced - last session delivery planned for 2 May 2024</p>	To Improve the Quality of Health and Care Services	6. Health Inequalities	Complex & Critical Care
<p>Medicines Efficiency. Design and support delivery of medicines efficiency work to ensure optimal use of medicines budgets</p> <p>Update: Planning for 24/25 delivery in both the board and HSCP is a crucial component of the Reform, Perform, Transform agenda delivering financial balance in the board. Planning is on track and will be closely monitored with significant support and oversight across the organisation</p>	To Deliver Value & Sustainability	6. Health Inequalities	Pharmacy & Medicines

<p>Improve access for patients and carers through improved communication regarding transport options</p> <p>Update:</p> <p>An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.</p>	<p>To Improve Health and Wellbeing</p>	<p>6. Health Inequalities</p>	<p>Primary & Preventative Care</p>
<p>Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.</p> <p>Update:</p> <p>Anchor Institution Strategic Framework was submitted to SG early November in draft form to allow for internal assurance processes. It was approved by NHS Fife Board Jan 2024.</p> <p>Anchor work continues to align with relevant corporate objectives and with NHS Fife Population Health and Wellbeing Strategy.</p> <p>Anchor work has aligned with MTP and recovery drivers, updates have been provided.</p> <p>Baseline Anchor metrics have been requested and submitted to SG 29/03/2024. Anchor Institution Programme Board reviewed the metrics prior to submission. Internal assurance processes will follow.</p> <p>Anchor links continue to be developed and strengthened with partners and third sector agencies.</p>	<p>To Improve Health and Wellbeing</p>	<p>6. Health Inequalities</p>	<p>Public Health</p>
<p>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</p> <p>Update:</p> <p>Shared Governance model developed; First meeting of Professional Leadership Council (PLC) on 29/04/24. Paper will be taken to EDG and SLTs after this meeting when PLC will have agreed implementation plan. 4 Councils will feed into PLC: Quality; Patient and Staff Experience; Newly Qualified Practitioner and Advanced and Specialist Practice Councils.</p> <p>Draft of framework being updated to reference Re-Form, Transform, Perform Programme and demand modelling.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>8. Workforce</p>	<p>Nursing Directorate</p>
<p>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</p> <p>Update:</p> <p>Implementation date revised to June 2024. Engagement with staff continues with adjustments made to model reflecting change in working week from Apr 24 and the views expressed by staff during consultation</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>8. Workforce</p>	<p>Pharmacy & Medicines</p>

<p>Education reform for Pharmacy</p> <p>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.</p> <p>Pharmacists - this includes foundation training programmes and embedding the advanced practice framework</p> <p>Developing Pharmacy and Support workers through accredited courses and modules.</p> <p>Collaborative working across the East Region to support simulation training for post graduate foundation trainees</p> <p>Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level</p> <p>Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions</p> <p>Update: E&T team have a draft delivery plan, and awaiting confirmation of links with revised directorate strategic plan before commencing engagement.</p> <p>Board now has sufficient work based assessors to meet educational requirements.</p> <p>Survey of those who have engaged with the core advanced framework - seven known to be collating evidence currently with one to submit. Directors of Pharmacy have released a statement clarifying endorsement of the curriculum - local work will focus on supporting pharmacists to develop in line with the four pillars of practice.</p> <p>DPPs identified for those starting IPs at this time. Plan to grow group will be developed - currently seven in the system</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Pharmacy & Medicines</p>
<p>Pre Registration Trainee Pharmacy Technicians (PTPT)</p> <p>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</p> <p>Update: Recruitment plan was agreed, with an exercise undertaken in March 2024. Plans have been amended in light of financial position to ensure pipeline posts are available.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Pharmacy & Medicines</p>
<p>Delivering Anchor Institution workforce aims - Promoting employability priorities</p> <p>Update: EDG paper in respect of Work-03e has been prepared, probably later in April before finalised and submitted.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025</p> <p>Update: Some metrics and evaluation measures in place and sickness absence trajectory for 2024/2025 to achieve 6.5% by 31/03/2025 has been agreed.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.</p> <p>Update: Given current status of programme I think this being green is generous.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Development and implementation of the NHS Fife Workforce Plan for 2022-2025</p> <p>Update: No national update on Workforce Projections for 2024/2025 as yet.</p>	<p>To Improve Staff Experience and Wellbeing</p>	<p>8. Workforce</p>	<p>Workforce</p>
<p>Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes</p> <p>Update: Linked to service transformation activity. Modelling and support being provided for RTP Programme.</p>	<p>To Deliver Value & Sustainability</p>	<p>8. Workforce</p>	<p>Workforce</p>

<p>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</p> <p>Update: OH transformation activity will commence after initial Workforce Directorate redesign has been progressed further.</p>	To Improve Health and Wellbeing	8. Workforce	Workforce
<p>Complete NHS Fife's Phase 2 M365 Programme</p> <p>Update: Local Phase 2 now complete. National work continues in securing the tenancy and thus being able to adopt wider M365 products.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Continued development of digital front door for patients</p> <p>Update: Many items complete. NHS Fife has ceased the use of the Pre-Op tool and alternatives being progressed. Limited movement on the Digital Front Door National Programme</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments</p> <p>Update: Work continues with the implementation of ICO and NISD audits</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Local - Implement Paperlite / Electronic Patient Record</p> <p>Update: E.H.R. being reprofiled as part of RTP consideration.</p>	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
<p>Local - Records Management Plan Implementation</p> <p>Update: Establishment of plan and approach complete. Implementation will continue through 2024-25</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>National - GP IT Reprovisioning - GP Sustainability</p> <p>Update: Completion of the RFP Process is complete. The National Programme is reporting as Red, due to delays in ability to migrate data to new system</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>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</p> <p>Update: Preparatory work is in place including formulary review. Board awaiting publication of Scot Gov guideline</p>	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
<p>Work with partners to increase efforts to reduce the impact of climate change on our population</p> <p>Update: Discussions on place and wellbeing indicators and evidence review to monitor and evaluate LDP progress.</p> <p>To take plans forward a review has been initiated.</p>	To Improve Health and Wellbeing	10. Climate	Public Health
<p>Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting</p> <p>Update: Approval has been obtained from IJB to progress with bed base remodel . Project go live commenced .</p>	To Improve the Quality of Health and Care Services		Community Care
<p>Continue to develop focus on Business Partner Model to improve business performance and decision making support</p> <p>Update: Recruitment is currently active and there are plans to recruit to a number of posts in coming months. Financial Reporting continues to develop and evolve particularly in the current financial climate with the need for new and detailed data emerging. This improvement work is ongoing and will respond to the needs of the organisation. Learning and development continues to be encouraged with regular team briefings, opportunities are being provided to staff to become involved in varying pieces of work and take on new responsibilities where appropriate.</p>	To Deliver Value & Sustainability		Finance

<p>Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability</p> <p>Update: Medium Term financial plan for 2024/25 complete in Quarter 1. Forecasting techniques continue to be developed although there continues to be work to be taken forward. The RPT framework has superseded a number of the deliverables in this category with finance staff being involved with numerous pieces of work to support the programme.</p>	To Deliver Value & Sustainability		Finance
<p>Delivery of year one of the QI Network</p> <p>Update: Impact report presented to Clinical Governance and Oversight Group. Training review will commence Spring 2024.Plans for QI event may be linked to development of the Organisational Learning Network.</p>	To Improve the Quality of Health and Care Services		Planning & Performance
<p>Supporting implementation of the Population Health & Wellbeing Strategy</p> <p>Update: The annual report is being developed. It is likely that this will be presented to the July Board for sign off (rather than the May Board).</p>	ALL		Planning & Performance
<p>Ensuring the most effective and appropriate use of Medical Devices</p> <p>Update: A lead manager has been identified for medical devices and discussions ongoing with NHS FV about professional support and advice. Milestone extended to reflect programme of work required to deliver equipment maintenance improvements.</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>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</p> <p>Update: Continue to support HRPM Patient Safety Programme from PH and evaluation perspective. Programme scope has changed due to organisational financial challenges - awaiting feedback on potential implications for involvement in Programme going forward.</p>	To Improve Health and Wellbeing		Public Health
<p>Deliver an effective health protection function, including in and out of hours duty cover to prevent and respond to communicable disease prevention.</p> <p>Update: Regional HPT service established and working</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Ensure effective coordination and governance for adult screening programmes in Fife</p> <p>Update: 1. Leadership of screening programmes is on track through: chairing of committee and governance meetings where the delivery of screening programmes are reviewed and key performance indicators scrutinised. 2. Work is ongoing on this milestone. 3. All Adult Screening Programmes have recovered from the Covid-19 backlog. 4. This would be integrated into the screening inequalities action plan. 5. NHS Fife Screening Inequalities Action Plan was approved in December 2023 and will be delivered in phases over the next five years. 6. The Public Health Screening Team continues to investigate screening incidents, sometimes alongside the National Screening Team. The National Cervical Exclusion Audit in Fife commenced in April 2023. Almost all general practices have commenced the evidence retrieval and upload. The Board Audit Team is in place and the clinical review of records has commenced.</p>	To Improve Health and Wellbeing		Public Health
<p>Pandemic Preparedness: Critical to major incident levels</p> <p>Update: NHS Fife's Incident Management Frameworks (IMF) planning includes Public Health Incident escalation/incident levels and action cards for incident management (including biohazard) - IMF this was ratified in June 2023. However pandemic planning SLWG in NHS Fife is awaiting revised national pandemic guidance from SG to aid review of existing plans. SLWG & TOR agreed - this is ongoing so will change milestone to March 25.</p>	To Improve the Quality of Health and Care Services		Public Health

<p>Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place</p> <p>Update: Food 4 Fife Strategy should be approved by Fife Council in April 2024. Action Plans to be agreed in May 2024. PHP6 event held in September 2023, since then working group to develop action plans for PHP6 meeting regularly.</p>	To Improve Health and Wellbeing		Public Health
<p>Delivery of Clinical Governance Strategic Framework - Risk Management Framework</p> <p>Update: The key achievement between Oct 2023 and end of Mar 2024, has been the implementation of our updated Risk Management Framework, supporting the continuing development of our risk management approach to enable us to deliver on our strategic priorities, and further strengthening our organisational risk maturity.</p> <p>A Board Development Session took place on the 8th April 2024 to review the Risk Appetite.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife</p> <p>Update: The communications plan has been developed and shared which details activities that include the shared decision-making model on Turas. There is also a Sway version available. Continuing to work closely with the Communications Team to refresh the Communications plan and looking at a desktop campaign to signpost to the intranet site and provide the link to Turas.</p> <p>Also working on a survey for patients to find out what they understand about Realistic Medicine, what more information do they require. This will feed into a focus group discussion with patients.</p> <p>Working with the Health and Social Care Partnership (HSCP) and taking to the SLT, Senior Leadership Team, for their support to roll out Realistic Medicine within the HSCP. Workshops are being planned with the Extended Leadership Team (ELT) of around sixty people. Work being done to embed QR code with BRAN Questions (Questions that matter) to patient letters. Supporting local teams at the Planned Care Programme Board to embed Realistic Medicine in pathways. A Governance workshop was organised with representation from Scottish Government, Health and Social Care Partnership and Senior Leadership at NHS Fife in which benefits of Atlas of Variation was highlighted and discussed.</p>	To Deliver Value & Sustainability		Quality & Care Governance
<p>Development of Medical Education Strategic Framework</p> <p>Update: Key achievement between October 2023 - March 2024 is that the estate work is underway on the Cameron site. This will be an education hub for the current University of St Andrews students on the BSc course and will see the students from the upcoming ScotCOM programme attend. The project should be complete for academic year 2024-2025.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews</p> <p>Update: This continues to progress with input from NHS Fife's Board Secretary and the School of Medicine Manager.</p>	To Improve Staff Experience and Wellbeing		Quality & Care Governance
<p>Medical Workforce Recruitment and Retention Strategic Framework</p> <p>Update: Scoping work underway.</p>	To Improve Staff Experience and Wellbeing		Quality & Care Governance

Purple - Suspended/ Cancelled

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Kincardine and Lochgelly Health Centres</p> <p>Update: Capital spend suspended .</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>1. Primary and Community Care</p>	<p>Public Health</p>
<p>Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews</p> <p>Update: FIF-RIK-03 was still suspended in Q4 although there is movement now. The landscape changed for this deliverable and was dependent on receiving information from other sources, which were rate-limiting.</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>6. Health Inequalities</p>	<p>Research Innovation & Knowledge</p>
<p>Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?)</p> <p>Update: Pharmacy Milestone</p>	<p>To Deliver Value & Sustainability</p>	<p>9. Digital</p>	<p>Digital & Information</p>
<p>National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)</p> <p>Update: Pharmacy Milestone</p>	<p>To Improve the Quality of Health and Care Services</p>	<p>9. Digital</p>	<p>Digital & Information</p>

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
<p>Implementation of the Pharmacotherapy Service, a component of the GMS Contract and a core part of Pharmacy Service development.</p> <p>Update: Recruitment plans are in place, following close partnership working with colleagues in the HSCP and finance. The team continue to deliver the service to all practices and developmental plans are in place through established BAU structures.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
<p>Serial Prescribing Increasing the level of serial prescribing, as a component of the Medicines Care and Review service</p> <p>Update: The board has made significant progress on serial prescribing uptake and is in a strong position. BAU structures are in place.</p>	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
<p>Development of staff working within the orthopaedics NTC</p> <p>Update: Funding to support training and development is key.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Develop Strategic vision across all of Primary Care</p> <p>Update: The Primary Care Strategy has been fully completed and all the work has been signed off by IJB.</p>	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
<p>Enhance integration and collaboration with Hospital at Home and Community Nursing Services</p> <p>Update: Pathways of referral between H@H, Community Nursing and specialist services have been reviewed to improve timely referrals and remove the requirement for GP referral. This has allowed direct referrals to be made amongst services which has demonstrated improved care for patients in the community and prevented admissions. In addition, weekly huddles involving representation from H@H, Community Nursing, and Specialist Services take place to discuss patients of concern to ensure the relevant services can review quickly and prevent unnecessary or delayed care. Training for Community Nursing has started to be rolled out across all seven Fife localities, utilising a train-the-trainer approach following a successful Test of Change in the South West Locality. This has resulted in Community Nursing staff now taking referrals for IV Abx from H@H to help prevent H@H reaching capacity. This will continue to grow as more staff are trained across Fife.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
<p>Develop a workforce and delivery model that is financially sustainable</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
<p>Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.</p> <p>Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.</p>	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care

<p>Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.</p> <p>Update: Review of service need / business case completed and escalated via QMAG March/April.</p>	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
<p>Mental Health strategy (Medical Director)</p> <p>Update: Completed during Q3 with update</p>	To Improve Health and Wellbeing	3. Mental Health	Property & Asset Management
<p>Operationalise NTC</p> <p>Update: This has not been discussed and would require input from Radiology services Orthopaedic strategy for 2024-2026 will be reviewing all Orthopaedic pathways. Some aspects of the knee and hip pathways were identified at the recent Orthopaedic peer review</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Review and redesign Outpatient capacity to maximise capacity and timely access</p> <p>Update: ENT Access QI project delivered and team from NHS Fife presented to national group as part of the completion.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
<p>Embedding potential alternatives for treatment</p> <p>Update: TOC spread paper to go to IPCB next meeting requesting that all specialities embed learning from Ortho. We will continue to monitor data and explore the potential of proactive outreach with HSCP colleagues in CLS however this is dependent on resource availability.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Implement robust ACRT processes</p> <p>Update: FIF-SCHED-01C original 11 services mapped, 5 additional services now included in scope and process mapping also complete for these. FIF-SCHED-01d review of outcomes and communications undertaken and ACRT rolled out in 7 prioritised specialties with work in final stages for remaining 4. Review of other condition specific pathways being encouraged for all specialties. Engagement with one prioritised specialty still challenged although some consensus has been reached on which conditions to develop.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Implement robust PIR processes</p> <p>Update: FIF-SCHED-02C initial 11 prioritised services mapped. 5 new services included with scoping near completion. FIF-SCHED-02d PIR implemented for condition specific pathways in dermatology, general surgery, rheumatology, ENT, urology and orthopaedics.</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
<p>Continued roll out of RCDSs</p> <p>Update: Adopted by NHS Fife as Business as Usual.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways</p> <p>Update: Completed in Q1</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Engagement and support in the National Oncology Transformation Programme</p> <p>Update: Associate Director of Risk and Professional Standards attends national meetings and takes forward any actions identified.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance

<p>Implementation of a Single Point of Contact Service for cancer patients</p> <p>Update: SBAR and report taken to Cancer Governance and Strategy Group on 11/01/14.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services.</p> <p>Update: Cancer Framework launched.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>To ensure routine adherence to optimal diagnostic pathways</p> <p>Update: Baseline measures compared to assess improvement in the optimal lung cancer pathway.</p>	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
<p>A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services</p> <p>Update: The Lived Experience Panel project has completed four of its milestones within the year. The panel continued to meet and has a sustained membership contributing to the MAT Standards Implementation plan and the review of residential rehabilitation. Members of the LEP have also been successful in its application for carers' chest funding. An initial review has been done and the formal review of progress of the panel's supported service SRC is due at the end of April in line with all the contracted and commissioned services.</p>		6. Health Inequalities	Business Enabling
<p>More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low</p> <p>A visible one stop shops/approach in Cowdenbeath and Kirkcaldy</p> <p>Update: The One Stop Shop (KY Clubs) have been established in Cowdenbeath and Kirkcaldy locality and have regular attendance from people in the community experiencing substance use. The SLWG responsible for the establishments of the groups have continued a support and oversight role and have met regularly to adapt the delivery and the model as required by lived/living experience and/or stakeholders. The one stop shops will be maintained but additional similar models will be explored within these localities and into other localities where there is a clear and supported need from the community and from the evidence.</p>		6. Health Inequalities	Business Enabling
<p>The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained</p> <p>Update: The MAT Standard Implementation Plan for 2023/24 is now completed with all milestones achieved on time within the year. Fife ADP has submitted all evidence needed by PHS to demonstrate their progress and RAGB scores and assessed progress will be forwarded on 1st May 2024. The MAT Standards Implementation Plan for 2024/25 is now in development using numerical and experiential evidence as its basis.</p>		6. Health Inequalities	Business Enabling
<p>High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife</p> <p>Update: Outputs for year 2 have been completed. Planning for 24/25 approach has been revised and gone through governance groups. The programme will develop its governance into a medicines stewardship group, in a BAU function, reporting via medicines safety and policy routes, linking with work on prevention and early intervention in the HSCP</p>	To Improve Health and Wellbeing	6. Health Inequalities	Pharmacy & Medicines

<p>Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy</p> <p>Update: An action plan has been developed with ADP colleagues to implement changes associated with learning from multi-disciplinary drug death and drug related death report. A needs assessment was completed and shared with ADP colleagues. Information on alcohol related harm and availability was presented to Licensing Board and included in response to Licensing Consultation. The review of alcohol-specific deaths was completed, and findings disseminated. Throughout year public health have supported ADP with expert advice and have continued to advocate for prevention and early intervention.</p>	To Improve Health and Wellbeing	6. Health Inequalities	Public Health
<p>Palliative care redesign More people in Fife will have the choice of where to die and receive specialist care</p> <p>Update: The Director of Health and Social care issued a Direction to NHS Fife on 26th May 2023 to permanently implement the re-provision of Palliative Care in Fife.</p> <p>The enhanced outreach model has resulted in greatly improved service performance and corresponding improvement in patient and carer experience, particularly in the community. Fife's model is regularly held up as an exemplar of innovative practice across Scotland and beyond.</p>	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Community Care
<p>Approach to work with Accelerated National Innovation Adoption (ANIA) partners (coordinated by Centre for Sustainable Delivery (CfSD)) to adopt and scale all approved innovations coming through the ANIA pipeline.</p> <p>Update: IDA meeting papers and information received from HISES Member, Professor Tim Walsh. Meetings with CfSD about pipeline work have been attended and noted.</p>	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
<p>Collaboration with a range of national organisations aiming to reduce the barriers to national innovation adoption.</p> <p>Update: CSO Innovation meetings have changed frequency to once every 2 months. HISES, CfSD and CSO Innovation meetings have all been attended by members of Fife Innovation.</p>	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
<p>Increase NHS Fife Innovation Test Bed activity</p> <p>Update: Projects for progression to Phase 2 have been evaluated by the Evaluation Panel. A moderation meeting has been held to discuss scoring and determine the best projects to take forward. Phase 2 projects due to commence after contracting in June 2024.</p>	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Research Innovation & Knowledge
<p>Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024</p> <p>Update: Funding was secured to support workforce for next financial year which will enable a 0.2 WTE in PPD to undertake a reduced programme of joint EIC and Healthcare Staffing Development sessions.</p>	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
<p>Infection Prevention and Control support for Care Homes Annual Winter Preparedness training sessions SICPS training</p> <p>Referrals for IPC support via the HPT and Care Home Hub. Support have been given specifically with highlighted areas of improvement from recent Care Inspectorate inspections, and where requested by the care home managers.</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
<p>Support for Doctoral Training Program (DTP) Fellows</p> <p>Update: Completed during Q3 with update</p>	To Improve the Quality of Health and Care Services	8. Workforce	Research Innovation & Knowledge

<p>Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service</p> <p>Update: NHS Fife have recruited 94 nurses and 5 radiographers over the course of two financial years 22 / 23 and 23 / 24 with a further 5 to start on 26th March taking the total to 104 recruits, this has been an extremely successful campaign. There is no external or internal funded expected for any campaign in 2025 / 2026.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Create and Nurture a Culture of Person Centred Care</p> <p>Update: The very recent appointment of the Associate Director of Culture, Development & Wellbeing will bring a fresh perspective and the opportunity to review and revise the work to achieve the desired objectives.</p>	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
<p>Development of improved digital processes i.e. online pre-employment and management referrals programmes</p> <p>Update: This module is working well for all staff groups and gives clear visibility in terms of the candidate's journey on the OH clearance pathway. The exception is volunteers, given service concerns about IT use, so they are still using paper processes at the present.</p>	To Improve Health and Wellbeing	8. Workforce	Workforce
<p>Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self service</p> <p>Update: Engagement has taken place with staff side colleagues, key stakeholders and the teams directly affected and their feedback has informed the new structure. Delays have come into play due to the banding of two new posts critical for the new structure which are due to be banded and advertised in April 2024. The teams affected are transitioning into the new model from 1st April 2024 over the 2024 / 2025 financial year.</p>	To Deliver Value & Sustainability	8. Workforce	Workforce
<p>Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG</p> <p>Update: Completed in Q2</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Digital Enablement Workplan for patients and staff ITIL 4 Improvement</p> <p>Update: Items complete allowing ongoing implementation.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>Local - Accelerated support to capacity, flow and discharge planning activities</p> <p>Update: Initial Phase 1 actions complete</p>	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
<p>National - CHI</p> <p>Update: All items completed, project complete</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>National - LIMS Implementation</p> <p>Update: Phase 1 complete with remedial actions ongoing.</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance</p> <p>Update: Completed in Q1</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information
<p>To secure recurring baseline funding to cover the current operating Non Pay costs associated with NHS Fife's application support and maintenance funding.</p> <p>Update: Completed in Q2</p>	To Deliver Value & Sustainability	9. Digital	Digital & Information

<p>Set out a plan to reduce medical gas emissions through implementation of national guidance</p> <p>Update: Work to deliver a plan on Nitrous Oxide mitigation was completed in late 2024. This followed previous work to decommission manifolds and return remaining cylinders as part of a national initiative.</p>	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
<p>Achievement of Waste Targets as set out in DL(2021) 38</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Action plan for the National Green Theatres Programme</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Decarbonisation of Fleet in line with Targets</p> <p>Update: Completed during Q3 with update</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Outline plans to implement an approved Environmental Management System.</p> <p>Update: Policy has been created following internal and external consultation. Policy group have had initial sight and review and sent back for amendments.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Reduction of Medical Gas Emissions through implementation of national guidance</p> <p>Update: Good progress with Medical gasses with all Nitrous Oxide Minifolds decommissioned, Desflourane removed from regular use and the Board approved the Annual Climate Emergency Report in January 2024.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>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.</p> <p>Update: We have started to develop a series of quick wins and a programme of works. As part of the 2024/25 ADP, we will develop this further into a full programme which demonstrates alignment and commitment to 2030 emissions targets. We employed an energy manager who started in Feb 2024 and will be key in shaping this programme and emissions reduction targets.</p>	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
<p>Develop and delivery annual Winter Comms Campaign</p> <p>Update: Winter communication campaign completed using a combination of national toolkits and material personalised for the population of Fife and to respond to localised ask or pressures. Campaign evaluation underway to help inform planning for winter 24/25.</p>			Comms
<p>Increase capacity within the team to deliver service improvement and meet growing service demand</p> <p>Update: The recruitment to a key vacancy was challenging but was ultimately successfully completed. In addition despite the recruitment concluding in Q3, workstreams were all progressed to support improvements within Financial Services processes.</p>	To Deliver Value & Sustainability		Finance
<p>Secure the appropriate capacity and capability across the team</p> <p>Update: The Procurement Department has achieved significant developments in the year, successfully filling all vacancies identified at the start of the year and developing a training programme to support the development across the team. This has then in turn improved the capabilities of the department to support the service needs to a higher level. Whilst effective reporting of the department has continued to be made through the Procurement Governance Board and to the Scottish Government.</p>	To Deliver Value & Sustainability		Finance
<p>Continue to deliver the Medical Certification of the Cause of Death (MCCD) service</p> <p>Update: Completed during Q2</p>	To Improve the Quality of Health and Care Services		Nursing Directorate

<p>Digital Solution for reporting Live Patient Experience (Complaint) data</p> <p>Update: Additional screens have been created for PET on the MicroStrategy page for complaints.</p> <p>Further education and training has been provided to Clinical and Nursing staff by HoPE and PET Leads. A training planner has been created to record and plan this training. Drop in sessions have also been planned over the next 3 months to deliver on the spot training to staff. All PET training material is being reviewed and updated. and initial discussion with PPDU have taken place regarding how best to plan and implement regular complaint training sessions.</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Implement IPC Interim Strategy 2023-25</p> <p>Update: Completed during Q2</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Implement national Excellence in Care (EIC) objectives within NHS Fife in line with 3 Year strategy, embed in Fife by 2025.</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>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</p> <p>Update: All Actions complete for this year</p>	To Improve the Quality of Health and Care Services		Nursing Directorate
<p>Continue to develop and improve the Corporate Programme Management Office (PMO) to support service change across NHS Fife</p> <p>Update: All activities for 23/24 are complete. However there will be ongoing review of templates / documentation particularly as the team transition to support RTP.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Support delivery of SPRA (Strategic Planning and Resource Allocation) process aligning with the different levels of the strategic planning landscape in Fife</p> <p>Update: ADP was submitted to SG in March. Initial meeting with SG on 25 March but formal sign off has not yet been received.</p> <p>SPRA24/25 did not take place.</p> <p>ADP2 no longer required by SG therefore digital solution no longer required.</p>	To Deliver Value & Sustainability		Planning & Performance
<p>Development of a Minor Works capability</p> <p>Update: A full time Estates Officer is now in place undertaking Minor Works which has been very successful in reducing costs. Resource has been identified to carry out design work internally to improve efficiency.</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Ensuring a robust Primary Care Premises Strategy is in place</p> <p>Update: Completed during Q2</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Ensuring the necessary Health & Safety Resources are in place together with robust arrangements for mandatory training</p> <p>Update: Completed during Q2</p>	To Improve Staff Experience and Wellbeing		Property & Asset Management
<p>Reviewing the use of taxi contracts across the organisation</p> <p>Update: Completed during Q2</p>	To Deliver Value & Sustainability		Property & Asset Management
<p>Review of Staffing Profiles and Banding to ensure improved Recruitment & Retention and the creation appropriate Work Placements</p> <p>Update: Successful banding changes for catering staff and craftsmen which are being implemented within existing resources.</p>	To Deliver Value & Sustainability		Property & Asset Management

<p>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, planning, delivery, and evaluation of services within NHS Fife and its partners.</p> <p>Update: Work was completed was in line with the objectives within the PH department workplan. Work was undertaken across all PH Priorities in 23/24 and used to highlight key issues and to inform decisions within NHS Fife and across partnership organisations.</p>	To Deliver Value & Sustainability		Public Health
<p>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</p> <p>Update: Area Immunisation Steering Group (AISG) met in December 2023 with focus on annual uptake data for teenage vaccination programmes (MenACWY, DTP, HPV), and in February 2024 with focus on selective vaccination programmes as per AISG workplan. Public Health led strategic review of childhood immunisation delivery in Fife was completed and presented to the Community Immunisation Service programme board in October 23. Ongoing public health support for the Immunisation Quality Matters Assurance Group chaired by HSCP. Public health led lessons learned event held in February 24 regarding implementation of the Winter 23 Flu & COVID vaccination programme.</p>	To Improve Health and Wellbeing		Public Health
<p>Joint work with NHS Lothian, Forth Valley and Borders to implement an East Regional Health Protection service.</p> <p>Update: East Region Health Protection Team went live December 2023, with all leadership roles in place. This follows development of service models, and with ongoing tabletop exercises/CPD to ensure all aspects are working well. Systems are in place for ongoing service evaluation and development now the regional service is live.</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Updating of Business Continuity plans since the COVID response, with staffing playing a key role and incorporating a scenario planning exercise.</p> <p>Update: FIF-PH-17a : BC plan testing is now agreed as a rolling programme across NHS Fife & quality improvement actions are recorded into datix with plan owners. Every plan will be tested as set out in BCMS SOP which was ratified 18/1/24 by EDG. Further work is being undertaken following internal audit b13/23 feedback to embed new BC assurance systems & proactive systems reports are being send to general /service managers monthly and plan owners to give advanced notice & time needed for BC plans to be updated.</p>	To Improve the Quality of Health and Care Services		Public Health
<p>Delivery of Clinical Governance Strategic Framework - Adverse Events</p> <p>Update: Review of action module will resume on completion of improvement work on aspects of review process.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance
<p>Delivery of Clinical Governance Strategic Framework</p> <p>Update: 2023/24 workplan complete.</p>	To Improve the Quality of Health and Care Services		Quality & Care Governance

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Annual Delivery Plan Quarter 4 2023/24 Report
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan
- 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 NHS Scotland quality ambition(s):

- Safe, Effective and Person Centred

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

- Well informed
- Appropriately trained & developed
- 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 Annual Delivery Plan (ADP) 2023/24 was submitted in draft to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the committee on the progress against deliverables within the ADP as of March 2024. This update was submitted to the Scottish Government on 14 June 2024.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

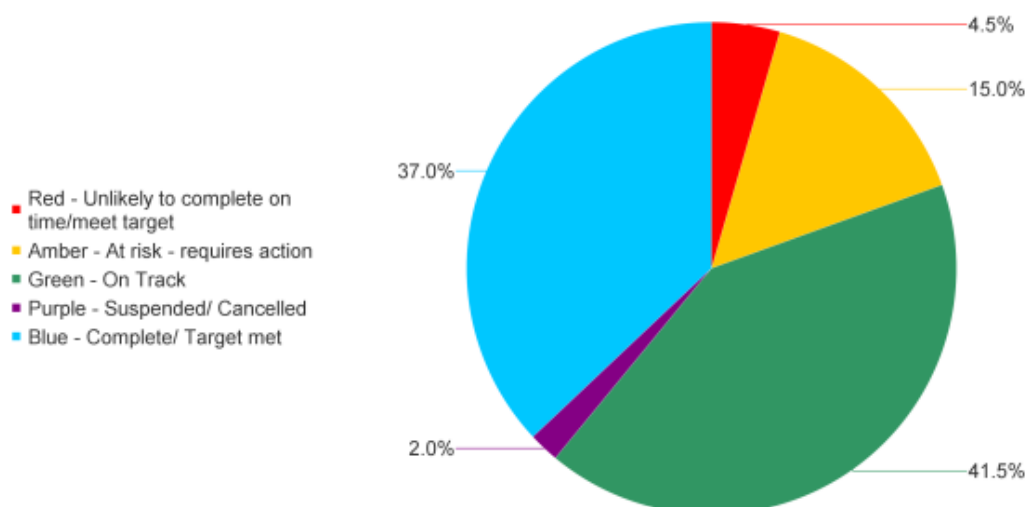
2.3 Assessment

Services have been providing updates to the ADP on a monthly basis with position as of Dec-23 (Q3) and Mar-24 (Q4) submitted to Scottish Government on 14 June. Detailed reports for each Directorate/Division up to Mar-24 (Q4) have also been circulated to Executive Directors.

The status of deliverables is based on progress against milestones as well as achievement of stated outcomes. This status is categorised as below:

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

The ADP for Fife contains 200 deliverables with 37.0% (74) 'complete/target met' and 41.5% (83) 'on track' as of Mar-24 (Q4).



All deliverables ongoing will continue to be monitored as part of ADP for 2024/25. Deliverables **suspended/cancelled (4)** at end of Mar-24 (Q4). Latter two are Digital deliverables, seen as duplication as also deliverables for Pharmacy:

- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- Kincardine and Lochgelly Health Centres
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- Medicines Automation - Multi Phases

Deliverables that are **unlikely to complete on time (9)**:

- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.
- Improve quality of cancer staging data
- To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways
- Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife
- Hospital Pharmacy Redesign; Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.
- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets
- Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences
- Implement IPC Workforce Strategy 2022-24
- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.

Deliverables currently **at risk (30)** of being delivered on time and requiring action:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Develop and scope ambulatory models of care supporting early supported discharge and admission prevention • Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach • Improve Same Day Emergency Care and rapid assessment pathways | <ul style="list-style-type: none"> • Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners • Deliver a more effective BCG and TB programme |
| <ul style="list-style-type: none"> • Improved Fife-wide ADHD pathways for children & Young people | <ul style="list-style-type: none"> • 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. • 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 |
| <ul style="list-style-type: none"> • Roll out of Digital Pathology • Best Start | <ul style="list-style-type: none"> • Ensure the delivery of an effective resilience function for NHS Fife • Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation • PPD Succession Planning |
| <ul style="list-style-type: none"> • To meet the recommendations of the Women's Health Plan by end Dec 2024 • Delivery of New Laboratory Information system (LIMS) as part of accelerated | <ul style="list-style-type: none"> • Community Mental Health Teams for Adult and Older Adult services that are |

<ul style="list-style-type: none"> implementation followed by implementation of national roll out. National - Child Health Replacement National - eRoosting Enhanced data availability and sharing IPQR Digitisation Develop and Implement the Corporate Communication Strategy Develop and Implement the Public Participation and Community Engagement Strategy Digital medicines management programme 	<ul style="list-style-type: none"> responsive to need and reduce admission by offering alternative pathways 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 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% Increase capacity for providing in-hours routine and urgent dental care Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG) Implement preventative podiatry service in care homes Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty
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Summary status as of Mar-24 (Q4) is detailed by Recovery Driver in table below.

Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/ meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	30
2. Urgent and Unscheduled Care	1	3	5		5	14
3. Mental Health		3	8		2	13
4. Planned Care		1	3		6	10
5. Cancer Care	2	1	6		6	15
6. Health Inequalities		1	9	1	5	16
7. Innovation Adoption					4	4
8. Workforce		1	10		7	18
9. Digital	1	5	6	2	7	21
10. Climate			2		7	9
Other	4	9	16		21	50
TOTAL	9	30	83	4	74	200

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

Preparation and delivery of the ADP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities 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

ADP Q4 update reports were distributed to Executive Directors on 28 May and subsequently approved for submission by the Chief Executive.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – The ADP Q4 update provides the status of ADP actions for the year 2023/2024 and provides a **Moderate** Level of Assurance.

3. List of Appendices

Appendix 1: Annual Delivery Plan 202324 Q4 Update

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NHS Chief Executives
NHS Chairs
IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

REFORMING SERVICES AND REFORMING THE WAY WE WORK

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.

The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21st century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely



Caroline Lamb

Director General Health & Social Care, Chief Executive of NHS Scotland

FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

REFORMING SERVICES

Overview

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the 'NHS Scotland' planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

Phasing of reform

- In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.
- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.

The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

a) Expert reference group

To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

b) Stakeholder advisory group

Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

c) Professional advisory groups

Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

d) Staff side engagement

Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

e) Wider staff engagement

We are working with Board Communications and Engagement Leads to develop a co-ordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

f) Citizen engagement

Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

g) System Leaders' Engagement

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

h) Ministerial roundtables

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

i) Cross-party engagement

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

REFORMING THE WAY WE WORK

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

Collaboration across partners and wider public services

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Workforce Planning Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Brian McKenna, Workforce Planning Lead

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Emerging Issue
- Government Policy / Directive

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

- Safe, Effective & Person Centred

This report aligns to the following strands of the NHS Scotland Staff Governance Standard:

- Well Informed
- Involved in Decisions

2. Report Summary

2.1 Situation

Workforce Planning Update

Following the workforce planning update to the Committee on 14 May 2024, in terms of the Board's overall approach to harnessing our workforce planning ambitions, the first meeting of the combined former NHS Fife Strategic Workforce Planning Group and the Operational Workforce Planning Groups, was held in May 2024. The intention of the group being established is to progress the key workforce planning actions for the Board, in addition to the aims of the RTP Programme. Details of two of the key workforce planning related issues facing the Board are described below.

As part of the pay settlement for AfC staff 2023 / 2024 pay deal, it was agreed to conduct a review of the Agenda for Change system in NHS Scotland. This work was taken forward in partnership by a series of Working Groups created under the aegis of the Scottish Terms and Conditions Committee (STAC).

It was agreed that there should be a reduction in the working week from 37.5 to 36 hours per week. This would be done in a phased way over the next 3 years reducing by 30 minutes each year starting from 1 April 2024.

In addition, it was also agreed to review of Band 5 Nursing roles in accordance with the existing National Job Evaluation Policy. The Job Evaluation Group, a subgroup of the Scottish Terms and Conditions Committee, were tasked with delivering a proposed process for this. The group have been working at pace to ensure that there is clear guidance and support for both Band 5 Nursing staff who request a review of their role, and for managers and panels who will assess these reviews and this national guidance is awaited.

2.2 Background

To support the reduction in full time hours to 37 hours per week, a Short Life Working Group (SLWG) was established under the Reform, Transform, Perform (RTP) Workforce Workstream. The group have been meeting weekly since 4 April 2024 to consider the most appropriate approach.

In addition, a Short Life Working Group has been established to support the activity required in respect of the review of Band 5 Nursing roles.

The purpose of this report is to update on the implementation of the reduction in working hours for Agenda for Change (AfC) staff and to ensure consistency of the national application process for the review of Band 5 Nursing roles, when available to the Board.

2.3 Assessment

Reduced Working Week

A data collection exercise was undertaken to understand how service areas are planning to adopt and implement the initial 30-minute reduction in working hours. The analysis was based on an expected headcount of 9,440 staff with a 97% return achieved (9,207). This shows that a headcount of 7,913 (84%) can implement the changes within the first three months. Additional analysis by area is provided in Table 1 below.

The initial reduction for full time staff has been achieved through a combination of accrual of hours to take back within a 4-week block, or through a weekly 30-minute reduction on a day and time that meets service and staff needs either starting later or finishing shifts earlier. A similar approach is being taken with part-time staff being offered slightly shorter days, using a pro rata reduction of the 30-minutes. In some areas the option to accrue to take back as a block once an increment of 15 minutes or more has been reached is being offered, as there is acknowledgement that for staff on minimal hours it could take some time to reach larger increments to have a day or half day off (i.e. staff member working 8-hours per week would accrue 6 minutes per week).

During this data collection exercise services were asked to identify any issues. General feedback has identified concerns around the impact, and requirement for planning, of Years 2 and 3 reductions and the impact on clinical services and patient safety. The majority did not consider there to be any impact on service delivery with the initial 30-minute reduction, many areas did note however, that it would put additional pressure on services already

under strain with a possible knock-on effect to delivery of clinical services, and the resulting impact on waiting times.

The SLWG have agreed to widen the scope of discussions to include evaluation of the impact of the further reductions in hours in Years 2 and 3, which will include the number of WTE posts lost and the impact to services, as well as recommendations on maintaining access to services during standard core working hours.

Two workforce updates have been issued to staff via Blink. These included an update on the 30-minute reduction along with Q&A for staff, further communications will be developed and issued to staff as work progresses. It is noted that national discussions continue as to the appropriate calculation on Phase One of the reduction in working week for part time employees.

Review of Band 5 Nursing Roles

At present the Job Evaluation Group are finalising the following documentation to support those Band 5 Nurses who wish to request a review:

- Questionnaire
- Guidance to applicants and managers
- Guidance to panels
- FAQs.

To ensure consistency of the application process a National digital platform is being developed. The platform will host the online application form for all Band 5 NHS Scotland nursing staff, who can request a review and submit their application.

It had been intended that this platform would be available from 1 May 2024, however, work continues on this development to ensure it is fit for purpose following service user testing. Communication will take place at a local level in relation to how staff who wish to request a review can then do so, using the platform as their first step. This will include relevant links to the platform itself within which all of the relevant guidance will also be available.

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

Table 1.RiWW Analysis

Area	RiWW implemented (% headcount of confirmed returns)	Confirmed Returns (headcount)	Themes	Data
Acute Services Division	75%	3,363	A number of clinical departments continue to discuss implementation of RiWW & impact on roster.	A number of patient facing areas continue to discuss how best to accommodate the RWW whilst minimising the disruption to patient services. Timescales are being sought from these services, and work is being progressed with Finance colleagues to monitor appropriate remuneration for the staff in these areas plus financial forecasting.
Corporate Services Division	100%	2,212	Most areas will accommodate RiWW by May. Estates, Facilities, D&I and Health Records 70% (1,551) will implement in June due to impact on rotas.	98% of Corporate Services have responded. Impact in catering, fleet and laundry with some staff on very few hours resulting in significant reduction in staff on “shop floor”. Accumulation of minutes to meaningful levels difficult to achieve. Small number required to retain hours in catering to maintain service.
Health & Social Care Partnership	87%	3,632	Most areas will accommodate RiWW by May.	A small number of areas continue to discuss how best to accommodate the RWW. Options being actively investigated in these areas (e.g. Special Schools / Residential Care).
COMBINED RETURNS	84% of staff (headcount) is to benefit from the RWW within the first 3 months. Further focused feedback will be undertaken to understand the barriers, impact, and implications for areas who have indicated they are unable to implement and for those areas who had indicated a partial implementation or had blank returns. Some of the administrative functions, will incur no additional cost of implementation; however, there are several areas who may incur additional cost in the short-term as we work through the transition. Further analysis will take place to ascertain transitional arrangements and any additional costs. Confusing and contradictory guidance around calculating entitlements for part time staff has not supported this position.			

2.3.1 Quality, Patient and Value-Based Health & Care

There are anticipated to be positive benefits to quality of care and services by improving working conditions for staff and an enhanced well skilled workforce. However, it is recognised that the further reduction to 36 hours over the coming two years will have a direct impact on patient care due to the impact this will have on the ability to provide the current service.

2.3.2 Workforce

This change will have a positive impact as it will allow Agenda for Change Staff to have a better work life balance and more flexibility in how they manage their hours.

2.3.3 Financial

On 15 April 2024, the Director of Health and Social Care Finance, Digital and Governance wrote to territorial Boards to detail the funding allocation in 2024 / 2025 for AFC reform. As advised above there are three elements to the reforms, a total of £200 million was distributed to Territorial Boards on an NRAC basis, with £13.7m allocated to NHS Fife.

This funding is non-recurring for 2024 / 2025 as the reforms are implemented, with further funding updates to support future years to be advised. The funding is to cover all relevant staff including those where funding is delegated to Integration Authorities. This allocation falls short of the indicative costs of the AFC reform across Scotland and will be kept under review.

A tool has been developed to assist services to measure the wider financial consequences due to loss of activity. This has demonstrated that the impact on Theatres, for example, is equivalent to a loss of 2.4WTE equivalent staff each week, an additional cost of £160,000 per year if transitional allowance payments are continued. This will rise exponentially as the reductions to 36.5 and 36 hours are introduced.

2.3.4 Risk Assessment / Management

Any risks will be identified, reviewed and escalated through the RTP governance, as necessary.

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

This proposal will not require an EQIA at this stage. There is no anticipated impact on the NHS Fife Anchor Institute Strategy.

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

The Reduced Working Week SLWG and Workforce Senior Leadership Team have contributed to this paper.

2.3.8 Route to the Meeting

This paper has been approved by the Director of Workforce as Chair of the Reduced Working Week SLWG and RTP People and Change Board.

2.4 Recommendation

This report is provided to Staff Governance Committee members for:

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

3. List of Appendices

N/A

Report Contact:

Brian McKenna
Workforce Planning Lead
Email: brian.mckenna@nhs.scot



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at May 2024
Produced in June 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

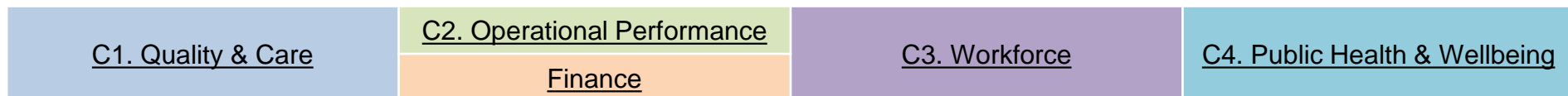
Summarising key Corporate Risks and status.

B. Indicator Summary

Summarising performance against full list of National Standards and local KPIs. 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 and comparison with 'previous year' performance. There is also a column indicating 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. All charts with SPC applied will be formatted consistently based on the following;



MARGO MCGURK
Director of Finance & Strategy
17 June 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		

Risk Key

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

Movement Key

▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.

B. Indicator Summary

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	LAER/SAER - % Actions Closed on Time			29.6%	56.9%	▼		Inpatient Falls			7.35	6.92	▼		Pressure Ulcers			1.08	0.92	▼		
	Ligature Incidents (Mental Health)			0.00	3.44	▲		Incidents of Restraint (Mental Health)			12.6	15.6	▲		Incidents of Physical Violence (Mental Health)			11.10	9.46	▼		
	Incidents of Self Harm (Mental Health)			0.83	1.72	▲		SAB HAI			20.5	13.1	▼		C Diff HAI			13.7	0.0	▼		
	ECB HAI			47.9	22.8	▼		S1 Complaints Closed in Month on Time			50.0%	34.0%	▲		S2 Complaints Closed in Month on Time			26.7%	19.4%	▲		
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Emergency Access	A&E		75.6%	73.6%	▲		Delayed Discharges (Standard)	Acute/Comm		56	59	▲		Cancer	31-day DTT		96.0%	95.2%	▲		
		ED		67.6%	66.2%	▲			MH/LD		6	8	▲			62-Day RTT		72.9%	69.1%	▲		
	Patient TTG	% <=12weeks		49.7%	47.3%	▲		New Outpatients	% <=12weeks		39.7%	39.5%	◆		Diagnostics	% <=6weeks		51.8%	51.2%	▲		
		>52 weeks		622	623	◆			>52 weeks		4602	4174	▼			>26 weeks		81	127	▲		
Finance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Revenue Resource Limit Performance							Capital Resource Limit Performance														
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Sickness Absence			7.35%	6.61%	▼		Personal Development Plan & Review			43.7%	44.1%	◆		Vacancies			7.5%	9.4%	▲		
																	4.6%	6.5%	▲			
																	4.7%	8.0%	▲			
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change		
	Smoking Cessation	40% Most Deprived		205	186	◆		Alcohol Brief Interventions			119.7%	120.0%	◆		Mental Health Readmissions within 28 days			6.2%	1.7%	▼		
	CAMHS			78.0%	76.8%	▲		Psychological Therapies			67.9%	74.3%	▼		Drugs & Alcohol			84.5%	80.9%	▲		
	Childhood Immunisation	6-in-1 @ 12 months		95.1%	94.9%	◆		Childhood Immunisation	6-in-1 @ 24 months			93.8%	96.4%	▼		Childhood Immunisation	MMR2 @ 5 years			85.7%	89.6%	▼

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

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

C3. Workforce

To improve staff experience and wellbeing 2 2 - - - ◀▶ Moderate

Indicator	Target National/Local		Current Trajectory	Reporting Period		Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Sickness Absence	N	6.5%	8.0%	Month	Apr-24	7.35%	○	▼	▼		●	YE Feb-23
Personal Development Plan & Review (PDPR)	N	60%	42.5%	Month	May-24	43.7%	●	◆	▲		●	
Vacancies (Medical & Dental)	-	-	-	Quarter	Dec-23	7.5%	●	▲	▼		●	
Vacancies (Nursing & Midwifery)	-	-	-	Quarter	Dec-23	4.6%	●	▲	▼		●	
Vacancies (AHPs)	-	-	-	Quarter	Dec-23	4.7%	●	▲	▲		●	

Performance Key

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

SPC Key

- Within control limits
- Special cause variation, out with control limits
- No SPC applied

Change Key

- ▲ "Better" than comparator period
- ◆ No Change
- ▼ "Worse" than comparator period
- Not Applicable

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available



Sickness Absence

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

7.35%

Trajectory achieved as of Apr-24

Data Analysis

Sickness absence increased from 6.61% in Mar-24 to 7.35% in Apr-24.

Short-term absence increased from 2.95% in Mar-24 to 3.62% in Apr-24 with an increase in long term absence from 3.66% to 3.73%.

Most sickness absence episodes and hours lost related to mental health related reasons for absence (amounting to 30% of all absences).

Community Care and Medical Directorate (formerly Emergency Care) both have absence rate above 9%. HSCP have an absence rate above 7%.

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

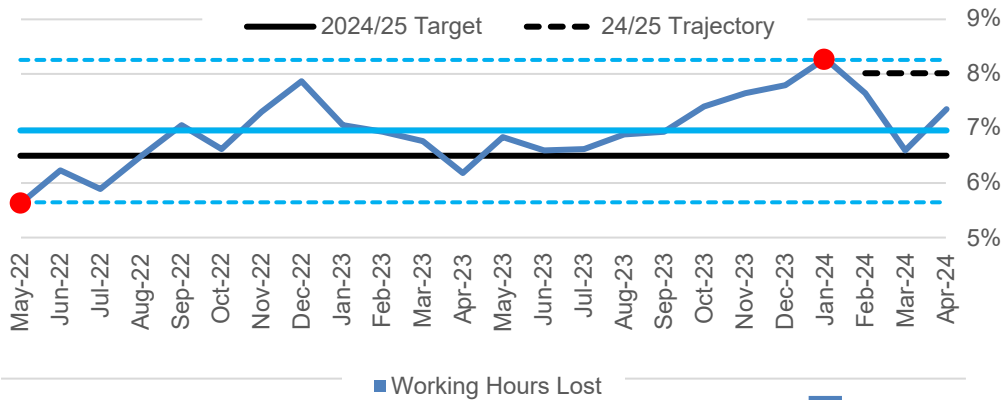
Achievements & Challenges

To reduce sickness absence in 2024/25, it is recognised that there requires a change in emphasis to secure a longer term, sustainable improvement in absence rates within NHS Fife.

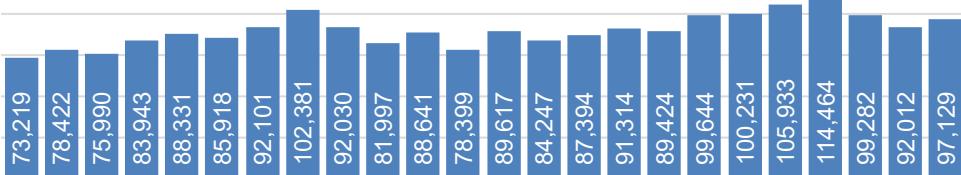
A Promoting Attendance Group has been established. Chaired by the Interim General Manager, WCCS Directorate, the group has managerial representation from across the organisation and staff-side colleagues, Human Resources and Occupational Health (OH) are also part of the core group. The group's purpose will be to oversee a multifactorial review on absence issues; take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. An action plan will be developed to support improvement activities across the key themes identified, including best practice, professional development, and training.

Our staff health and wellbeing activity has been consolidated with the publication of the Staff Health & Wellbeing Action Plan for 2023 to 2025, concentrating on our core activities in relation to OH (including Counselling and Physiotherapy), Peer Support, Psychology Staff Support and Spiritual Care. There has been positive results from the inputs of the Mental Health OH Nurse and the OH Occupational Therapist working on fatigue management. A new part-time post supporting the continued implementation of Values Based Reflective Practice has been recruited to and will support ongoing valuable work.

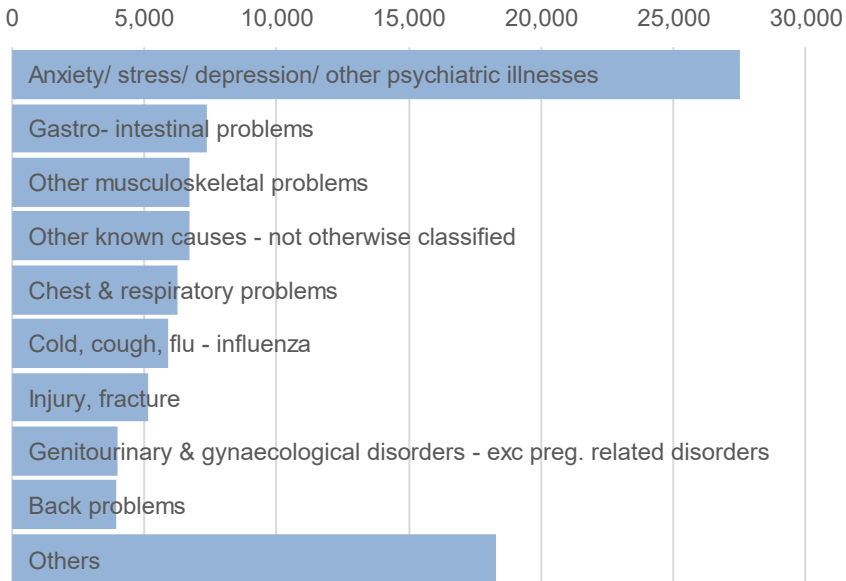
Sickness Absence



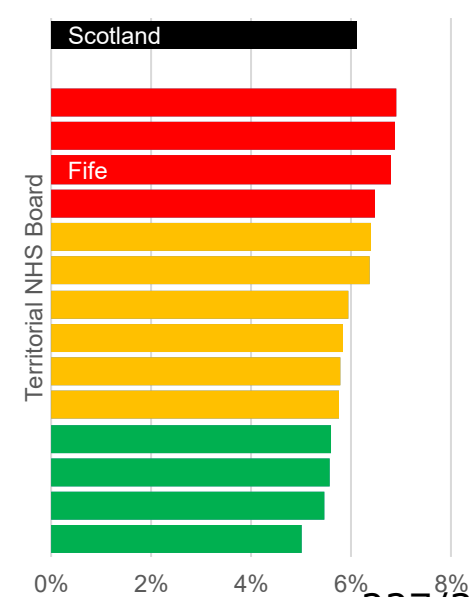
Working Hours Lost



Hours Lost by Reason; Apr-24



Benchmarking; Feb-24





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

43.7%

Trajectory achieved as of May-24

Data Analysis

Compliance was 43.7% in May-24, a decrease of 0.4% from the previous month and but an increase of 3.9% on the same month in 2023.

Agreed locally trajectory of 42.5% for May-24 has been achieved by 1.2%, 60% is to be achieved by Mar-25.

The number of reviews held in May-24 decreased by over 50% to 279 from 587, so far in 2024/25 there have been 866 reviews held compared to 712 in same period in 2023/24.

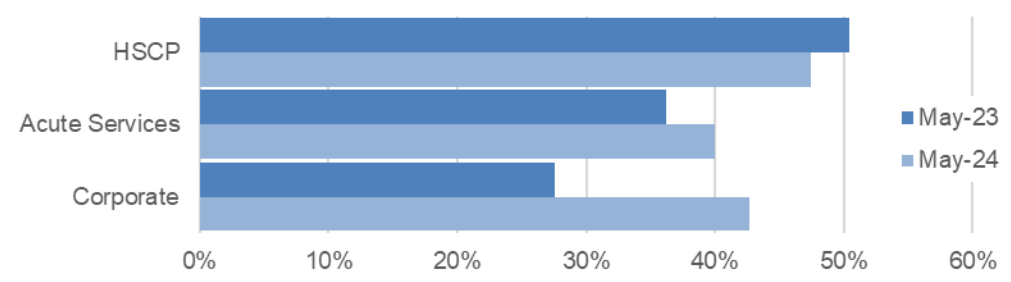
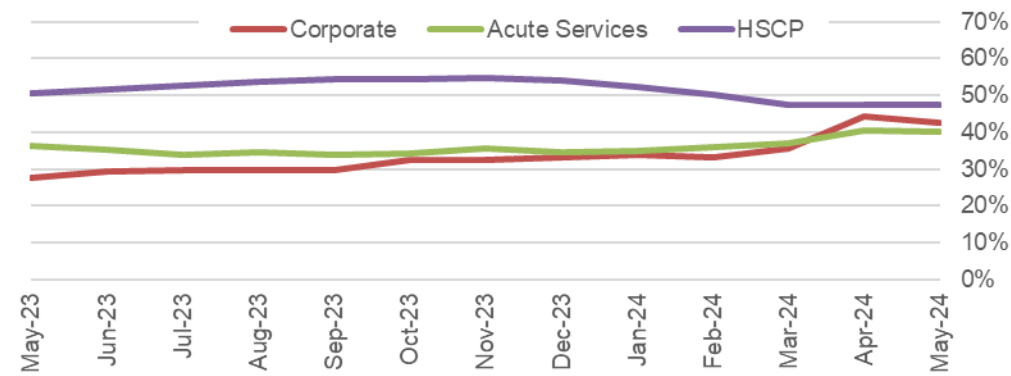
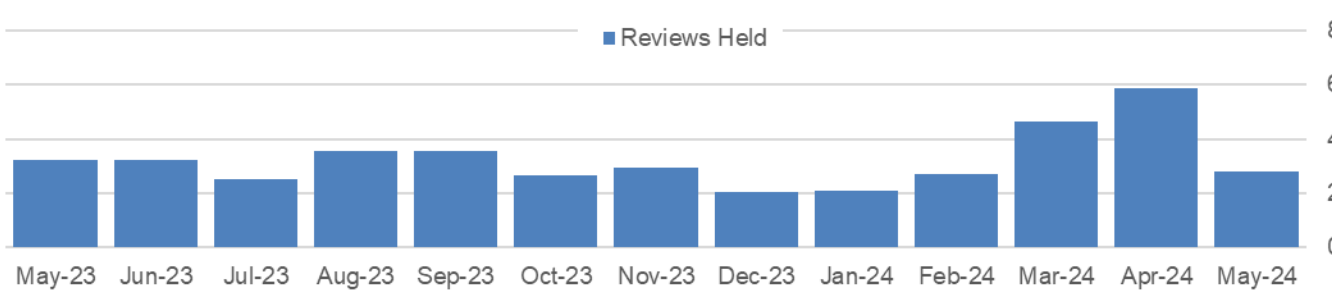
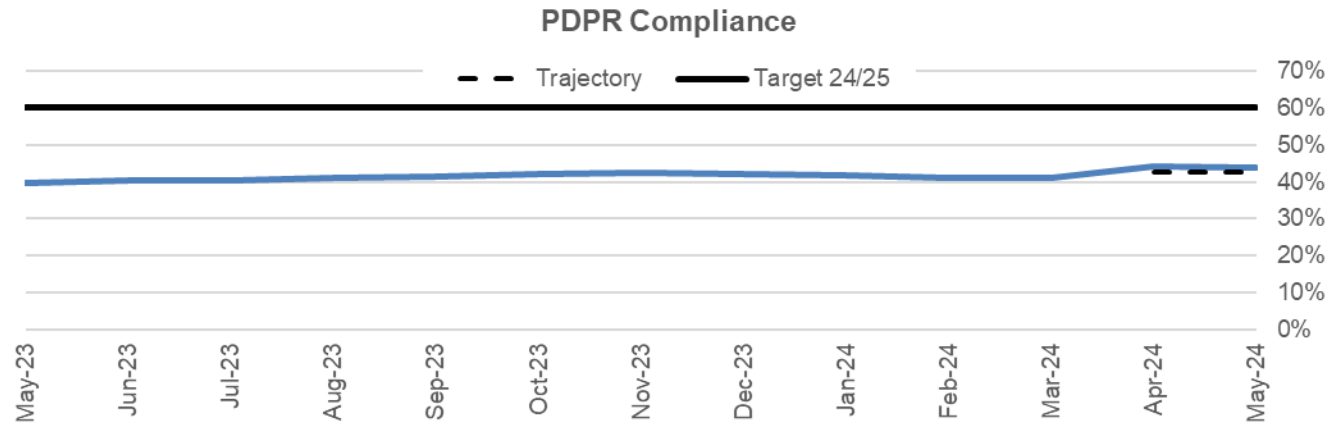
Compliance was highest in HSCP at 47.4% but lower than year previous, Primary & Preventative Care has highest compliance within the Partnership with 54.4% with Complex & Critical Care lowest at 36.7%. Corporate Services compliance is 42.7%, a decrease from month prior but 15% higher than year previous, with Acute Services 40%. Surgical Directorate have now achieved over 50% compliance with Medical Directorate at 25.8%.

Achievements & Challenges

It has been agreed that the PDPR rate of 80% will be reduced to 60% for 2024/2025, with 2025/2026 set at 65% and 2026/2027 set at 70%.

The Interim Learning and Development Manager will be joining the Acute Services Division & Corporate Directorates LPF from June 2024, to support adoption of good practice and encourage managers across these directorates to drive up the attainment of PDPR across the year ahead.

C3. Workforce





Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	7.5%
Nursing & Midwifery (N&M)	4.6%
Allied Health Professionals (AHPs)	4.7%

Medical & Dental WTE vacancies saw decrease from the Sep-23 figure to 23.8 in Dec-23. The largest number of vacancies falls within a single area of General Psychiatry at 8.

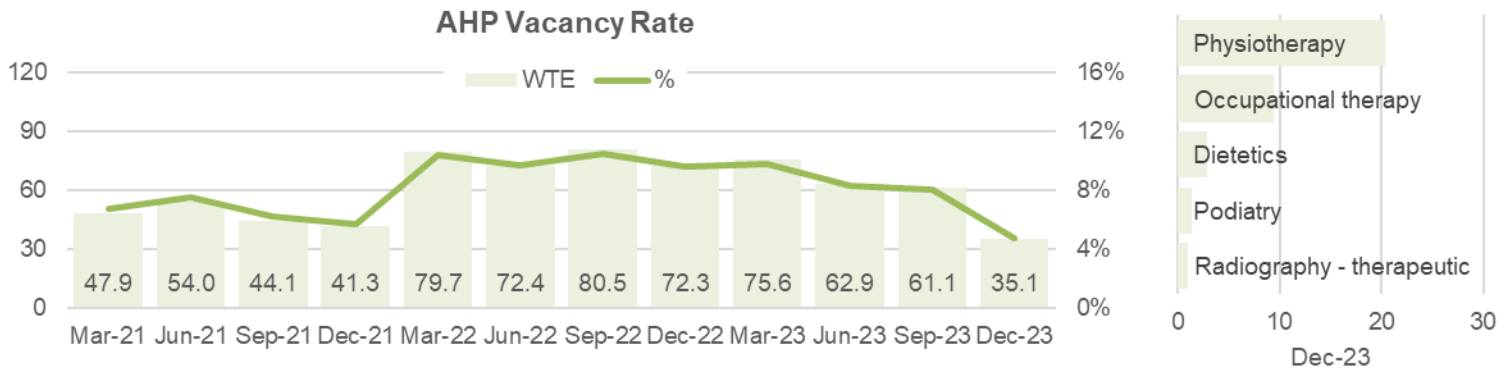
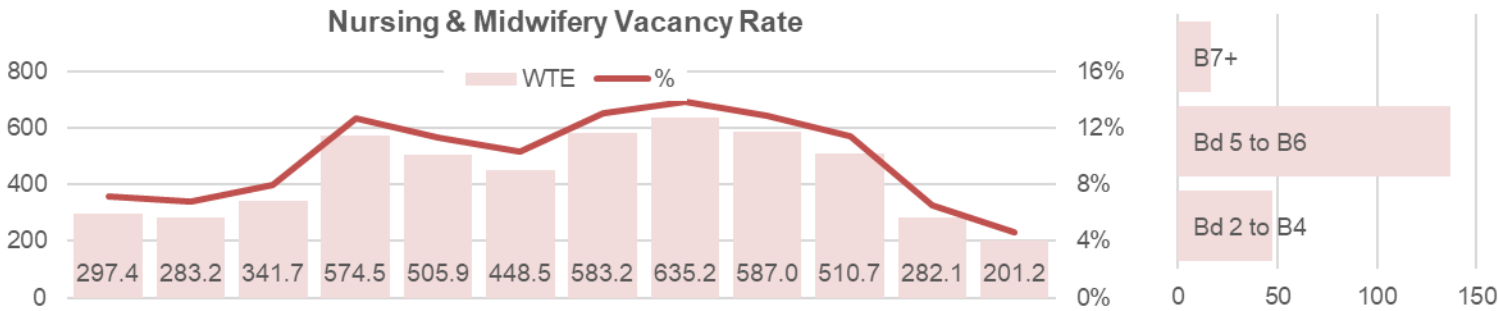
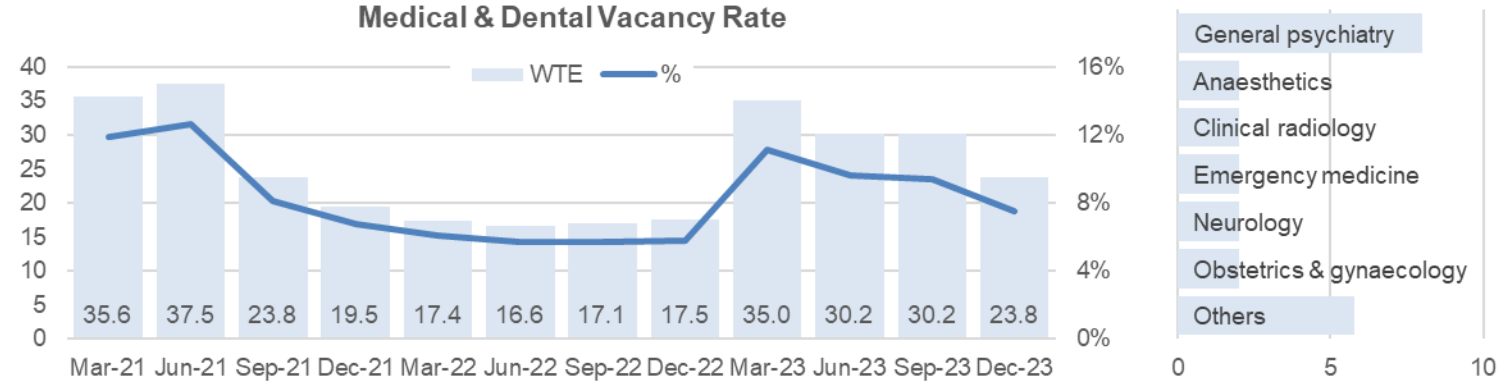
There is a national challenge to recruit permanent staff into Psychiatry. A Short Life Working Group, led by the Clinical Director, has been set up to consider how permanent medical staff can be attracted to work in NHS Fife.

Nursing & Midwifery WTE vacancies has seen a decrease for this reporting quarter dropping from 282.1 WTE to 201.2 WTE. 76.5% of vacancies are for qualified staff Bands 5 to Band 7+.

Recruitment to Band 5 nursing posts continues to be challenging. Efforts to recruit newly qualified Band 5 nursing staff continue and NHS Fife was represented at recent recruitment fairs by members of the Professional nursing team and Practice and Professional Development amongst others. International recruitment has also resulted in an additional 99 new registered nurses over the previous 2 years. To address the shortfall in nursing staff, NHS Fife has adapted the nursing workforce by introducing Assistant Practitioners and realigning the skill mix.

AHP WTE vacancies have decreased to their lowest level since Mar-22 (35.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

There is a national shortage in most AHP professions with recruitment to Physiotherapy and Occupational Therapists roles being particularly challenging. To address this, Physiotherapy has opted into the Funded Places Scheme and has permanently recruited those that qualified and have current trainees they hope to recruit to permanent positions. In addition, work on education and learning frameworks to attract new talent is progressing.



C3. Workforce

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 9 July 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

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

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

- Well informed
- Appropriately trained & developed
- 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 December 2023 for Vacancies; end of April 2024 for Sickness Absence; and end of May 2024 for PDPR.

The purpose of the IPQR is to support the overall assurance information system of the Board (reference section C of the Blueprint for Good Governance) in respect of performance management against targets and statutory measures. Data for improvement will not be

considered within the IPQR and will form part of the emerging transformation portfolio in support of RTP and reported accordingly.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. This is the first report in approved new format with content to be reviewed continually throughout 2024/25.

Production of different extracts of the IPQR for each Governance Committee will continue. The split enables more efficient scrutiny of the performance areas relevant to each committee and service commentary will continue to be collated bi-monthly during 2024/25, to align with report produced for Committees. Services will be asked to highlight achievements and ongoing actions relating to RTP/ADP, evaluating impact on stated outcomes, as well as any associated risks and challenges.

Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary. This report is distributed to NHS Board following approval from EDG.

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.

A separate report on ADP progress will therefore be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan. At the end of Q1 and Q3, PPT will request an update to RAG progress status as well as reviewing milestones for previous and forthcoming quarter. At the end of Q2 and Q4, in addition to RAG progress status and review of milestones, an additional progress statement will be required.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. In addition, there has been a further review of the IPQR metrics contained within the IPQR.

Review of IPQR metrics

There has been an ask to include additional metrics for the following areas:

- Mental Health
- Public Health
- Primary Care
- Productive Opportunities

Mental Health

New measures have been included this month and onwards are related to Mental Health and are included across the sections of the IPQR.

Quality and Safety

- Ligature incidents
- Incidents of Restraint
- Incidents of Physical Violence
- Incident of Self Harm

Operational Performance

- Delay Discharges for Mental Health/Learning Disability (usually presented as one metric with acute and community delayed discharges)

Public Health and Wellbeing

- Alcohol Brief Interventions (added back in after COVID)
- Mental Health Readmissions within 28 days

Work will continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics. These are in development and it is anticipated these will begin to be included in the IPQR for September Governance Committees.

It is proposed that Public Health metrics will be framed around the 6 Public Health priorities denoted below:

1. Live in flourishing, healthy and safe places and communities.
2. Thrive in our early years
3. Have good mental wellbeing.
4. Reduce the use of and harm from alcohol, tobacco, and other drugs.
5. Have a sustainable, inclusive economy with equality of outcomes for all
6. Eat well, have a healthy weight and are physically active

Productive Opportunities including Theatre Utilisation, DNAs and Day Surgery have been discussed and sits within the remit of the Integrated Planned Care Board (IPCB) chaired by the Director of Acute Services. It is proposed to develop a detailed report that includes productive opportunities and this will be presented to the governance committees and NHS Fife Board.

Highlights of June 2024 IPQR

A summary of the status of the Staff Governance metrics is shown in the table below.

Measure	Update	Target	Current Trajectory	Current Performance	Current Status
Sickness Absence	Apr-24	4.00%	8.00%	7.35%	Achieving Trajectory
PDPR	May-24	60%	42.5%	43.7	Achieving Trajectory
Vacancies (Medical & Dental)	Dec-23	-	-	7.5%	-
Vacancies (Nursing & Midwifery)	Dec-23	-	-	4.6%	-
Vacancies (AHPs)	Dec-23	-	-	4.7%	-

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 existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Public Health & Wellbeing extract of the Position at May IPQR will be available for discussion at the meeting on 09 July 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 June 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

This paper is provided to the Staff Governance Committee for:

- **Assurance** – This report provides a Moderate Level of Assurance.
- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: IPQR Position at May 2024

Report Contact:

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

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 9 July 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

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 at 22 May 2024, provide assurance on associated recovery actions identified to improve completion levels for 2024/ 25 and to offer an update on progress made towards implementation of the new Protected Learning Time policy.

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.

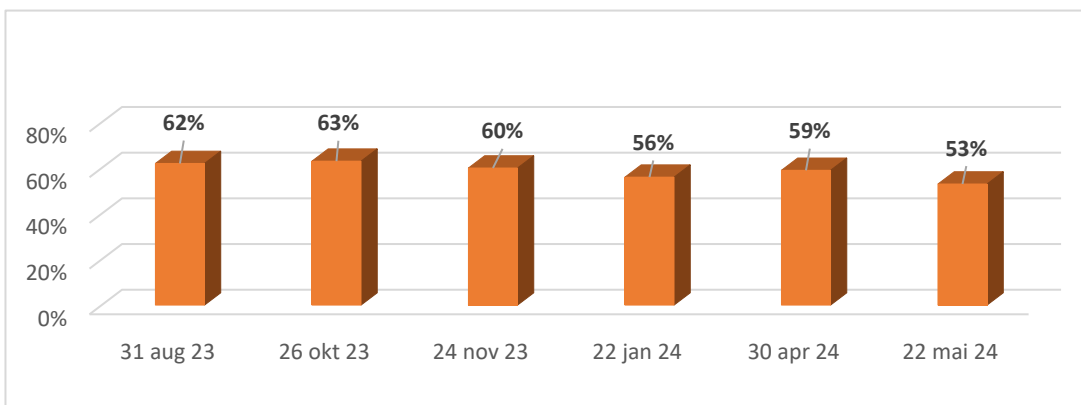
As part of the Agenda for Change review, the Scottish Government agreed to implement changes to improve access to Protected Learning Time (PLT) for Agenda for Change staff from 1st April 2024.

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.

2.3 Assessment

The Staff Governance Standard sets out what each NHSScotland 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.

The position at May 2024 is 53% in overall core skills compliance. The table below shows performance over the last 11 months.



A breakdown of compliance rates by subject area is detailed in the table below as at May 2024.

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)	73	70	76	72
Fire Safety		1	All staff	48	44	57	40
Resuscitation		1	All staff	52	51	65	31
Infection Prevention & Control		1	All staff	54	52	64	42
Information Governance		3	All staff	62	58	68	56
Health & Safety		3	All staff	62	60	70	58
(PfA) Child Protection		3	All staff	51	43	62	45
(PfA) Adult Protection		3	All staff	53	52	63	37
(PfA) Gender-Based Violence		3	All staff	43	40	54	30
Equality & Diversity		One time	All staff	79	74	81	82
Violence & Aggression		3	all clinical + key non-clinical staff in priority areas	56	56	66	42
TOTAL				53	50	61	44

Roll out of enhanced manager reporting to support compliance monitoring activity.

Reports confirming individual core skills compliance status have now been issued to Corporate Directorate managers. Initial feedback has been positive with managers welcoming these reports at local level. This report enables managers to easily identify the Core Skills training requirements for each member of their team resulting in a localised, targeted approach to training provision.

Due to the time and resources required to prepare individual team reports, and to ensure Acute Services and HSPC teams are provided with access to up-to-date information, guidance on eESS OBIEE reporting will be issued managers in these Directorates to support local reporting arrangements as an alternative. Should further support and advice be required, this will be provided by the Workforce Directorate eESS and L&D teams.

Work has commenced with the national eESS team to develop a dashboard report for managers that will enable easy identification of outstanding core skills training requirements. 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 design and successful testing of this report, it will be available to managers by August 2024.

The role and opportunity of the Acute Services Division and Corporate Directorates Local Partnership Forum

Jackie Millen, Interim Learning and Development Manager is now a member of the Acute Services Division and Corporate Directorates Local Partnership Forum group. This arena is well placed to discuss action plans and the support provided from both the Learning and Development team, and the core skills training providers to the service areas directly will help influence core skills compliance levels in these Directorates. In future, updates on the shared actions taken by the LPF to drive up core training compliance rates across Acute and Corporate services will be provided in this report.

Core skills training providers – Short Life Working Group.

As advised in previous updates, a Short Life Working Group (SLWG) consisting of Core Skills training providers has been established. The aim of this work is to ensure NHS Fife is reviewing all core / mandatory training syllabuses and re-fresher timescales in accordance with the Once for Scotland agenda. This review will include taking account of the non-pay elements of the 2023/ 24 pay award on the provision of clinical services, specifically the introduction of the reduced working week and dedicated learning time, to achieve the appropriate balance of planned work activities whilst maintaining safe and appropriate levels of care to the population of Fife. Following this review, and working with subject matter experts, we aim to introduce a revised core / mandatory training programme from April 2025. Once the group have established their key aims and outcomes, an improvement plan will be produced. This improvement plan, and all future progress updates, will be detailed in future iterations of this report.

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, 4 one-hour sessions have been delivered with 51 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 4 more sessions to be delivered during July and August. Currently, 14 places have been reserved and this is expected to increase.

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
- Staff Governance Committee – 14 May 2024
- Area Partnership Forum – 22 May 2024
- NHS Fife Board – 28 May 2024

2.4 Recommendation

This paper is provided to 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.

Report Contact:

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

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 9 July 2022
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

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 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; however, it is 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 advisers.

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 (March – May 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 advisers 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).

Design of Services

The Board monitors the state of every part of its estate through the use of the SAMS system which provides information on the suitability of areas within the estate and the SCART system which provides risk assessed statutory compliance information about the mechanical, electrical and other systems. Every year a report is compiled and submitted to Scottish Government on the state of our assets, and this helps to determine the capital replacement programme as part of our Property & Asset Management Strategy (PAMS) review.

Where concerns are raised, or areas are assessed by our capital planning team, prioritised plans are drawn up to consider how best to minimise risks to staff and patients and provide a suitable working environment.

Recent Examples Include:

- Fire Risk relating to the use of the tower block for inpatients and theatres (resulting in the delivery of the new National Treatment Centre (NTC)).
- The refurbishment of Ward 5 at the Victoria Hospital.
- The setting up of a group to consider ligature risks in Mental Health facilities.

New builds are designed to current standards and are often subject to review by NHS Scotland Assure who provide a review process as part of the Scottish Capital Investment Manual (SCIM). A significant number of staff, patients and stakeholders have been involved in the process. Examples of this include the wide range of stakeholders involved in the design and delivery of the NTC provide exemplar facilities for elective orthopaedic inpatient, outpatient and diagnostic facilities and the current consultation process being undertaken to support the option appraisal of Mental Health facilities in Fife.

NHS Fife has also improved facilities for staff through the creation of permanent staff hubs at a number of our sites across Fife.

Whilst there are no active major capital projects at the moment due to the lack of capital funds nationally, a Whole Systems Infrastructure Initial Agreement is being developed which will include our priorities for the future such as the mental health estate and health and wellbeing hubs at Kincardine and Lochgelly. The first part of this exercise will be to identify key backlog maintenance issues as part of the business continuity of do-minimum option.

Agile working is also being considered to reflect current working practices and deliver better fit for purpose office space within NHS Fife. These principles have also been incorporated

in the new Health and Wellbeing hubs being planned for Kincardine and Lochgelly. The hubs had significant local consultation involvement in the development of these facilities.

Improvements to clinical facilities have also been delivered in primary care settings through the creation of more patient facing rooms across Fife to allow the capacity for more community services to be delivered locally.

These service and facility re-design examples have had significant staff and patient involvement and consultation as part of the business case development process which also relates to the “Involved in decisions” standard.

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 with 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 and providing a improving & 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 2022
- Staff Governance Committee, 9 July 2024

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Health & Safety Quarterly Incident Report

Report Contact:

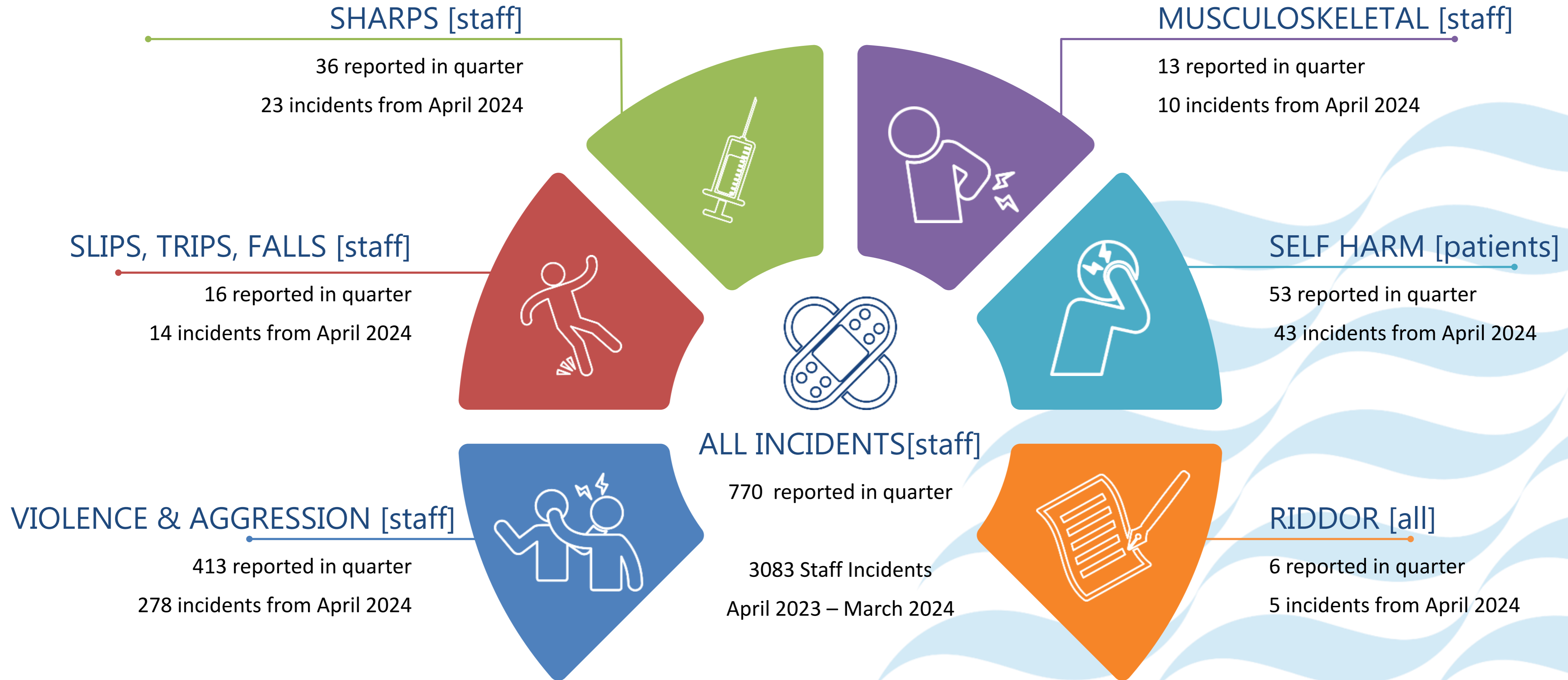
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

NHS Fife Incident Report

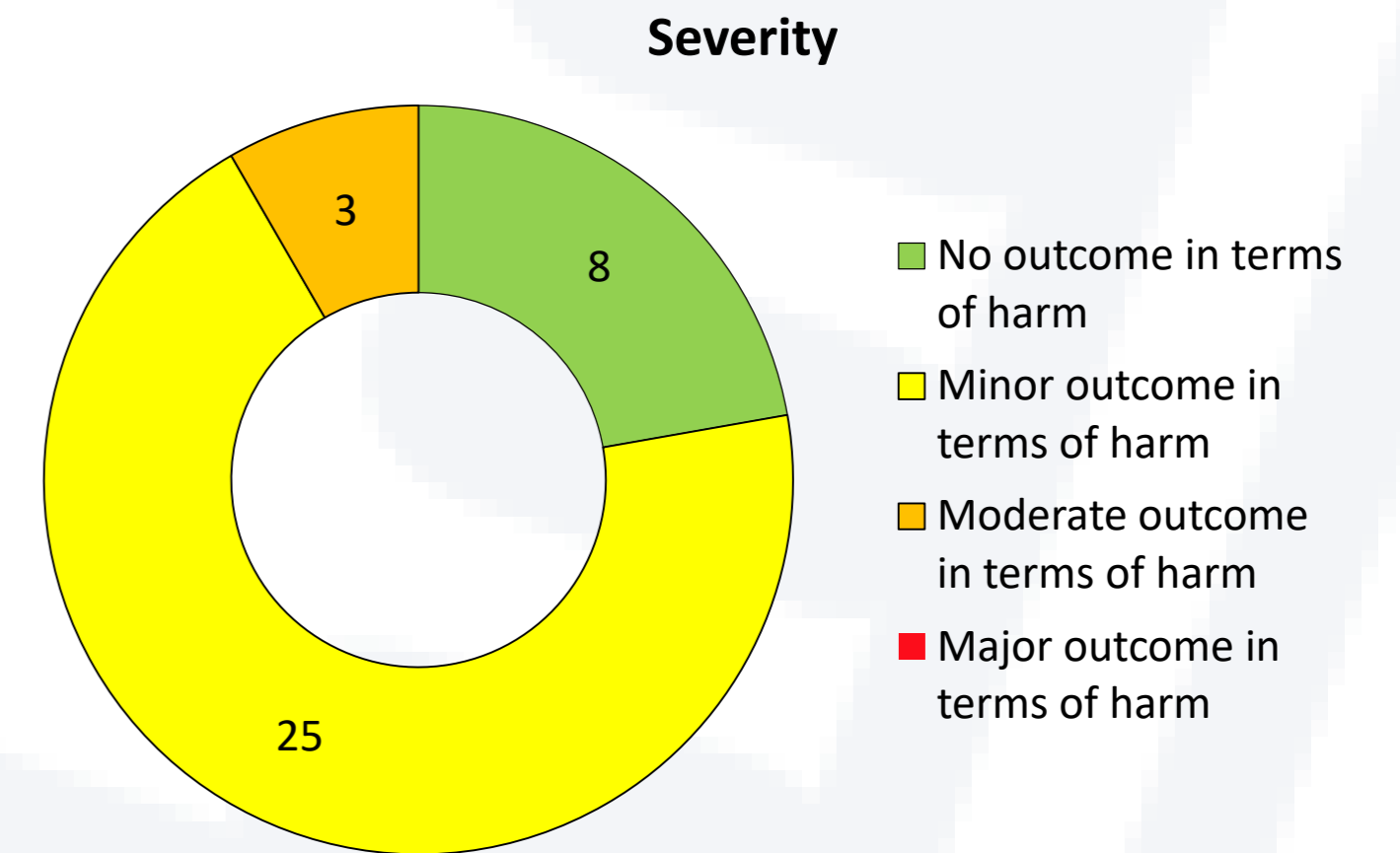
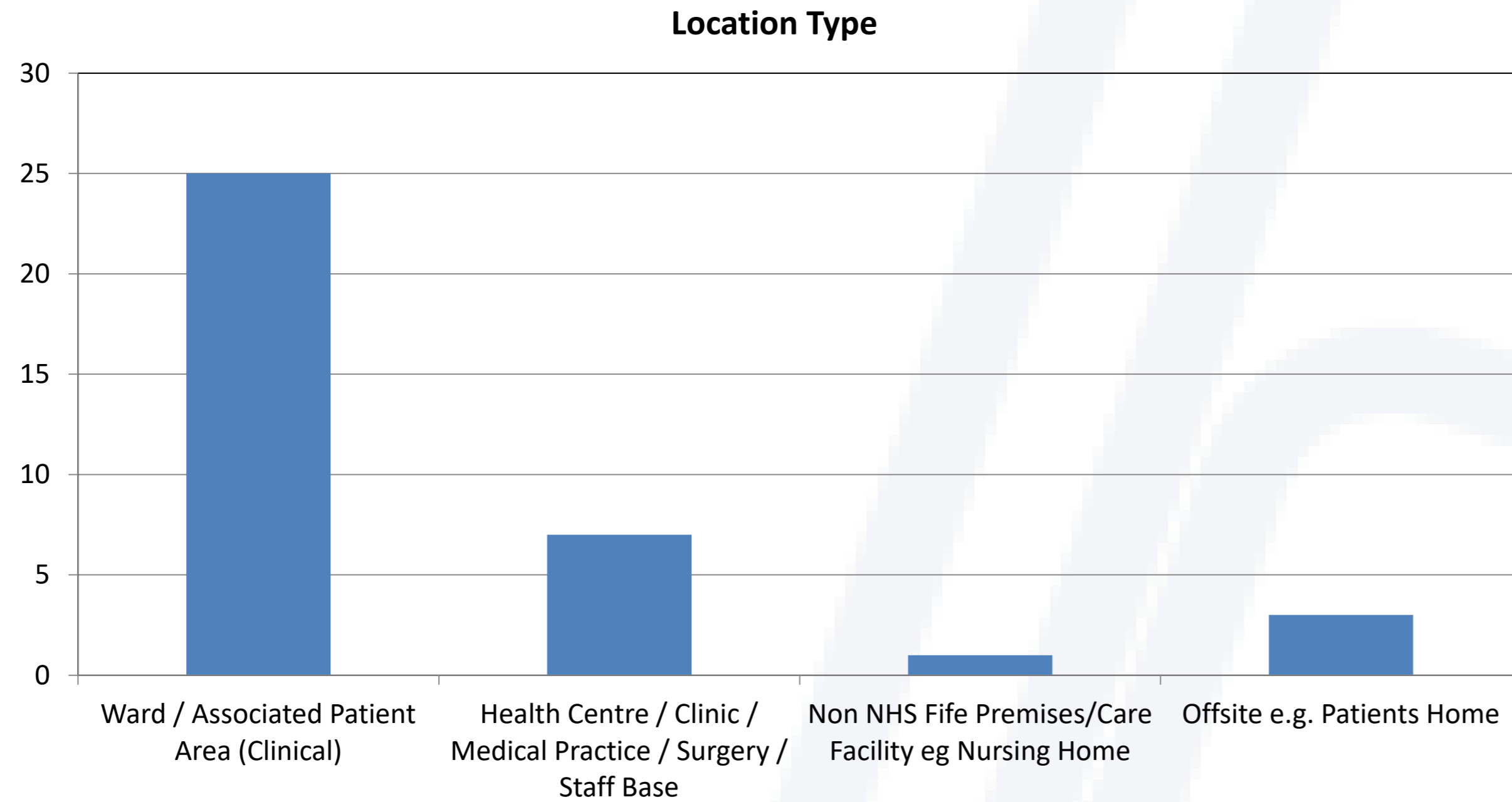
March 2024 – May 2024
Health & Safety Sub Committee

NHS Fife Incident Dashboard

March 2024 – May 2024 Incidents Summary



March 2024 – May 2024 Staff Sharps Incidents Summary



DATIX Incidents – No SBAR Attached		
Ref	Location	Approval Status
WEB186427	Special Care Baby Unit - VHK	Being Reviewed
WEB185597	Ward 52 – Surgical - VHK	Being Reviewed
WEB184970	Patients home - Dunfermline	Finally Approved Procedure not followed
WEB184477	Patients home – Glenrothes	Finally Approved Procedure not followed
WEB185907	Letham Ward	Being Reviewed
WEB184984	AU2 - VHK	Being Reviewed
WEB184916	Methilhaven Home	Being Reviewed
WEB185533	Patients home - Leven	Being Reviewed
WEB185417	Maternity Delivery Consultant Led Unit - VHK	Awaiting Final Approval
WEB186159	MH DU - VHK	Awaiting Final Approval
WEB182479	Theatre 09 – VHK	Being Reviewed
WEB186551	Ward 24 – VHK	Being Reviewed
WEB186475	Theatre 04 – VHK	In Holding Area
WEB186825	Ward 43 – VHK	Being Reviewed

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

36 x sharp incidents reported in this quarter.

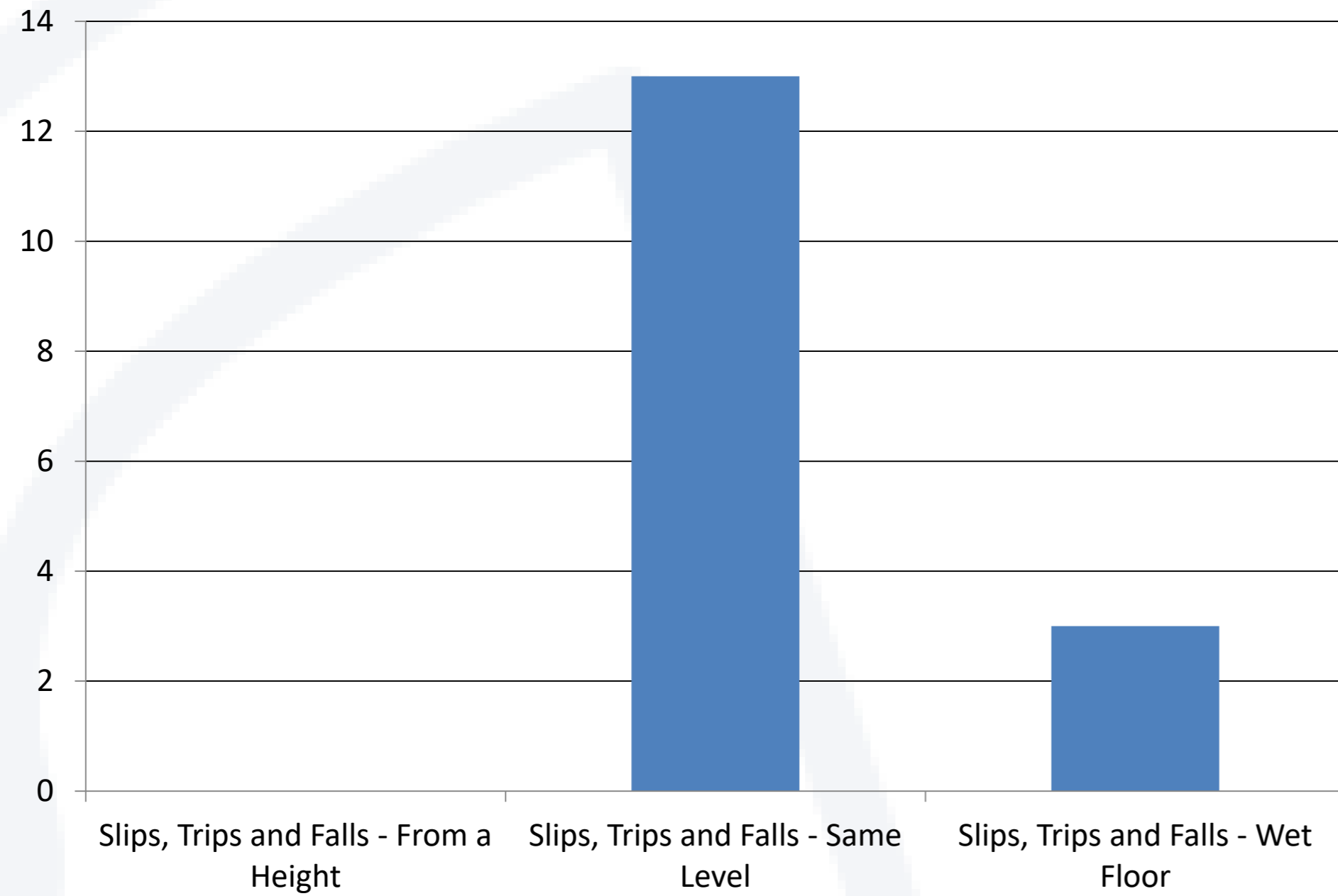
8 x no harm, 25 minor harm, 3 x moderate harm, 0 x major harm

14 x sharps incidents reported with no SBAR attached

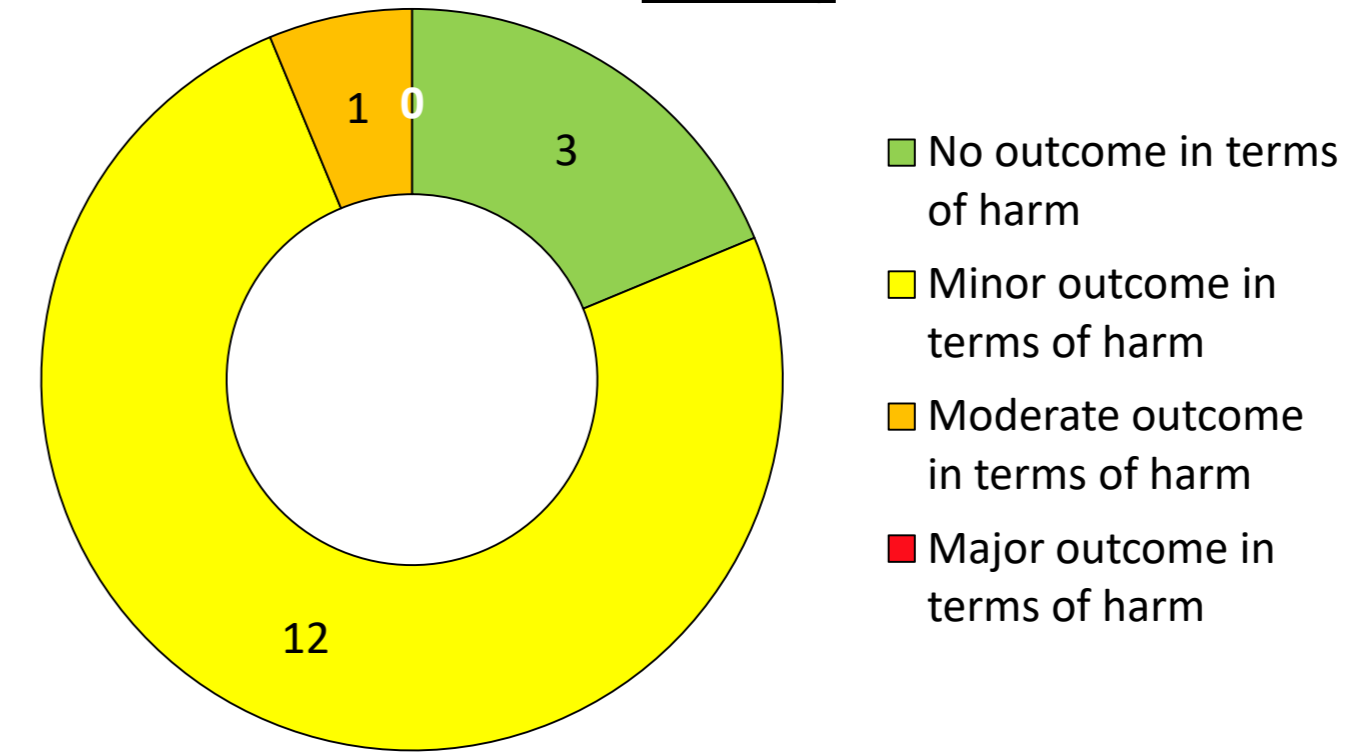
Total Sharp incidents for year 01/04/2023 – 31/03/2024 = 143

March 2024 – May 2024 Staff Slips, Trips and Falls Incidents Summary

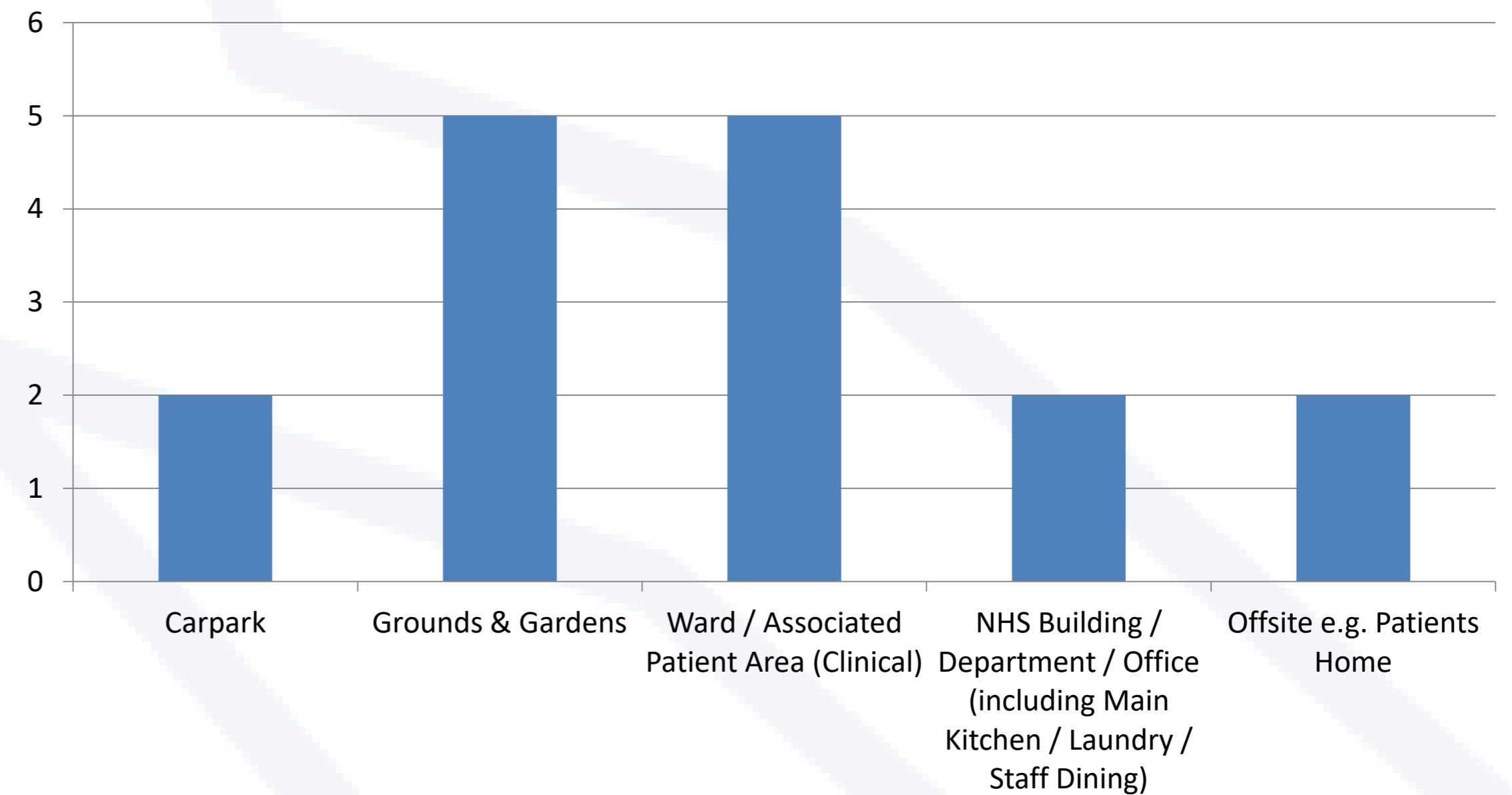
Slips, Trips, Falls



Severity



Location



Slips, Trips, Falls

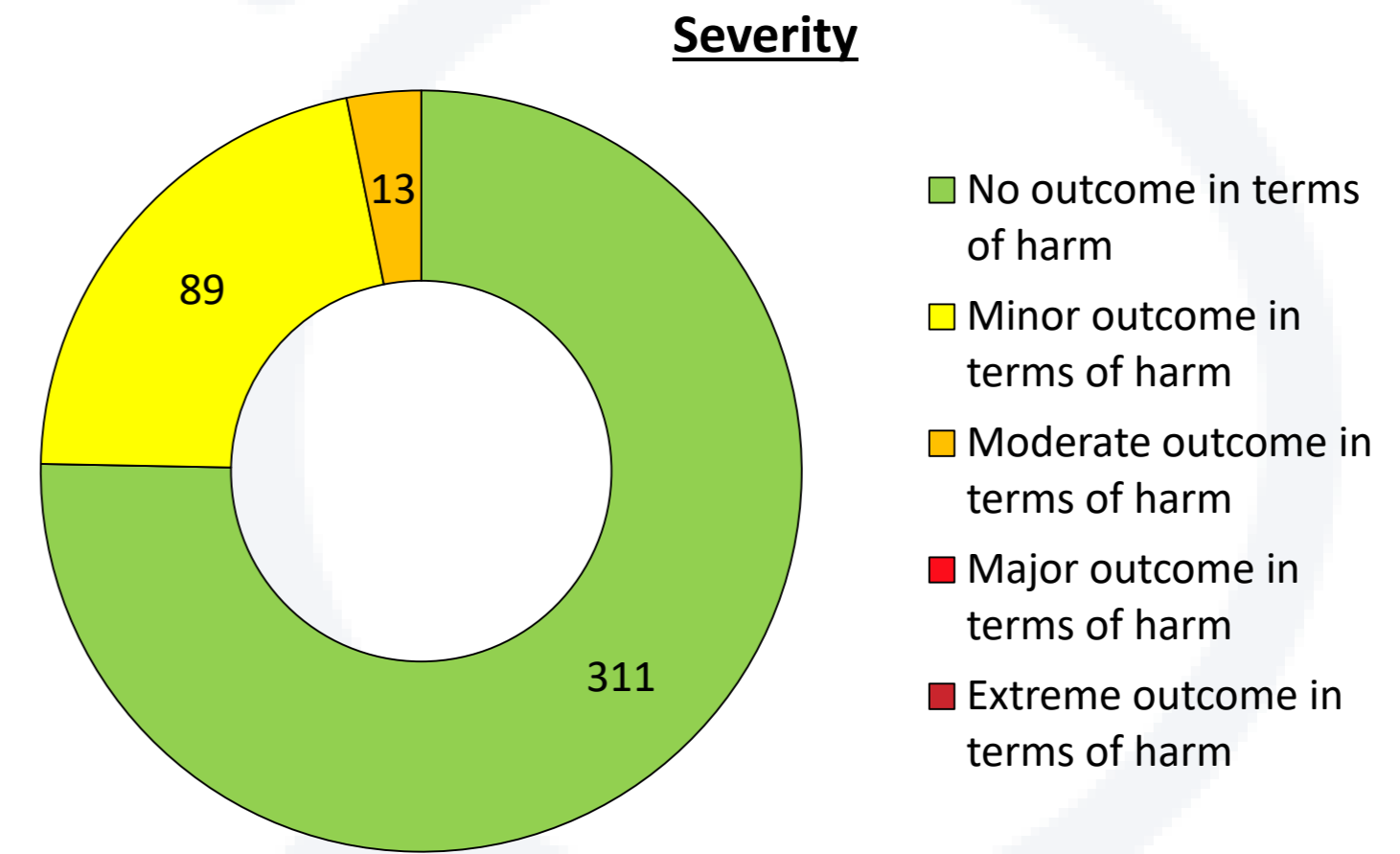
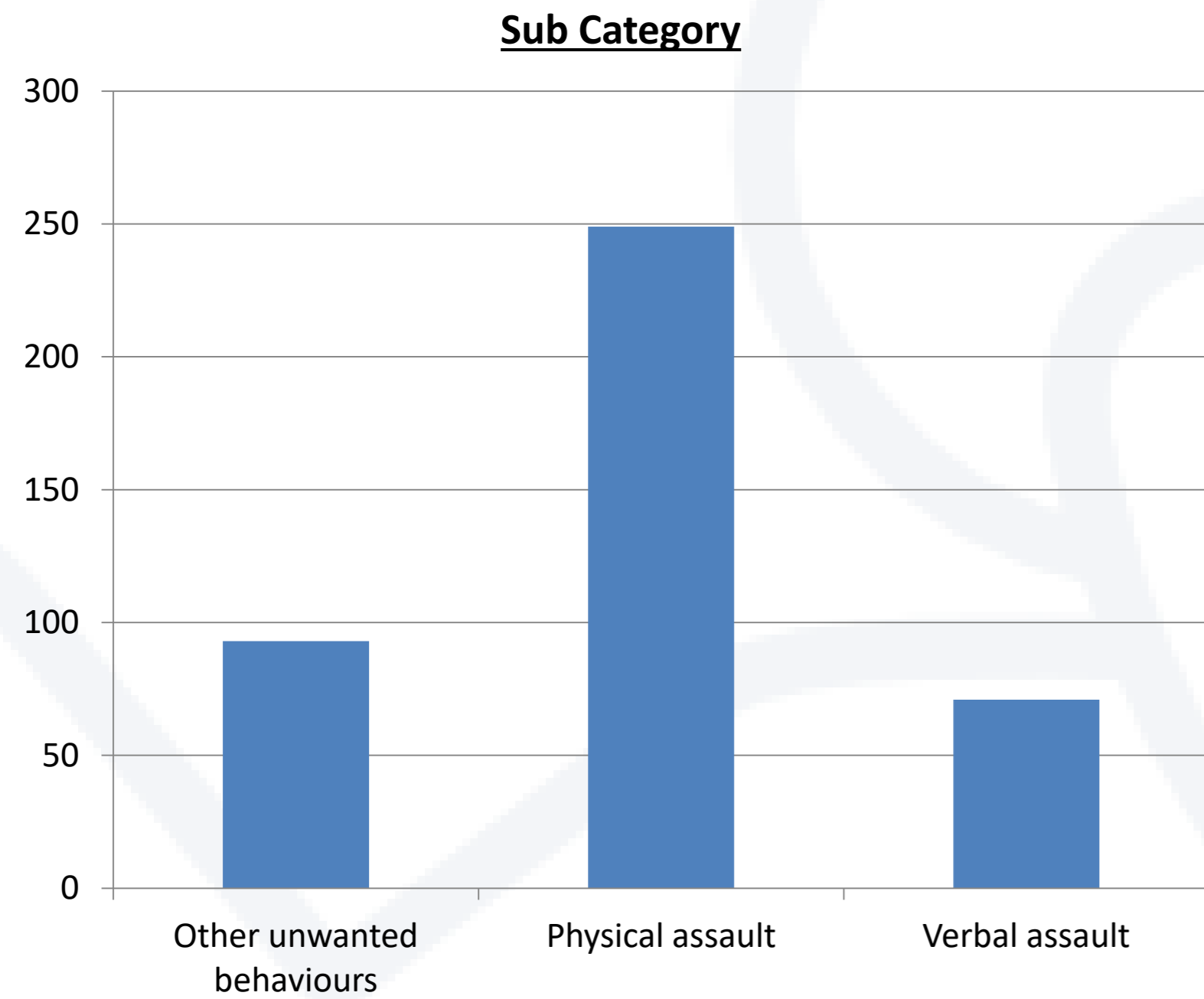
Sub Category's searched – Slips, Trips and Falls (from height / same level / wet floor)

16 x slips, trips and falls reported in this quarter

3 x no harm, 12 x minor harm, 1 x moderate harm, 0 x major harm.

Total slip, trips and falls incidents for year 01/04/2023 – 31/03/2024 = 69

March 2024 – May 2024 Violence & Aggression Incidents Summary



Violence & Aggression

Category searched – Unwanted Behaviors, Violence & Aggression

413 x V&A incidents reports this quarter

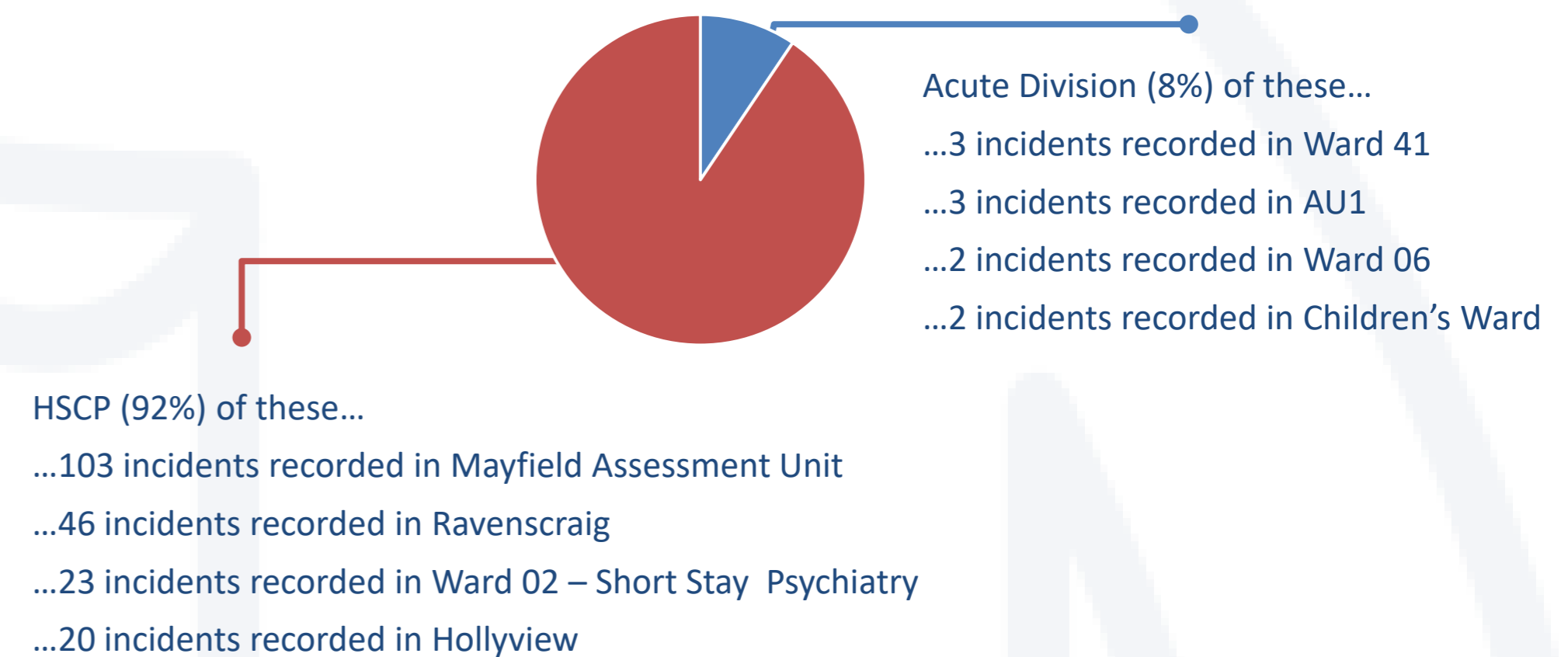
311 x no harm, 89 x minor harm, 13 moderate harm, 0 x major harm, 0 x extreme harm

34 x V&A incidents for Acute Division, 379 x V&A incidents for HSCP of which 103 x Mayfield Assessment unit.

Total V&A incidents for year 01/04/2023 – 31/03/2024 = 1537

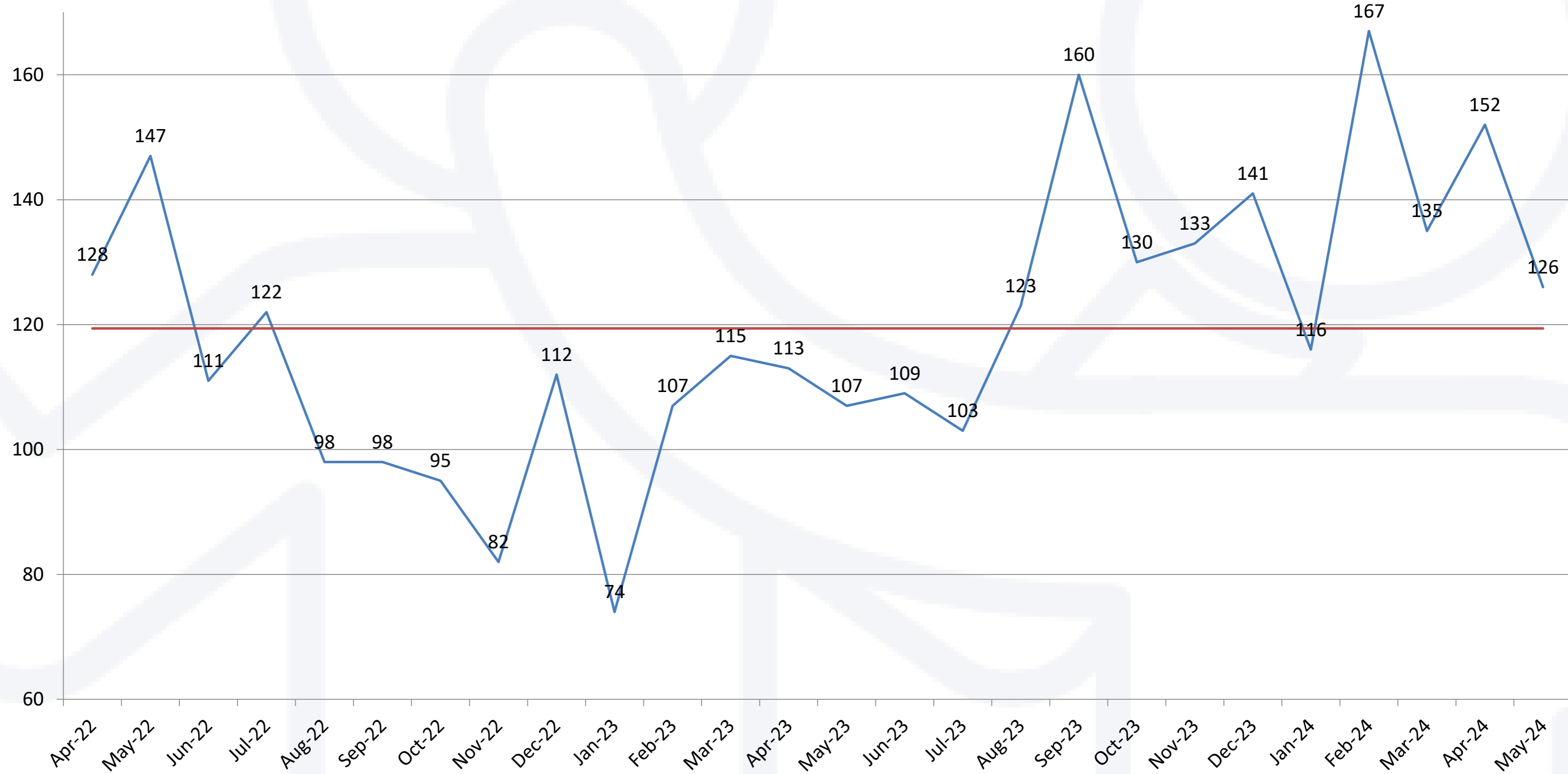
Other unwanted behaviors = 331, Physical assault = 906, Verbal assault = 300

Comparison between HSCP and Acute Division Incidents

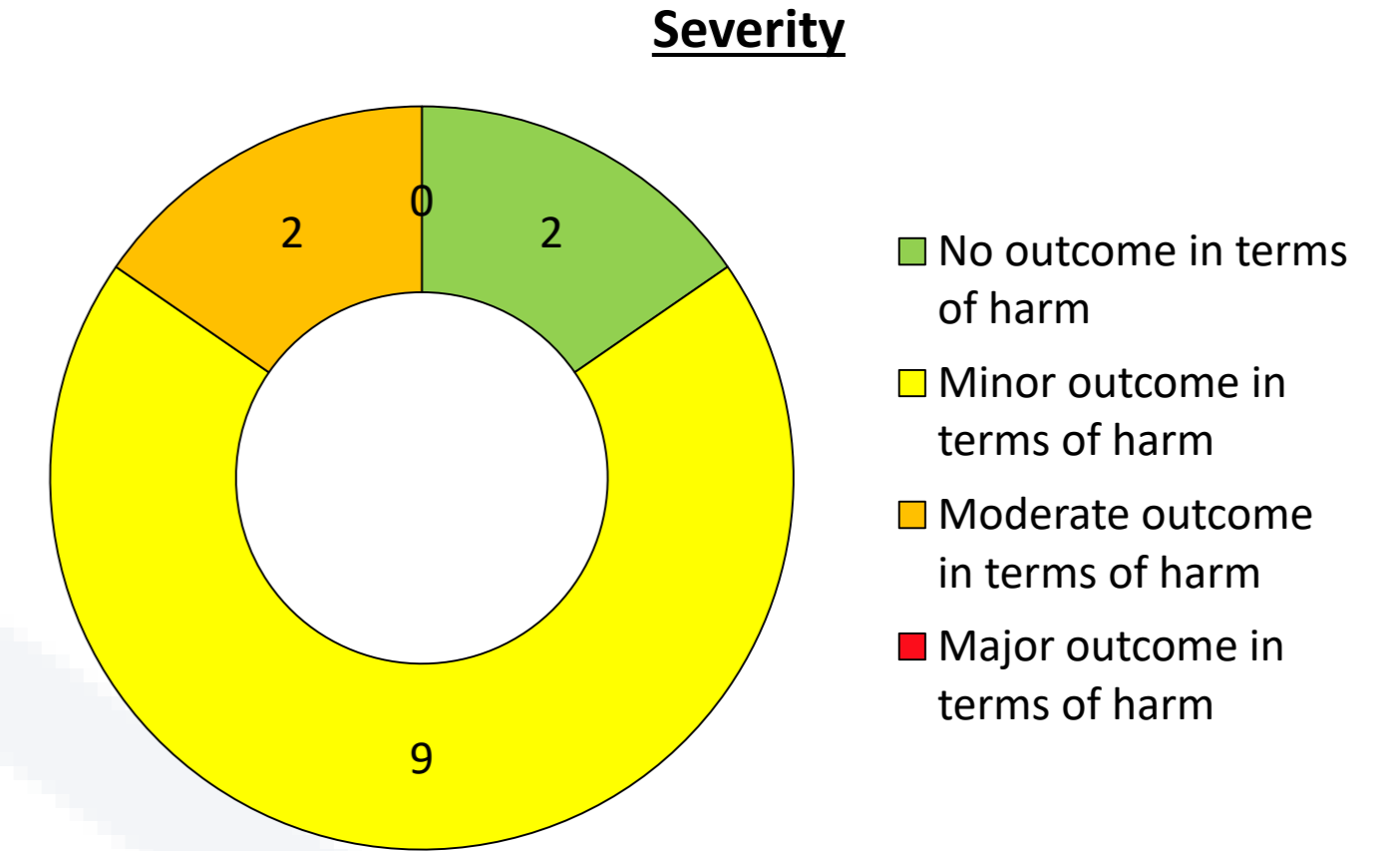
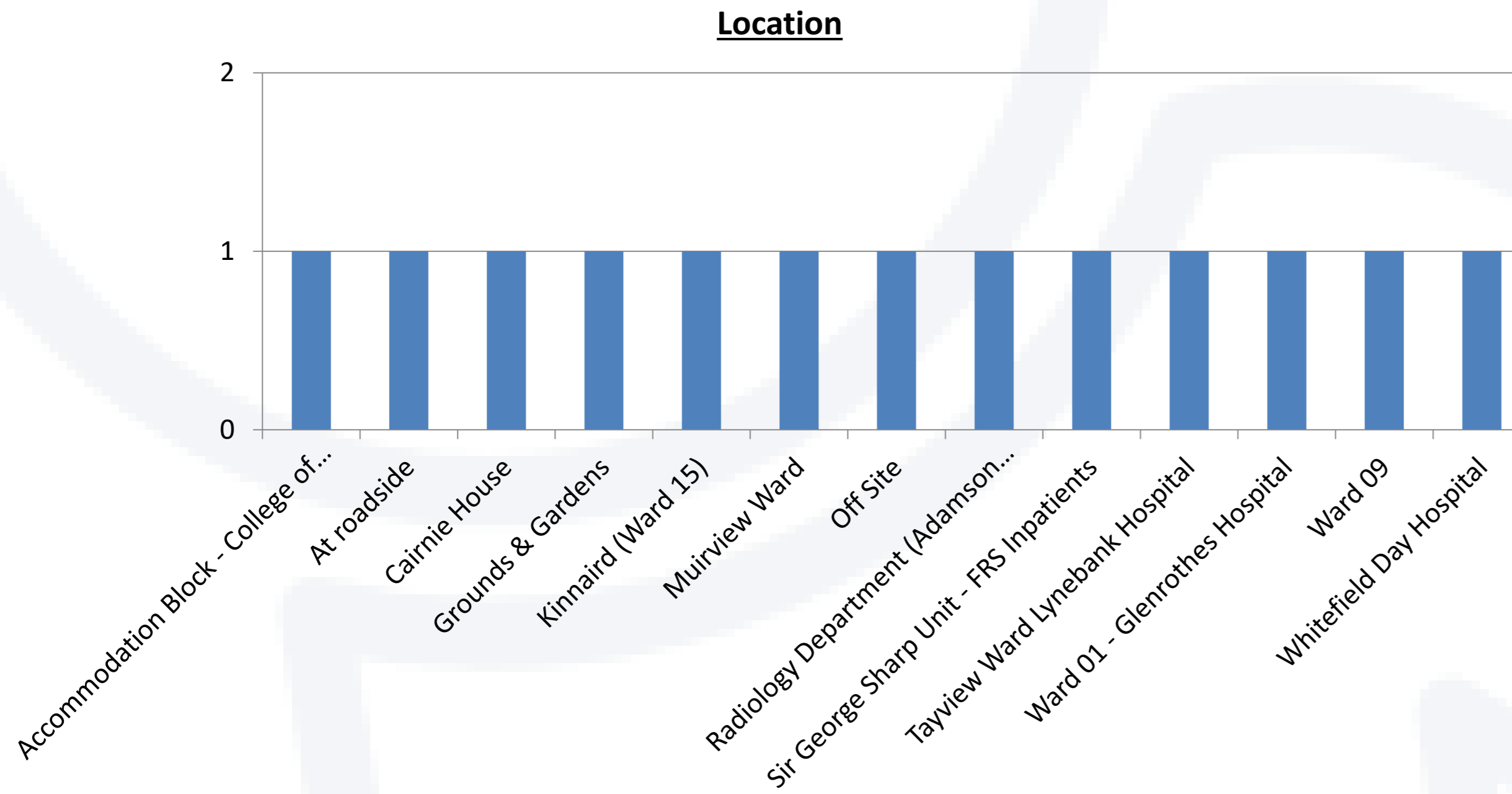


April 2022 – May 2024 Staff Violence & Aggression Incidents Summary

April 2022 – May 2024 Run chart



March 2024 – May 2024 Staff Musculoskeletal Incidents Summary



MUSCULOSKELETAL INCIDENTS

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

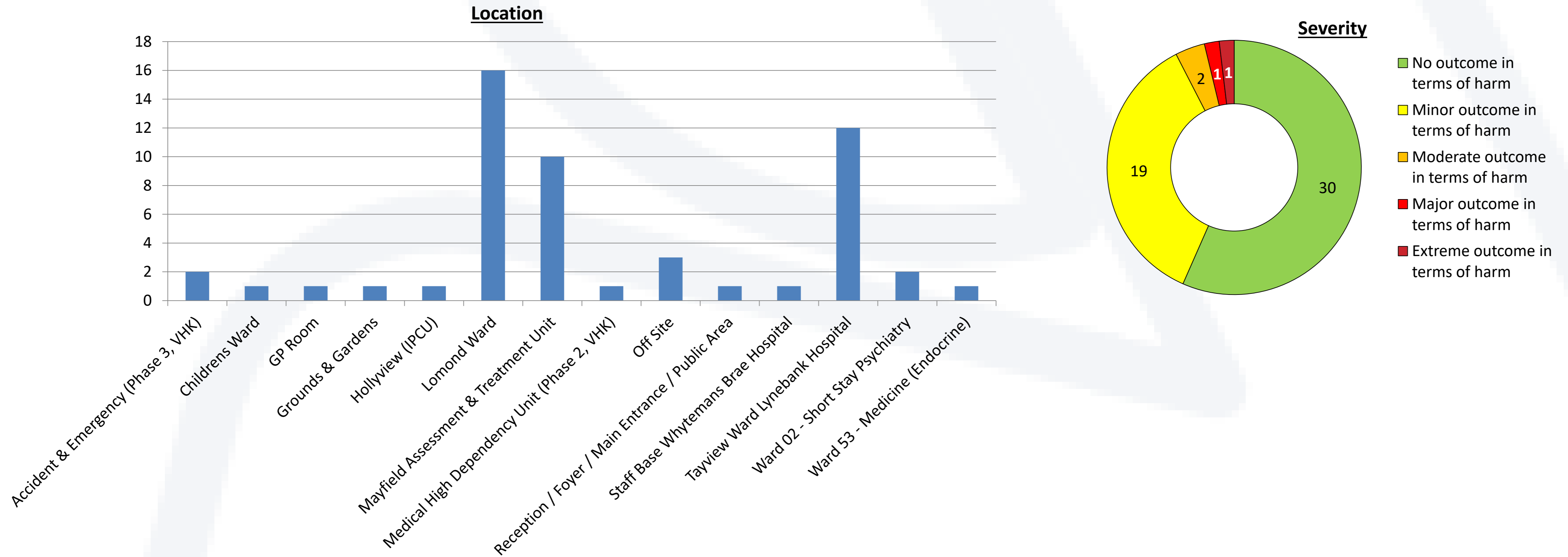
13 x musculoskeletal incident reported this quarter

2 x no harm, 9 x minor harm, 2 x moderate harm, 0 x major harm

- 9 x Load handling
- 4 x Patient handling

Total MSK incidents for year 01/04/2023 – 31/03/2024 = 42

March 2024 – May 2024 Patient Self Harm Incidents Summary



Patient Self Harm Incidents

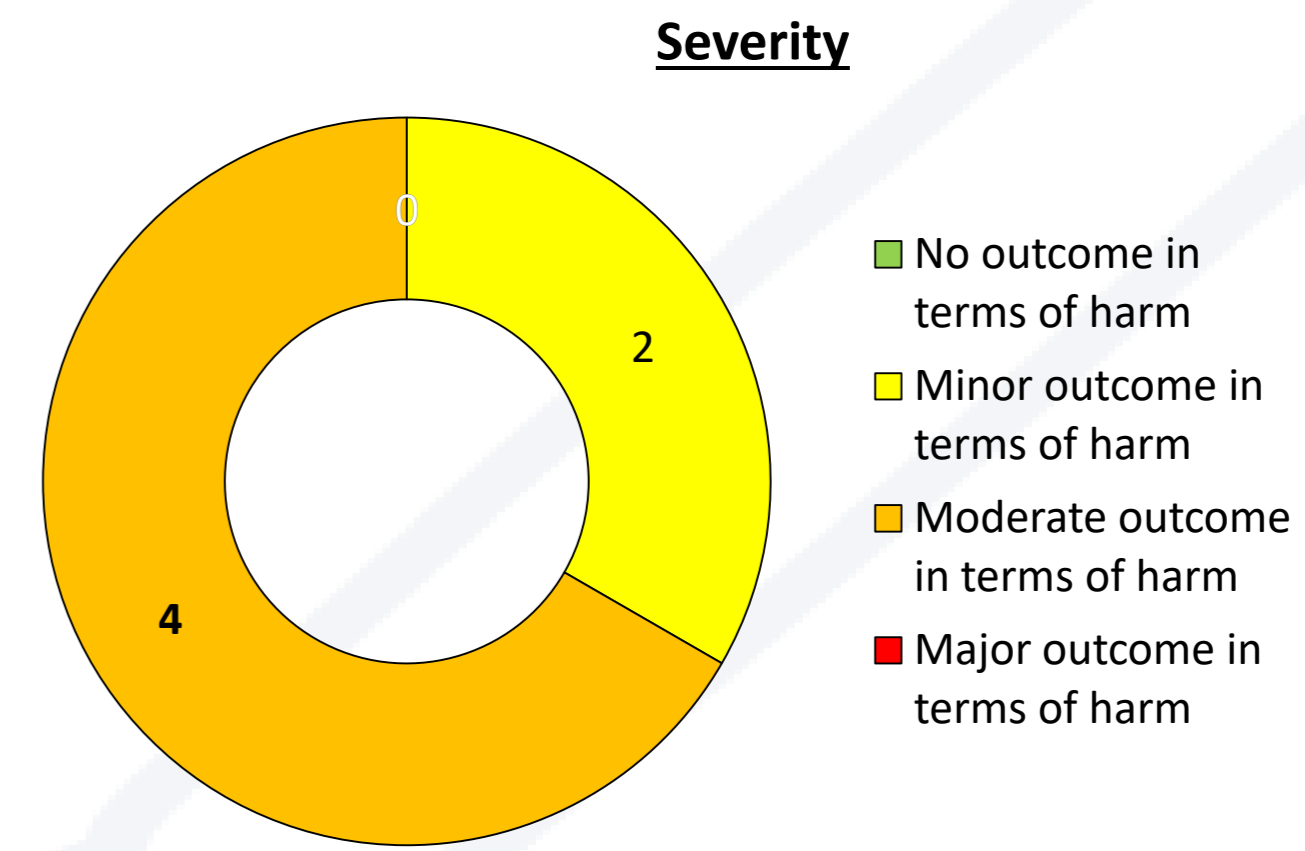
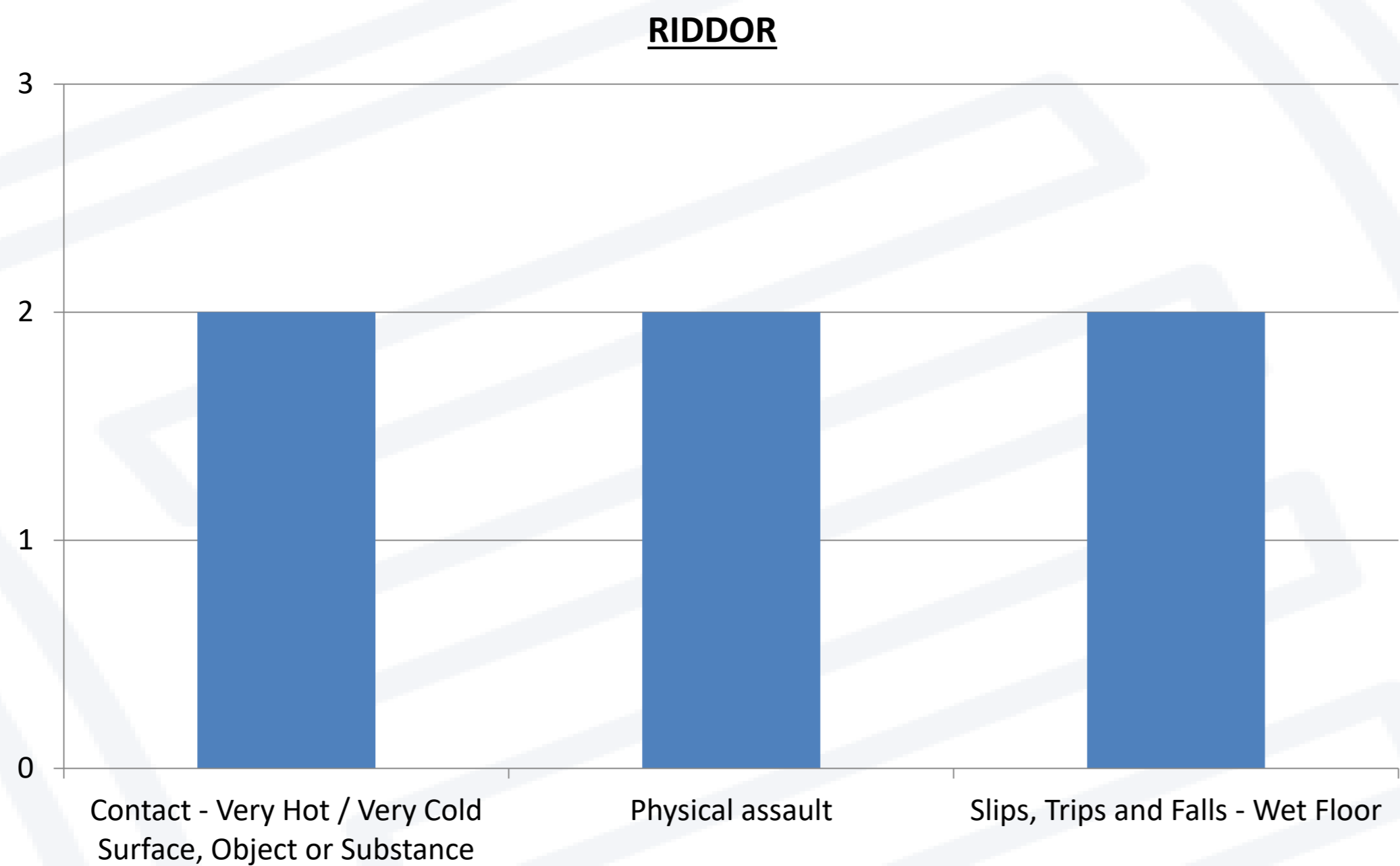
Category searched – Suicide / Self Harm

53 x self harm incidents reported this quarter

30 x no harm, 19 x minor harm, 2 x moderate harm, 1 x major harm, 1 x extreme harm

Total Patient Self Harm incidents for year 01/04/2023 – 31/03/2024 = 299

March 2024 – May 2024 RIDDOR Incidents Summary



RIDDOR Incidents

Category searched – RIDDOR – Yes, its reportable

6 x RIDDOR incidents reported this quarter

0 x no harm, 2 x minor harm, 4 x moderate harm, 0 x major harm

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

1 x moderate outcome – Staff member slipped in kitchen - over 7 day absence

1 x moderate outcome – Staff member scalded by hot water during maintenance – over 7 day absence

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

1 x minor outcome – Staff member slipped on wet floor in sluice – over 7 day absence

1 x minor outcome – Staff member slipped after mopping floor – over 7 day absence

Total RIDDOR incidents for year 01/04/2023 – 31/03/2024 = 36

Appendix 1

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

Meeting:	Staff Governance Committee
Meeting Date:	Tuesday 9 July 2024
Title:	Staff Governance Annual Monitoring Return 2023/2024 Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing & Relations

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. We have recently been informed that the 2023/2024 exercise has been paused to allow a review.

2.2 Background

NHS Fife must operate within the Governance Framework (Clinical Governance, Financial Governance and Staff Governance). Staff Governance is the strand that looks at how staff are managed and how they feel they are being managed.

The Staff Governance Standard is a fundamental element of our work and provides legislative focus for NHSScotland employers to ensure that they work towards achieving and maintaining exemplary employer status. The Staff Governance Monitoring process aims to provide assurance both locally and nationally that:

- The Staff Governance Standard is being fully and properly applied in all Boards, and where there are areas for concern that support is provided; and
- It allows good practice to be shared to help drive continuous improvement across all NHSScotland Health Boards.

2.3 Assessment

The Scottish Government Staff Governance Monitoring exercise has been conducted using the current approach, or very similar, for several years. Whilst this has provided the Scottish Government with the assurance required that Boards are meeting their commitment as set out in the Staff Governance Standard, it is recognised that there are challenges with this approach. As such, the Scottish Government, with Scottish Workforce and Staff Governance Committee (SWAG) approval, has made the decision to pause the Staff Governance Monitoring exercise for 2023/2024 (noting that there may still be a requirement to collect data, for example in relation to bullying and harassment and whistleblowing).

This time will be used to form a tripartite working group to review the annual monitoring exercise and bring recommendations back to SWAG Committee.

Boards are expected to continue with their ongoing commitments and local assessment through their Staff Governance Committee. The Scottish Government will write to Boards later in the year seeking a statement of assurance to this effect.

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 and the Executive Directors Group.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Significant Level of Assurance
- Staff Governance Committee is asked to **note** that the Staff Governance Annual Monitoring Return for 2023/2024 is currently paused.

3. List of Appendices

There are no appendices with this report.

Report Contact

Sandra Raynor
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Area Partnership Forum
(Meeting on Wednesday 22 May 2024)

The main focus of the Area Partnership Forum meeting held on 22nd May 2024 was the Re-form, Transform and Perform Framework: there were updates from the Workstreams, and discussion thereof. Also discussed fully was the Reduced Working Week.

In addition to standing items, topics presented included the new Protected Learning Time Policy, and updates on the Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland) Act 2019) and the Population Health & Wellbeing Strategy.

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 22ND MAY 2024 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: Lynne Parsons, Employee Director

Present:

Sharon Adamson, Royal College of Nursing	Liam Mackie, Royal College of Nursing
Hazel Close, Deputy Director of Pharmacy (for Fiona Forrest)	Margo McGurk, Director of Finance & Strategy
Claire Dobson, Director of Acute Services	Chris McKenna, Medical Director
Lynne Garvey, Head of Community Care Services, H&SCP (for Nicky Connor)	David Miller, Director of Workforce
Mary Ann Gillan, Royal College of Midwives	Ben Morrison, Royal College of Podiatry
Alistair Graham, Associate Director of Digital & Information	Louise Noble, UNISON
John Hackett, Regional Officer, UNISON	Sandra Raynor, Head of Workforce Resourcing & Relations
Ben Hannan, Director of Pharmacy & Medicines	Jim Rotheram, Head of Facilities (for Neil McCormick)
Paul Hayter, UNISON	Caroline Somerville, UNISON
Jenni Jones, Associate Director of Culture, Development & Wellbeing	Gillian Tait, Senior Officer, Royal College of Nursing
Janette Keenan, Director of Nursing	Joy Tomlinson, Director of Public Health
Kirsty MacGregor, Associate Director of Communications	Andrew Verrecchia, UNISON
	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance: Yvonne Batehup, UNISON Welfare Officer
Susan Fraser, Associate Director of Planning & Performance (item 07.3)
Michaela Lessels, UNISON
Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

L Parsons welcomed everyone to the meeting, in particular M Lessels, who is observing today, and Y Batehup who will share her comments raised at the Health & Social Care Partnership Local Partnership Forum (H&SCP LPF).

Apologies were noted from V Bennett, N Connor (L Garvey attending), S Fevre, F Forrest (H Close attending), N Groat, W McConville, N McCormick (J Rotheram attending), C Potter.

L Parsons acknowledged, and thanked colleagues for, their efforts during what continues to be a challenging time.

02. PRESENTATION: EQUALITY & DIVERSITY SURVEY RESULTS

I Bumba was unable to attend the meeting; it was agreed to defer the item to the next meeting of the Area Partnership Forum (APF) on 24 July.

03. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The minutes of the APF meeting held on 20th March 2024 were approved as a true

and accurate record.

It was noted there are currently no 'open' actions to be addressed.

04. MATTERS ARISING

There were no matters arising that were not on the agenda.

05. RE-FORM, TRANSFORM, PERFORM PROGRAMME

B Hannan reported that there has been good progress during the first month of the Re-form, Transform, Perform Programme (RTP) with useful learning and discussions at the Joint APF Systems Leadership Group meeting, and with St Andrews University, on innovative solutions to the challenges we face.

B Hannan invited Workstream Leads to provide updates on their areas of responsibility:

Medicines Workstream

B Hannan advised that work is going well and on track with planned activity. Through work to date, the Medicines workstream has identified over £2million of projected savings. Work will continue to maximise efficiencies including considering how high-cost medicines are managed within Fife. There are no issues to escalate or areas of concern.

Service Design Workstream

C Dobson informed colleagues that there has been a significant amount of work undertaken to 'reimagine' the Victoria Hospital site, with consideration of a wide range of options to enhance flow in support of the RTP transformation objective. Following several months of scoping and discussion, options have been developed to reconfigure existing spaces as well as consider the location of services. The Extended Leadership Team in partnership with Staff Side reps are currently evaluating three final options through an option appraisal, the outcome of which is anticipated this week. Papers will then go through the governance route for approval with a programme of work commencing in June 2024. Currently exploring X-Ray at Adamson Hospital and additional Advanced Practitioner roles. C Dobson welcomed ideas and suggestions on what we could do differently.

Workforce Workstream

J Keenan explained that the Workforce Supplementary Staffing Group has been established to oversee and provide scrutiny on the use of Bank and Agency staffing across the organisation and ensure that NHS Fife is compliant with recent guidance from Scottish Government. J Keenan was pleased to report that during April 2024, for the first time, there was a positive reduction in spend on Bank and Agency usage and the Group is meeting to determine trajectories. The work is going well, seeing a difference, thanks to the positive efforts of those in H&SC and Acute Services and the recruitment work. D Miller commended and thanked everyone for the work to date in reducing the use of Bank and Agency staffing; however, it is vital to continue the good work. A number of control measures have been put in place to support the management of vacancies across the organisation, to streamline processes associated with current budget pressures.

D Miller advised the Workforce Workstream agenda was wide-ranging and has been arranged into smaller sub-groups to allow more time to focus on particular topics/ areas and feed back to the main group e.g., Reduced Working Week, Attendance Management trajectory. The Group is also looking at WTEs and considering the

possibility of introducing voluntary severance with certain criteria.

Infrastructure Workstream

B Hannan acknowledged the need for clear communication and engagement, indicating that open meetings have been arranged for staff affected by the Cameron site closures to find out first hand what's happening/ voice their concerns; in addition to the online meetings and corporate communications.

J Rotheram summarised work to date, including discussing proposals with Fife Council colleagues which will enable NHS staff to hot desk within Fife Council premises. The Surgical Short Stay area will be repurposed to become a Training Centre: training providers will be relocated from Level 8, Victoria Hospital (VHK), freeing up that space for, in the main, staff from Levels 1 and 2, Hayfield House. Staff from Levels 3 and 4, Hayfield House can currently hot desk in what is known as the Estates & Facilities Corridor, VHK or work from home. Hot desks and break out rooms will soon be available at Lynebank Hospital, in what was previously the Digital & Information team's location. The Executive Directors and staff from Level 5, Hayfield House are now located at Queen Margaret Hospital. More detailed information will follow in due course. Estates & Facilities colleagues will continue to review hospital sites to ensure we continue to explore opportunities to reconfigure our footprint and, where possible, make savings. This includes closing and adapting some of the under-used or no longer fit-for-purpose buildings to release savings associated with utility costs, repairs, business rates, and maintenance.

There followed a fulsome discussion. J Rotheram agreed to meet staff side colleagues to agree on an appropriate location for meeting members and to securely store documentation. In response to concerns on staff wellbeing, issues with cascading information, staff not wanting to work from home/ may face abuse at home, staff not able to book a hot desk/ may require a specially adapted work area, detailed briefs will be issued, and open meetings, both face-to-face and on MS Teams, will be held for staff affected with future building closures. Y Batehup suggested the briefs are not consistent, too little information is being circulated too late, leading to rumours and anxiety, what support is being given? B Hannan recognised that the process to date could have gone more smoothly, lessons have and are being learned around change management. L Parsons confirmed that a workstation risk assessment forms part of the new NHS Fife Agile Working Policy. Y Batehup queried whether real savings are being made, given all the costs involved with redesigning the hospital sites to accommodate staff affected by the administrative building closures. B Hannan clarified that no one is being forced to work from home, and changes wouldn't be implemented if financial savings weren't being realised. M McGurk acknowledged the changes had been implemented at pace which has impacted on team dynamics scarcely re-established after the disruption of the COVID-19 pandemic. It was agreed there is work to do in partnership to ensure clear communication with more certain timings and detailed practical aspects to reassure and support staff through the impact of the changing work environment.

JR

B Hannan summarised the current position: have almost achieved the first phase of £25m savings and are now moving into the next phase to achieve the full £54.9m savings: ideas are welcomed on how to do that. It was agreed to evaluate whether the workstreams have appropriate staff side and management representation to make the most of individuals skills and experience.

BH/ LP

APF **noted** the update.

06. TREATED FAIRLY AND CONSISTENTLY

06.1 Reduction in the Working Week

D Miller referred to the report he provided at the Extraordinary meeting held on 1 May 2024 on the implementation of the Reduced Working Week (RWW) and talked to the updated paper brought to APF today, which provides a summary of responses from all areas across Fife, indicating that almost 91% of areas have adopted the reduced working week without too much trouble; for the remaining 10% it is not so straightforward as it impacts on service delivery. Staff unable to reduce their working week will receive payment for the additional half hour/ pro-rata amount. D Miller acknowledged there is still a lot of work to do; updated Q's and A's have been issued; however, work continues nationally to resolve discrepancies around part time working and public holiday hours as the pro-rata formula and the calculator do not align. Nevertheless, we are committed to successfully implementing the RWW and will support services to do so. In hindsight, it has been suggested the full 1.5 hours reduction should have been applied in one go rather than in stages over 3 years.

Y Batehup voiced her concerns around the lack of/ too much/ inconsistent information, managers and staff are confused/ unsure which means of calculation should be used, electronic systems such as eESS and SSTS are not compatible, different areas are doing different things which could lead to grievances. D Miller clarified that the reduction in the working week is intended to be a positive benefit, we need to make it work, staff will not be disadvantaged by the reduction in the working week. L Parsons encouraged staff to escalate issues to be addressed and resolved rather than raising a grievance.

In response to Y Batehup's query, S Raynor confirmed the NHSScotland Annual Leave Policy has been shared, but as there are inconsistencies within it, guidance on NHS Fife's position has been circulated while we await national guidance to correct the anomalies (which can't yet be issued as it is linked to the RWW part time and public holiday component).

APF **noted** the report.

06.2 HR Policies Update

S Raynor summarised the amendments to the policies: HR25 – Evaluation of New Posts Covered by AfC Agreement, Creation of Generic Job Descriptions or Banding Review of Existing Posts Subject to Significant Change – Consistency Panel: local arrangements for Consistency Panels were revised in line with the national guidance, one staff side and one management representative on the panel, unless it is a particularly complex consistency check. A Verrecchia raised UNISON's objection to having only one staff side and one management representative on a consistency panel which was noted. S Raynor advised that the revised policy had been fully discussed, a UNISON staff side rep had raised the same concern; however, after further debate the changes were agreed by the HR Policy Group to bring the policy in line with the national position.

HR37 – NHS Fife Professional Registration Policy: A paragraph on salary placing during lapsed registration was incorporated for clarity. In addition, Lapsed Registration Initial Guidance and Lapsed Registration Manager's Guidance Flowcharts were developed.

HR52 – NHS Fife Agile Working Policy: This new policy addresses the challenges faced by NHS Fife over recent years which have necessitated adjustments to service delivery to provide effective patient care. Agile working approaches have been an essential element of changes in practice and the policy aims to set out a framework to develop a culture that supports and optimises agile working. The policy also describes some of the practical processes and facilities around enabling this style of

working. The overriding aim is to align any change to improving organisational performance and ultimately enhance patient care.

HR54 – NHS Fife Staff Dress Code and Uniform Policy: Previously a ‘General’ Policy, it was agreed by HR Policy Group to adopt the policy as an ‘HR’ Policy. An additional link to sourcing of national lightweight uniforms (it is anticipated a wider range of uniforms will be offered in due course) has been added and appropriate guidance on visible body piercings / the wearing of jewellery, clarified by Health & Safety and Infection Control colleagues incorporated into the policy.

The Miscarriage Association's Pregnancy Loss Pledge asks employers to support employees dealing with pregnancy loss through enabling a supportive environment, leave provisions and access to help and advice. HR Policy Group, Staff Health & Wellbeing Group and Agenda for Change Partnership Group approved and agreed to support NHS Fife signing up to the pledge.

APF **approved** the policies and agreed to NHS Fife signing up to The Miscarriage Association's Pregnancy Loss Pledge.

07. WELL INFORMED

07.1 Financial Performance & Sustainability Report

M McGurk highlighted key points from the paper: this is the last report for the financial year 2023/24 indicating the Board's position of £11m overspend. In February 2024, NHS Fife received an additional NRAC share of pay-related consequentials of £10m and a reduction in CNORRIS expenditure of £13m; otherwise, the overspend would have been much worse. However, this funding is non-recurring, therefore, we cannot benefit from these monies in the next financial year.

The Financial Plan indicates an overspend for 2024/25 of £33m historic and underlying financial deficit. We will seek to save costs wherever it is safe to do so within the RTP. We will require to ask Scottish Government for brokerage (the target is to achieve a breakeven position). M McGurk confirmed this is unprecedented territory, with all Boards in Scotland in a similar position. We must resolve to tackle the underlying deficit and deliver savings targets. M McGurk welcomed everyone's support, making APF aware of the challenge and the level of scrutiny. There was also a material deterioration of the IJB financial position of £17m which will have repercussions for 2024/25.

On a positive note, we are finally realising a reduction in supplementary staffing spend; and capital expenditure 2023/24 was on target for which M McGurk expressed her thanks to all involved in capital schemes.

In response to L Mackie's query, M McGurk confirmed savings have been made in month one of the RTP, although not achieving the planned trajectory as yet. M McGurk advised that not receiving the full NRAC allocation over a number of years has impacted, and continues to be part of, our financial challenges.

APF **noted** the update.

07.2 Communications Update

K MacGregor acknowledged and welcomed the helpful discussion earlier in the meeting around RTP communications and reassured Forum members that an RTP Communications Plan is under development: existing channels will be used and exploring a new briefing format as well. An RTP suggestion box has been established with a dedicated email account and also an anonymous suggestion box

to use if preferred. There has been a good flow of ideas and suggestions as well as staff venting their frustrations. The Comms Team are also refining briefings to support managers around the estates moves.

New initiatives around RTP include the Comms Team developing a 'Hot Desk Hub' which will provide maps, guides, 360 views of where the hot desk areas are for staff to familiarise themselves with locations, and guides on booking etc will be developed as the work progresses.

In collaboration with Workforce colleagues, the Staff Health & Wellbeing StaffLink pages are being revised and refined to update the information (as it was written during the COVID-19 pandemic) and to ensure signposting to appropriate support.

Cameron Hospital site closures targeted emails have been issued together with FAQs and promoting sign up for briefings, with a follow-up to offer reassurance.

The last Workforce Briefing was issued in April, currently drafting the May update, which will incorporate information around Annual Leave.

K MacGregor confirmed the quarterly Communications Activity report for January – March 2024 was previously circulated to Forum members.

K MacGregor indicated that a paper on the Annual Internal Communications Survey will be going to EDG in June 2024, part of our commitment to engage with staff e.g., feedback/ analytics will be used to refine processes.

K MacGregor was pleased to advise that it has been agreed to hold the Staff Awards Ceremony again this year, to celebrate successes, on Friday 4 October 2024. Fife Council has kindly offered the Glen Pavilion free of charge. K MacGregor welcomed ideas on other avenues of sponsorship. The Staff Awards are open to all staff from all areas; categories have been revised this year to reflect services more appropriately. A paper will be brought to APF in due course.

APF **noted** the update.

07.3 Population Health & Wellbeing Strategy Update

S Fraser advised this is the first draft of the Annual Report, the Population Health & Wellbeing Strategy having been agreed and published in March 2023. Information on what we said we would do was gathered and progress made identified: it was gratifying to discover how much has been achieved. The document contains updates for each strategic priority, including data and trends. Narrative has been added to the indicators to enable greater understanding and IPQR indicators have been incorporated throughout the document instead of in one section only. The appendices detail progress with other strategies and underpinning strategies.

S Fraser suggested that of particular interest to this Forum will be Strategic Priority 3: Improving Staff Experience and Wellbeing. Updated within the report are Clear Pathways, Employability, Staff Health & Wellbeing, International Recruitment and Leadership.

Comms colleagues have worked their magic on the report to 'professionalise' it; and it is going to the Board on 28 May 2024 for approval and sign off.

L Parsons commended the content and format of the informative and inspirational report.

APF **noted** the update.

08. APPROPRIATELY TRAINED

08.1 Core Training Compliance Update

J Jones referred to the report, which is brought to APF to give assurance, and for information. Highlights include an overall core training compliance of 59%. J Jones observed there is a real emphasis and commitment by the Executive Directors Group and the Board on the importance of Protected Learning Time (PLT), Core Skills Training and Personal Development Plan and Review (PDPR) for NHS Fife, particularly during the current climate. Learning and development is key to a healthy working culture.

J Jones informed colleagues that managers will soon be emailed Core Skills Training Compliance reports for their direct reports which will be helpful for managers to discuss with their teams how they put the time, space, and resources in place to achieve an upward trajectory. Jackie Millen, Interim Learning & Development Manager has been leading the Workforce Development & Engagement team on this piece of work; J Jones acknowledged the huge effort put in to producing this useful information. Systems such as eESS and OBIEE reporting are being made more accessible to enable managers to download training data.

J Millen is establishing a Core Skills Training Short Life Working Group to determine what other actions can be undertaken to improve compliance rates, including accessibility to training. J Jones implored colleagues to encourage staff to undertake core skills training, especially during the summer months, avoiding winter pressures.

This led to a discussion during which C Somerville noted that Core Training figures remain consistently around the 60%-mark, Resuscitation compliance in particular is low and the 80% target has not been reached for some time. C Somerville queried where staff could go to undertake elearning, given the reduction in facilities. B Hannan suggested this could be considered within the Infrastructure, RTP workstream. J Jones explained that managers are ultimately responsible for ensuring their teams have the resources and time to complete training, although relevant information and supportive measures are being provided to encourage compliance. B Morrison highlighted that due to Children and Young People and Adult Resuscitation training now being offered in two-time blocks, staff are finding it tricky to attend both. A question was raised about expecting staff to undertake eLearning out with working hours to boost compliance rates. It was noted that the introduction of the new PLT policy would reinforce the expectation of all core/ role specific training being completed in working hours. One suggestion offered was to block time off to undertake core training requirements; acknowledge finding the time is a challenge. J Tomlinson welcomed the reports and in particular the news of the TURAS Learn reporting function which will be made available to training services by August 2024. Y Batehup noted that some colleagues only work weekends, and queried how they get access to courses that didn't run then but that they needed to do as mandatory for them. She noted that she has heard of members/ staff doing core skills training outside of work time. J Jones stressed the PLT policy is clear in that this is an expectation 'in working hours'. Y Batehup observed that Food Safety/ Food Hygiene training is not on the main list for Core Skills Training, and for Estates/ Nursing colleagues this is mandatory. The APF noted this was not a reporting factor within this report, although this 'role specific' core training will be of significance, especially within Facilities and Nursing/AHP staff groups.

APF noted the update.

08.2 Protected Learning Time

J Jones explained that the new Protected Learning Time (PLT) Policy came into effect on 1 April 2024 (it is one of the three non-pay elements of the Agenda for Change pay deal for 2023/ 24). A corporate communication from EDG, setting out

expectations was issued to cascade through the organisation creating awareness and highlighting that PLT is a valued and useful policy.

The Policy also details the requirement to measure compliance at a national level: a Working Group will be set up to monitor training rates.

In order to create some momentum locally, PLT Clinics will be run as lunchtime bite sessions: they will provide an opportunity for managers to explore how to make it work and to exchange good practice.

We are drawing attention to the Policy at as many forums, meetings and training sessions as possible e.g., it was discussed and welcomed at last week's Learning & Development Forum (L&DF).

J Millen is establishing a Short Life Working Group to take forward PLT to create awareness and promote good practice. J Jones recognised implementation of PLT is in the very early stages and thanked J Millen for her fulsome perspective on how NHS Fife might introduce and adopt the policy.

During the discussion that followed, C Somerville observed that Podiatry staff are allocated 3.5 hrs per week for PLT. This was further clarified: this time covers both PLT and to respond to service pressure (so flex embedded in for that too). It was queried how much time is allocated to staff for their 'protected learning time': J Jones explained the policy is not prescriptive, it varies for individuals, depending on their job role. Adoption of the policy requires a localised and personalised approach rather than a blanket universal time allocation. J Jones also highlighted the opportunity to drive forward adoption of the policy during the summer months, rather than in the winter, with the seasonal service pressures that brings.

JJ noted the personal efforts and energy of J Millen alongside the team to bring forward the work behind the scenes on both these papers.

APF **noted** the update.

09. INVOLVED IN DECISIONS

09.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

C Dobson reported that the ASD&CD LPF last met on 25 April 2024 with the usual agenda, and in addition, an update on the financial position and the Re-form, Transform and Perform Programme (RTP) was discussed with B Hannan. In terms of actions from the meeting, it is to invite a Comms colleague to the next meeting; invite a corporate nursing representative to provide an update on the Safer Staffing legislation; and encourage more representation from Corporate Directorates at the LPF to help share important messages.

In terms of issues for escalation to APF: to improve attendance management, Jane Anderson, General Manager, WCCS is Co-Chairing the Attendance Management Oversight Group with S Raynor. C Dobson confirmed the commitment to The Miscarriage Association's Pregnancy Loss Pledge.

C Dobson advised that stress in the workplace was discussed, acknowledging everyone's stress levels are high, given competing demands, RTP, there was a lot of useful discussion. Clarity and transparency on the Vacancy Control Panel process was welcomed as it is adding to stress levels e.g., if someone leaves, will they be replaced? It is affecting a range of job families and impacting on those remaining. C Dobson and D Miller to discuss out with the meeting.

CD/ DM

APF **noted** the update.

09.2 Health & Social Care Partnership Local Partnership Forum Update

L Garvey advised the H&SCP LPF had met on 14 May 2024, discussing standard agenda items, and service pressures across all areas were shared: in particular, the amount of time taken for both Conduct and Ill Health cases. Absence is also a factor and actions being taken to reduce absence rates was discussed. Vacancies: we welcome the Newly Qualified Practitioners commencing with NHS Fife which it is anticipated will help to reduce Bank and Agency spend.

It came as no surprise that the main areas of concern raised at the meeting were RTP and the Reduction in Working Hours; the closure of Cameron House and the communications around that, the discussions resulted in good mitigations and lessons learned by managers on how to support staff through the unsettling changes. The other key area for discussion was the under reporting of Violence and Aggression (V&A) incidents: it was recognised it was well-intended, however, staff have different thresholds of tolerance. There will be further exploration to help understanding and reporting of all V&A incidents plans and support put in place.

APF **noted** the update.

10. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

10.1 Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland) Act 2019) Update

R Waugh spoke to the comprehensive paper, confirming a lot of work has gone into the preparations for the legislation which came into force on 1 April 2024. R Waugh thanked everyone involved for their collective efforts in preparing the extensive Quarter 3 return. There has been good input from services who participated in the Chapter Guidance testing in the lead up to the Act enactment. R Waugh offered her congratulations to the Speech and Language Therapy Team at the Sir George Sharp Unit who took part in a HIS (Health Improvement Scotland) podcast. An MS Forms questionnaire was used to gather feedback for the return: it helped with analysis of the data and will be used to identify and concentrate on areas requiring assistance in the coming years.

R Waugh confirmed the Act applies to all clinical staff and to some non-clinical functions. There is a need to ensure that Nursing functions are aware of their responsibilities and obligations; that our risk management arrangements in terms of escalation are in place e.g., staffing concerns; and where clinical advice is sought, the feedback loop is closed. 'Wellbeing' is a key feature of the HCSA, and we were able to demonstrate numerous good examples. The Comms Team have developed HCSA pages on StaffLink. Going forward, we will be submitting quarterly reports in advance of the formal Board report next year. Systems linked to the HCSA include eRostering and SafeCare which will be useful in terms of reporting and risk escalation. The plan now is to concentrate on clinical areas to give us that support. Also, to have input from colleagues who do the Tool Runs in Nursing & Midwifery and Emergency Medicine, and it is planned to share results of the tool runs in future.

In response to L Mackie's query, R Waugh confirmed the newsletter has been shared, it has perhaps not been cascaded fully through services; this would be investigated. R Waugh indicated awareness of the HCSA is being expanded by presenting at Groups such as APF, LPFs, L&DF; a SWAY is being developed to share feedback and information. R Waugh recommended viewing the four nationally recorded webinars to get up to date with what the Act actually means. Locally, R Lonie is preparing a 'myth busting' document for StaffLink. Bespoke sessions can be arranged.

APF **noted** the report.

10.2 Acute Services Division and Corporate Directorates Health & Safety Committee Update

C Dobson reported that the work of the Committee is progressing well. C Dobson and A Verrecchia will be standing down as Co-Chairs; with Miriam Watts, General Manager, Surgical Directorate and P Hayter taking up the roles from the next meeting in July 2024.

APF **noted** the update.

11. ITEMS FOR NOTING

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

- 11.1 H&SCP Local Partnership Forum – Minutes of 16th January 2024
- 11.2 ASD&CD Local Partnership Forum – Minutes of 15th February 2024
- 11.3 NHS Fife Staff Health & Wellbeing Group – Minutes of 27th February 2024
- 11.4 ASD&CD Health & Safety Committee – Unconfirmed Minutes of 22nd January 2024
- 11.5 Implementation of Health and Care Staffing Act – NHS Fife Safe Staffing Group – (i) Minutes of 22nd March 2022 and (ii) 18th April 2024
- 11.6 Staff Governance Monitoring Return Feedback 2022/ 23
- 11.7 Workforce Equality Sub Group – Minutes of 19th February 2024

12. AOB

GP Tender Process

R Waugh informed colleagues, for awareness, that following a GP tendering process, Park Road Medical Practice would be returning to being privately run, and potential TUPE transfer to MMR.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 24th July 2024 at 13:30 hrs.

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

(Thursday 25 April 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 25 APRIL 2024 AT 2.00 PM VIA MS TEAMS

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Belinda Morgan (BM), General Manager – Medical Directorate
 Neil McCormick (NM), Director of Property & Asset Management
 Benjamin Hannan (BH), Director of Reform & Transformation
 William Nixon (WN), Health & Safety Manager
 Louise Noble (LN), Unison
 Sam Ferguson (SF), Chartered Society of Physiotherapists
 Melanie Jorgensen (MJ), Interim HR Team Leader
 Jill Chambers (JC), Head of Finance
 Fiona Forrest (FF), Acting Director of Pharmacy & Medicines
 Paul Bishop (PB), Head of Estates
 Miriam Watts (MW), General Manager – Surgical Directorate

In Attendance:

Gillian McKinnon (GMcK), Executive Assistant to Director of Acute Services (**Minutes**)

	Action
<p>1 WELCOME & APOLOGIES</p> <p>AV opened the meeting and welcomed everyone.</p> <p>Apologies were received from Claire Dobson, Jane Anderson, Norma Beveridge, Sue Blair, Caroline Somerville, Michaela Lessels and Sally Tyson.</p>	
<p>2 MINUTE OF PREVIOUS MEETING – 15 FEBRUARY 2024</p> <p>The Minutes of the Meeting held on 15 February 2024 were accepted as an accurate record.</p>	
<p>3 ACTION LIST & MATTERS ARISING</p> <p>3.1 <u>Diverse Ethnicity Staff Survey Report</u></p> <p>Presentation circulated to Local Partnership Forum colleagues via email on 16 February 2024. Close action.</p>	GMcK

3.2	<u>Training Update</u>	
	Training Compliance Update paper circulated to Local Partnership Forum colleagues via email on 16 February 2024. Close action.	GMcK
3.3	<u>Turas Update</u>	
	Personal Development Plan (PDP) and Review/Appraisal Update paper circulated to Local Partnership Forum colleagues via email on 16 February 2024. Close action.	GMcK
3.4	<u>Reinforced Autoclaved Aerated Concrete (RAAC)</u>	
	Item removed from Agenda. Close action.	GMcK
3.5	<u>Issues for Next Meeting</u>	
	Reform, Transform, Perform (RTP) Programme Update added to Agenda. Close action.	GMcK
4	HEALTH & SAFETY:	
4.1	<u>Health & Safety Incident Report</u>	
	<p>The Health & Safety Incident Report for the period February 2024 to March 2024 was distributed and noted, for information. There was a total of 156 incidents reported in February/March 2024, 887 incidents since April 2023.</p> <p>WN advised there were 18 sharps (staff) incidents reported in February 2024 – March 2024, 101 incidents since April 2023. Wards and clinical areas had the highest number of incidents followed by health centres. We still have a few areas that are not completing SBARs. There were 6 no harm, 11 minor harm and 1 moderate harm incidents.</p> <p>WN advised there were 4 slips, trips, falls (staff) incidents reported in February 2024 – March 2024, 36 incidents since April 2023. There was 1 no harm and 3 minor harm incidents. The location of incidents included grounds and gardens and health centre/clinics. We have been unable to identify any trends in these incidents.</p> <p>WN advised there were 35 violence and aggression (staff) incidents reported in February 2024 – March 2024, 163 incidents since April 2023. There were 19 no harm, 10 minor harm and 6 moderate harm incidents. 12% of these incidents relate to the Acute Division and 88% relate to HSCP. Physical assaults were the highest reporting category. We have been unable to identify any trends in these incidents.</p>	

WN advised there were 3 musculoskeletal (staff) incidents reported in February 2024 – March 2024, 30 incidents since April 2023. All were minor harm incidents.

WN advised there was 1 self-harm (patients) incident reported in February 2024 – March 2024, 27 incidents since April 2023.

WN advised there was 1 RIDDOR (all) incident reported in February 2024 – March 2024, 13 incidents since April 2023. A patient fell while walking. This was a moderate harm incident.

5 STAFF GOVERNANCE:

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

BM advised we continue with our monthly performance reporting. One month is held as a formal meeting and the subsequent month is held as a walk round. This gives the Senior Leadership Team an opportunity to understand any issues or gaps in performance that we might have or any improvements that we can support. The walk rounds are a chance for the Senior Leadership Team to engage with all teams.

BM advised RTP is progressing and the workstreams for Acute are around the re-imagining of the VHK, the reduction in surge and the drive to a more sustainable workforce. There has been an overall trend reduction in both bank and agency usage. There has been an increase in retention in staff and a reduction in our vacancies. A workshop has taken place this week around the re-imagining of the VHK with key stakeholders. Updates were presented to a smaller group of executives and staff side colleagues. Positive feedback has been received.

BM advised we are part of a Scotland-wide audit. A Day of Care Audit has been completed this morning looking at whether our patients are in the appropriate place, or should they be elsewhere in terms of their care journey and do they have a reason to reside.

5.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

MJ advised the overall sickness absence figure for NHS Fife was 8.27% in January 2024 and 7.64% in February 2024. COVID related absence was 0.25% in January 2024 and 0.08% in February 2024.

Acute Services Division

MJ advised the overall sickness absence figure for the Acute Services Division was 8.36% in January 2024 and 7.70% in February 2024. COVID related absence was 0.27% in January 2024 and 0.07% in February 2024.

MJ advised the sickness absence rate did decrease in February 2024 to 7.70% which is slightly higher than in February 2023. Emergency Care & Medicine had the highest sickness absence rate at 8.26%, Planned Care & Surgery at 7.44%, Women, Children & Clinical Services at 7.39%. All of these were lower than January's figure.

MJ advised the highest number of hours lost was due to anxiety/stress/depression followed by gastro-intestinal problems. The highest number of episodes of absence was due to gastro-intestinal problems followed by cold, cough, flu – influenza.

MJ advised the highest number of hours lost was in the Nursing/Midwifery Band 5+ job family. The highest absence rate was in the Nursing/Midwifery Band 1-4. Both short-term and long-term absence decreased in February 2024. There were 23 areas within the Acute Services Division with over 10% sickness absence, discounting areas with less than 15 WTE.

Corporate Services Directorate

MJ advised the overall sickness absence figure for the Corporate Services Directorate was 7.79% in January 2024 and 7.01% in February 2024. COVID related absence was 0.26% in January 2024 and 0.09% in February 2024.

MJ advised the sickness absence rate did decrease in February 2024 to 7.01%. The Facilities Directorate had the highest level of absence at 10.83% followed by the Estates Directorate at 6.20% and Corporate Directorates at 4.56%. The Workforce Directorate had the highest sickness absence at 10.29%, followed by the Nurse Director at 6.76%.

MJ advised the highest number of hours lost was due to anxiety/stress/depression, followed by musculoskeletal. The highest number of episodes was due to cold, cough, flu – influenza followed by anxiety/stress/depression. The highest numbers of hours lost due to sickness absence was in the Support Services job family. The highest absence rate was in Nursing/Midwifery Band 5+ job family. Both short-term and long-term absence both decreased in February 2024. There were 5 areas within the Corporate Services Directorates with over 10% sickness absence.

General

MJ advised the sickness absence figures for March 2024 are showing a better position for most services.

NHS Fife Attendance Management Group

MJ highlighted the NHS Fife Attendance Management Group has been stood up again and is being led by Jane Anderson. It had its first meeting last week looking at its Terms of Reference.

BH asked instead of standing up and standing down our Attendance Management Group whether we can suggest to the APF that we make a commitment to have a standing group which would help keep momentum.

MJ advised the group has been stood up again and the drive from the Scottish Government is to reduce absence significantly. The emphasis on the group is to consider if there is something that we can do differently, look at some bespoke ideas and be more innovative.

5.3 Feedback from NHS Fife Board & Executive Directors

NHS Fife Board Meeting

BH advised the last NHS Fife Board Meeting took place on 26 March 2024. This was the first meeting convened by Patricia Kilpatrick as Chair.

BH advised in the public session of the NHS Fife Board Meeting an update was given by the Chief Executive and there was a patient story given by Dr McKenna. The Board considered the Integrated Performance & Quality Report; Financial Performance Report; Whistleblowing Quarter 3 Report; NHS Scotland Blueprint for Good Governance Improvement Plan. Dr McKenna presented the Annual Organisational Duty of Candour Report.

BH advised in the private session of the NHS Fife Board Meeting there was an update on the Laboratory Information Management System (LIMS); Reform, Transform, Perform Update; Draft Medium-Term Financial Plan; and Draft Annual Delivery Plan. The proposal for the Tender Process for Board Managed 2C Practice for Park Road GP Practice was approved. Dr McKenna gave an update to the Board on ScotCOM. The Suspensions and Regulatory Notifications Report was presented by David Miller.

Changes to the Executive Team

BH advised he has been seconded to the role of Director of Reform and Transformation and Fiona Forrest is the Acting Director of Pharmacy & Medicines. Kirsty MacGregor, Associate Director of Communications and Alistair Graham, Associate Director of Digital & Information have joined the Executive Team as Directors.

Board Development Session

NM advised a Board Development Session had taken place on 8 April 2024. The session was well attended and there was a review of our risk appetite. As an organisation our risk appetite is generally quite low and does not fit around the different ways of working around RTP. There was a detailed discussion and consideration particularly around patient experience and patient care. To make the savings identified we will have to take on more risk.

5.4 Finance Update

JC advised at the end of the financial year Acute were overspent by just over £24m. This is a significant overspent especially given the year before £20m of recurring budget had gone into the position. Our outturn position was where we had forecast and despite challenges over winter we managed to hold and maintain that position.

JC advised the overspend is mostly made up of pay and split half and half between nursing and senior medical and junior doctors. The non-compliant rotas are contributing significantly, and this is one of the RTP schemes we are hoping to focus on in the coming year. The main area in non-pay is diabetic pumps, private sector outsourcing in Laboratories and Radiology. Waiting times also had an agreed overspend which had been agreed by the Executive Directors Group.

JC advised the efficiencies that were delivered within Acute came in at just over £2.8m. A significant part of this was the medicines efficiencies coming in close to £1.9m; reductions in temporary staffing; Women, Children and Clinical Services managed to deliver a collection of schemes within their services at £400,000; some procurement within planned care; and emergency care also delivered some schemes around pressure relieving mattresses.

JC advised as we go into the new financial year the target will be significantly higher. There are some large schemes that teams are working on, and we need to consider how we capture this information on a month-by-month basis and validate those efficiencies.

JC advised we have almost fully recruited to a lot of the nursing posts but despite this we are still bringing in quite a lot of bank staff, however good conversations are taking place.

6 B Appropriately Trained

6.1 Training Update

BM advised we do recognise within Acute that our performance continues to fall below trajectories for all of the mandatory training. We have seen an increase in BLS training and hope to see a continued improvement in our training.

NM advised there is a continuing trend across the organisation that statutory training is lower than we would want it to be and varies between different groups. Manual handling figures have increased towards the 80% target. We remain relatively low in terms of fire training and part of the problem is around attendance and booking suitable venues. WN has taken over the management of the fire advisors and it is hoped that this will help with performance levels.

NM advised through RTP and the closure of Hayfield House, Surgical Short Stay will change to more of a training facility with training co-located in that area. The opening of Level 8 will be more of a hot-desk facility and agile workspace.

AV advised he would welcome more training being undertaken on the VHK site and hopefully we would see an increase in the training numbers.

AV asked if there was any specific reason why the fire officers are finding it difficult to book venues within the Education Centre. NM advised there were a mixture of things but previously staff were being advised the space was for clinical education only. NM agreed to take forward discussions regarding the booking of rooms within both Education Centres and to escalate to AV/CD if required.

NM

BH advised we need to be less territorial and be able to book all available spaces throughout the organisation.

6.2 Turas Update

No issues were raised.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

AV advised LPF walk rounds will continue. If colleagues have a suggestion of an area/department they would like them to visit, they should get in touch.

AV/CD to consider whether it would be helpful to have a representative from the Communications Team join this group.

AV/CD

7.2 **iMatter**

MJ advised the Manager Team confirmation starts on 20 May 2024. Hierarchy charts have been sent out to remind managers to nominate Directorate Administrators that can help with updates. Training dates for these staff will be sent out on Friday.

8 **D Treated Fairly & Consistently**

8.1 **ASD & CD Local Partnership Forum Annual Report**

GMcK advised a formal email request would go out to LPF colleagues asking for contributions and items for the 2023/24 Acute Services Division & Corporate Directorates Local Partnership Forum Annual Report. It is hoped a draft of the Annual Report would be available for the June meeting.

8.2 **Current/Future Change Programmes/Remobilisation**

MW advised we have been asked to consider what a Department of Surgery would look like if we were to co-locate all our services on Level 4, Phase 3, VHK. We currently have different opinions within the directorate, but we are trying to maintain that focus on what it could look like. A meeting with the surgeons and Urologists is taking place tomorrow to include nursing colleagues who would be involved in the change. There will then be a wider meeting that will include other key stakeholders to consider options. The test of change has proved effective, but we can demonstrate even greater change if we undertake something radical.

8.3 **Hospital Pharmacy at Weekend**

FF advised we are progressing with our substantive weekend working rota which is planned to start from July 2024. This is linked to our reduced working week, and we are looking at a slight change to the working pattern to allow staff to have a full day off in advance of their weekend working. This is being worked through at the moment with individuals and we are about to undertake 1:1 meetings for staff around the weekend working arrangements.

8.4 **Reform, Transform, Perform Programme**

BH advised the main focus over the last month has been plans, milestones, delivery, what by when and actions. Good progress has been made. The more complicated workstream has been workforce due to the size of the changes required. Next month there will be more focus on transform schemes. At this morning's session there was a discussion about transformation with presentations from Kirsty MacGregor, Aileen Lawrie, David Miller and Dr McKenna.

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

The Staff Health and Wellbeing Update Report was noted for information.

MJ reminded colleagues that the NHS Fife Cycle to Work Scheme is open to NHS Fife staff.

MJ highlighted the new NHS Fife's Active Travel Teams Group. This is a forum to discuss all things active and sustainable travel-related at NHS Fife. Further information is available on StaffLink.

MJ advised Fife Health Charity has donated 5 benches at Victoria Hospital for everyone to enjoy. 2 are near the Grab and Go; 2 across from Costa; and 1 near the Phase 3 lists on the ground floor.

MJ advised to support staff health and wellbeing plans are underway to create a dedicated wellbeing garden in the AU2 courtyard. The space will provide a quiet and peaceful area, accessible for all staff to use. As part of the planning process staff have been asked to provide feedback on the proposed design and are able to do that via StaffLink.

9.2 Capital Projects Report

The March 2024 Capital Projects Outturn Report was noted for information.

NM advised we managed to spend all of our capital allocation together with a £13,000 overspend.

NM advised the refurbishment of Ward 5 (ENT) has been completed at a cost of approximately £800,000. The area has been transformed into a fit for purpose, light, modern, multifunctional space. We have also created an Audiology booth in the area between Ward 5 and Surgical Short Stay. NHS Fife Board Members will have the opportunity to visit the refurbished space at the end of April 2024. Thanks were extended to the ENT staff, estates staff, capital projects staff and in particular Ross Hamilton.

NM advised we have incurred a small capital spend changing lighting to LED lighting to try to reduce energy costs across NHS Fife which is estimated in the region of £100,000-£200,000 per year.

NM advised this financial year will be very challenging as we will not receive any additional funding. Last year we spent in the region of £12m on capital. Our basic allocation that we will receive for capital is £7.5m. We will require to prioritise projects that help us with RTP schemes.

9.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period April 2023 to March 2024 was noted, for information.

9.4 **The Miscarriage Association's Pregnancy Loss Pledge**

LPF colleagues noted the information on The Miscarriage Association's Pregnancy Loss Pledge and were happy to sign up to the pledge.

10 **ISSUES FROM STAFF-SIDE**

10.1 **36 Hour Working Week**

AV advised a number of part-time staff have been in touch with the UNISON Office regarding their reduction in hours and asked if colleagues were able to provide an update.

MW advised there has been no consistency or messaging from Scottish Government and this has been left to individual Boards to identify a way forward. Clinical teams are still trying to understand and articulate what will be the financial impact of this. For most admin staff this is being managed.

MJ advised a key point for part-time staff is that it needs to be a meaningful reduction and looking at it from an individual's perspective.

FF advised there was a comment in the Frequently Asked Questions (FAQs) that part-time staff may be able to request to retain their existing hours rather than reduce them and asked what the organisational position was on this.

JC advised she has had similar discussions around staff retaining their existing hours, but guidance has been shared that confirms that this is not something that we are offering staff at the moment and part-time staff need to reduce their hours pro-rata in line with

the guidance that has come out. There are also some concerns regarding the payroll calculation that has been used on the pro-rata staff and they are not receiving the full reduction they are entitled to, and their basic pay has increased.

Discussions are continuing regarding this piece of work.

10.2 **Safe Staffing Legislation**

AV advised from 1 April 2024, the Scottish Government launched their Safe Staffing Legislation and asked how this was being taken forward through NHS Fife.

MJ advised Rhona Waugh was leading on this work from an HR perspective.

BH advised Janette Keenan is the executive lead for this work and perhaps we need to consider having a corporate nursing representative on the group who could provide an update to the next meeting. AV/CD to take this forward.

AV/CD

11 **MINUTES FOR NOTING:**

11.1 **Capital Equipment Management Group**

The Minutes of the Capital Equipment Management Group meeting held on 1 February 2024 were noted, for information.

11.2 **ASD & CD Health & Safety Committee**

The Minutes of the ASD & CD Health & Safety Committee meeting held on 18 March 2024 was noted, for information.

12 **HOW WAS TODAY'S MEETING?**

12.1 **Issues for Next Meeting**

Safe Staffing Legislation Update.

AV to pick up a conversation with CD regarding whether we require a representation from each of the Corporate Directorates join this group.

AV/CD

12.2 **Issues for Escalation to Area Partnership Forum**

1. To ask the APF for a commitment that the NHS Fife Attendance Management Group remains as a standing group.

AV/CD

2. To confirm to the APF that LPF colleagues were happy to sign up to The Miscarriage Association's Pregnancy Loss Pledge.

AV/CD

13 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

14 DATE OF NEXT MEETING

Thursday 20 June 2024 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2023/250424

**HEALTH & SOCIAL CARE PARTNERSHIP
LOCAL PARTNERSHIP FORUM**

(13 March 2024 and 14 May 2024)

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) WEDNESDAY 13 MARCH 2024 AT 9.00 AM VIA TEAMS

PRESENT: Fiona McKay, Head of Strategic Planning, Performance & Commissioning (for Nicky Connor) (Chair)
Eleanor Haggett, Staff Side Representative, Fife Council
Wilma Brown, Interim Staff Side Representative, NHS Fife
Ben Morrison, Royal College of Podiatry, NHS Fife
Billy Nixon, Health & Safety, NHS Fife
Dafydd McIntosh, Organisational Development & Culture Specialist (for Item 12)
Diane Roth, Organisational Development & Culture Specialist (For Item 11)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Hazel Williamson, Communications Officer, H&SC
Jennifer Bell, Chartered Society of Physiotherapy
Jennifer Rezendez, Principal Social Work Officer
Kenny McCallum, UNISON, Fife Council
Kirsty Cairns, UNISON, NHS Fife
Lee Ryan, HR Business Partner, Fife Council
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing - HSCP
Melanie Jorgensen, HR Team Leader, NHS Fife
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Sharon Adamson, RCN
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch
Yvonne Batehup, UNISON Welfare Representative
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Nicky Connor, Director of Health & Social Care
Debbie Fyfe, Joint Trades Union Secretary
Elizabeth Crighton, Organisational Development and Culture Specialist (Wellbeing)
Audrey Valente, Chief Finance Officer, H&SC
Helen Hellewell, Deputy Medical Director, H&SC
Laura Wheatley, Senior Dental Officer, NHS Fife
Liam Mackie, UNISON Fife Health Branch
Lynne Parsons, Employee Director / Society of Chiropractors and Podiatrists
Paul Hayter, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	

2 PREVIOUS MINUTES / ACTION LOG FROM 16 JANUARY 2024

The Minute and Action Log from the meeting held on 16 January 2024 were both approved as accurate records of the meeting.

3 JOINT CHAIRS UPDATE

Eleanor Haggett provided a brief update on the National Care Service. A Stage 1 Bill has been discussed within the Scottish Parliament, but this is experiencing some issues due to a lack of scrutiny in the process. Further updates will be provided as they are available.

4 HEALTH AND CARE STAFFING ACT

Jennifer Resendez gave an in-depth overview of the report which outlined changes which will come into effect on 1 April 2024. Implementation groups have been set up within both Fife Council and NHS Fife to ensure the partnership is best placed to implement the changes and ensure we continue to provide safe and high-quality services. A post implementation group will be convened to share learning and provide ongoing support. These groups feed into the Workforce Strategy Group.

5 HEALTH & WELLBEING

Attendance Information

Melanie Jorgensen covered the highlights of the NHS report which included an overall rise in absence, changes to Covid 19 special leave from April 2024 and information on trends around hours lost/reasons for absence and an increase in both long- and short-term absences in January 2024. Attendance Review Panels continue to be held monthly to consider all aspects of managing attendance. An Attendance Management Group is being stood up to provide increased support and scrutiny to cope with challenges.

Going forward Covid 19 Special Leave will be recorded as normal sickness absence and will affect both Fife Council and NHS Fife employees. This is happening as a result of a circular from Scottish Government which was received recently.

Lee Ryan's report provided an overview of trend data including working days lost, occasions of absence, the top 5 reasons for absence and open case management files. Attendance Review and Improvement Panels continue to take place. Discussion took place around long term absence and the rationale behind timescales for resolving cases.

Staff Health & Wellbeing

Melanie Jorgensen covered the highlights of the report which had been circulated with the papers for the meeting. Creative workshops are being arranged to bring communities together under the heading of Remembering Together Creating Covid Community Memorials and further information will be available on StaffLink in due course. The NHS Cycle to Work Scheme is open until the end of 2024.

NO	HEADING	ACTION
5	HEALTH & WELLBEING (CONT)	
	Staff Health & Wellbeing (Cont)	
	<p>Lee Ryan gave a verbal update including the Fife Council Cycle to Work Scheme being open. A Health, Safety and Wellbeing Survey was recently undertaken at Fife Council and results will be brought to an LPF meeting once available. Attendance Management Induction Sessions are being arranged for new managers or as refreshers for existing managers.</p>	
	Recruitment Update	
	<p>Melanie Jorgensen provided an NHS Fife update, outlining the number of vacancies per month for the last quarter, the mix of job bands and the average time to hire, which has increased recently due to a number of factors (further analysis will be done on this to understand the reasons for it).</p>	
	<p>Lee Ryan updated on the most recent Fife Council recruitment information including the number of vacancies, number of applicants and that social media was the most popular source of candidates. A recruitment day was held recently in Ostlers House and a whole Council recruitment day will be held on 15 May 2024.</p>	
6	HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)	
	Mandatory Training – Dashboard and Trajectory - Update – Inc HS&W Assurance Group Update	
	<p>Rona Laskowski provided an updated on the background and progress on Mandatory Training. Significant progress has been made although it has been difficult to achieve the 90% compliance rate, due to various issues including staff absence and recruitment difficulties. Collating this information is difficult as it has to be collected manually, but it has been agreed that it will still be provided to SLT Assurance meetings on a 4-weekly basis and to each LPF meeting in the meantime before moving to quarterly reporting.</p>	
	H&S Updates – NHS and Fife Council	
	<p>Billy Nixon and Morag Stenhouse had both provided written updates which had been circulated with the papers for the meeting.</p>	
	<p>Morag advise that her report was for the rolling year to the end of February 2024 and highlighted the number of incidents and RIDDORS over the period. Corporate H&S workplace review visits will start in April 2024 and will be scheduled for the whole year.</p>	
	<p>Billy outlined the number of NHS incidents and RIDDORs and updated on Health and Safety Executive activities in other areas which NHS Fife are now focusing on.</p>	
	<p>There was discussion around an incident in an independent Care Home which had been notified via Datix. Fiona McKay asked for an update on this as the Care Home should have notified the Care Inspectorate. Billy will update Fiona out with the meeting.</p>	FM/BN

NO	HEADING	ACTION
6	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP) (CONT)</p> <p>H&S Updates – NHS and Fife Council (Cont)</p>	LB/BN
<p>A question was raised around the use of bed and chair alarms within Queen Margaret Hospital and staff being advised not to use them. Billy Nixon and Lynn Barker will look into this and update the LPF.</p>		
7	<p>FINANCE UPDATE / BUDGET</p>	
<p>Finance Update</p>		
<p>Fiona McKay presented this paper in Audrey Valente’s absence. The paper showed a projected outturn overspend of £6.725m with areas of overspending including Hospital & Long-Term Care, GP Prescribing, Family Health Services and Home Care. There was an update in relation to savings approved by the IJB in March 2023 and the use of Reserves brought forward from March 2023.</p> <p>There is an Extraordinary LPF meeting scheduled for Tuesday 19 March 2024 from 10.00 am to 12 noon (via Teams).</p> <p>On Thursday 28 March 2024 the IJB meeting will discuss and agree the Revenue Budget 2024-2027.</p>		
<p>Sustainable Workforce and Supplementary Staffing / Bank & Agency Finance Update</p>		
<p>Lynn Barker presented both of these papers as Audrey Valente was not able to join the meeting. Scrutiny of weekly HSCP Bank and Agency usage continues to be high priority and all supplementary staffing use is monitored closely via NHS Fife Bank and Agency Programme Oversight Board, which is transitioning to The Reform, Transform and Perform Group, and FHSCP Sustainable Workforce Group as well as a series of portfolio led workforce subgroups, reporting to FHSCP Sustainable</p>		
<p>There are still relatively high levels of vacancies and sickness and the age profile of the workforce is rising. Work is ongoing to recruit additional staff.</p>		
<p>The Finance Update provided a breakdown of staff costs associated with the use of bank and agency staff.</p>		
<p>Transformation Update - Community Rehabilitation and Care Model</p>		
<p>Lynn Barker presented this report on behalf of Lynne Garvey and outlined the route the paper has taken before coming to the LPF. Trade Unions and staff side colleagues have been involved in the process to date and this will continue once the paper is presented to the Integration Joint Board (IJB) on 28 March 2024 for approval.</p>		
<p>Concerns had been raised regarding participation and engagement going forward and these will be part of the proposals. A six-monthly update will be provided to both the Quality & Communities Committee and the LPF.</p>		
<p>The LPF were content to remit this paper to the IJB for approval.</p>		

NO	HEADING	ACTION
8	SERVICE PRESSURES & WORKFORCE UPDATE	
	<p>Lynne Garvey and Rona Laskowski were not available for this item but Lisa Cooper gave an update on the Reform, Transform, Perform (RTP) programme through NHS Fife. One proposal from this is to close three NHS buildings (Hayfield, Cameron and Haig Houses) which will have an impact on our workforce. Discussions are ongoing with service heads and Estates staff and this proposal will come to the NHS Board meeting at the end of March 2024. More information will be provided in due course.</p> <p>The normal pressures relating to recruitment, vacancies are attendance are still prevalent.</p>	
9	LPF DEVELOPMENT SESSION (BUDGET) 2024	
	<p>This will take place on Tuesday 19 March 2024 from 10.00 am – 12 noon via Teams. Papers will be circulating prior to the meeting.</p>	
10	WHISTLEBLOWING REPORT	
	<p>Roy Lawrence presented this interim report which gives an update on the work being undertaken by the whistleblowing group to meeting the standards, gives an oversight on activity and assurance that key requirements are being supported by both partners. There is further work to be done but progress is being made on the 5 key themes. Staff now know how to record concerns and data will be recorded and shared via quarterly reports.</p>	
11	IMATTER	
	<p>Roy Lawrence presented this report which highlighted the outcomes of the range of actions to improve the uptake and results for the Partnership's iMatter survey in 2023 and to advise on the planned actions for 2024. There was an opportunity for the LPF to comment on the proposed actions and highlight any further actions to support iMatter engagement for 2024. Diane Roth will be in touch with managers in the near future to being the process for the 2024 iMatter survey.</p>	
12	WORKFORCE ACTION PLAN FLASH REPORT	
	<p>Roy Lawrence presented this flash report which will be brought to each LPF meeting (full update to May 2024 meeting and Annual Report to November 2024 meeting). Feedback is sought from LPF members on the format and content of the flash report to ensure it provides the appropriate information.</p>	
13	LPF ANNUAL REPORT 2023-2024	
	<p>Roy Lawrence gave a brief update on the process for pulling this together in conjunction with the co-chairs which will begin soon. There is a need to focus on key areas in planning for the year ahead.</p>	

NO	HEADING	ACTION
14	ITEMS FOR BRIEFING STAFF	
	No specific items were mentioned under this item.	
15	AOCB	
	Nothing was raised under this item.	
16	DATE OF NEXT MEETING	
	Budget Discussion - Tuesday 19 March 2024 from 10.00 am – 12 noon	
	Full LPF - Tuesday 14 May 2024 – 9.00 am – 11.00 am	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 14 MAY 2024 AT 9.00 AM VIA TEAMS

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
 Debbie Fyfe, Joint Trades Union Secretary
 Audrey Valente, Chief Finance Officer, H&SC
 Billy Nixon, Health & Safety, NHS Fife
 Fiona McKay, Head of Strategic Planning, Performance & Commissioning
 Hazel Williamson, Communications Officer, H&SC
 Helen Hellewell, Deputy Medical Director, H&SC
 Jennifer Rezendez, Principal Social Work Officer
 Kenny McCallum, UNISON
 Lee-Anne French, HR Business Partner, Fife Council
 Liam Mackie, UNISON Fife Health Branch
 Lynn Barker, Director of Nursing - HSCP
 Lynne Garvey, Head of Community Care Services
 Rona Laskowski, Head of Complex & Critical Care Services
 Roy Lawrence, Principal Lead Organisation Development and Culture
 Steven Michie, Lead Officer (H&S, Fife Council – for Morag Stenhouse)
 Sharon Adamson, RCN
 Vicki Bennett, British Dietetic Association Representative
 Yvonne Batehup, UNISON Welfare Representative
 Julie Doig, PA (Minutes)

APOLOGIES: Morag Stenhouse, H&S Adviser, Fife Council
 Wilma Brown, Interim Staff Side Representative, NHS Fife
 Laura Wheatley, Senior Dental Officer, NHS Fife
 Paul Hayter, NHS Fife
 Wendy McConville, UNISON Fife Health Branch
 Eleanor Haggett, Staff Side Representative, Fife Council
 Melanie Jorgensen, HR Team Leader, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
NO	HEADING	ACTION
2	PREVIOUS MINUTES / ACTION LOG FROM 13 MARCH 2024 The Minute and Action Log from the meeting held on 13 March 2024 were both approved as accurate records of the meeting.	

3 JOINT CHAIRS UPDATE

Nicky Connor noted that this would be the final meeting for both Rona Laskowski and Wendy Anderson and wished to pass on the thanks of the committee for their significant contribution over the years to the LPF.

4 HEALTH & WELLBEING

Attendance Information

Lee-Anne French talked to the overview for Fife Council staff which highlighted the trend data for working days lost and occasions of absence.

Karen Laird advised for NHS Fife staff there has been a slight decrease in absence rates in the last month from 7.92% to 6.96%.

Debbie Fyfe queried what was in place for staff in Fife Council who are absent from work due to non-work-related stress. Lee-Anne French advised that the HR Team are piloting an "Attendance Support Unit" and in addition a Wellbeing Newsletter has been circulated and the Stress Toolkit is being implemented by Managers to support staff.

Employee Relations

Lee-Anne French advised that currently Fife Council have 33 Employee Relations Cases for the HSCP staff, noting that the biggest challenge continues to be the time taken to complete investigations. Lee-Anne French advised that further Grievance Training for Managers has been arranged with the next session scheduled to take place on 27th June 2024.

Karen Laird advised that NHS Fife have 22 Employee Relations Cases for the HSCP currently under investigation and confirmed that all investigations which have been ongoing for more than 7 months are regularly reviewed to bring to a conclusion at the earliest opportunity.

Staff Health & Wellbeing

Lee-Anne French noted as she was new to post she had not been in a position to complete the report but noted verbally that there have been a number of conversations with Roy Lawrence and his team regarding Staff health and wellbeing.

Karen Laird confirmed that NHS Fife's Staff Wellbeing Handbook was now available for staff to download. Karen Laird noted that the Cycle to Work Scheme hosted by Halfords was now open and the Courtyard at Admissions Unit 2, Victoria Hospital has now been completed and staff are looking forward to the warmer weather to enjoy the benefits.

Debbie Fyfe queried whether the Menopause Café was still running and if the Café Inc which is run during school holidays was advertised to staff. Lynne Garvey confirmed that the Menopause Clinics were continuing and were well utilized by staff.

Following discussion it was confirmed that staff wellbeing sessions were advertised on Stafflink for NHS Fife staff. Nicky Connor agreed that an article to be placed in the Director's Weekly Briefing to further highlight what support is available to staff.

5 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Mandatory Training – Dashboard and Trajectory - Update – Inc HS&W Assurance Group Update

Rona Laskowksi provided a verbal update regarding Mandatory Training noting that a formal paper will be presented to the SLT on 29th March 2024 with a full update to LPF at their next meeting in July 2024.

Rona Laskowski advised that there has been an increase in the trajectory with NHS Fife staff achieving 73% and Fife Council staff achieving 48% compliance with Mandatory Training. Rona Laskowski noted that there are currently challenges capturing the data for Fife Council from Oracle but this is being investigated and hopefully a solution will be in place shortly.

H&S Updates – NHS and Fife Council

Billy Nixon and Morag Stenhouse had both provided written updates which had been circulated with the papers for the meeting.

Billy Nixon highlighted for NHS Fife HSCP staff there has been 378 incidents reported linked to Violence and Aggression towards Staff. Within the reporting period there had been 1 incident which required to be reported to RIDDOR.

Billy Nixon noted that the H&S Team had undertaken a review of Violence & Aggression towards staff over the last 4 years and advised that there had been 5,800 incidences reported within DATIX. It was noted that this could be higher as staff might not realise that patients swearing at them would constitute Violence and Aggression towards Staff.

Steven Michie on behalf of Morag Stenhouse talked to the Fife Council element of the report highlighting there has been a slight increase in the number of incidents for this reporting period compared to previous year. He noted that there have been 6 incidents which required to be reported to RIDDOR. Steven Michie noted that in the report period there has been 577 Violence and Aggression incidents or Fife Council staff and confirmed that robust risk assessments are being completed to minimize further risk to staff members.

6 FINANCE UPDATE / BUDGET

Finance Update

Audrey Valente gave an overview of the Finance Paper which highlights the detail on the provisional Outturn and noted that the current forecast for Fife HSCP is a deficit of £0.847M.

Assurance was provided that all costs are going through a robust scrutiny process to ensure that effective financial monitoring is in place.

Sustainable Workforce and Supplementary Staffing / Bank & Agency Finance Update

Lynn Barker advised that actions are in place to reduce the number of supplementary nursing staff and the situation continues to be monitored via the Workforce Group. It was noted that the requirement for supplementary

staffing remains due to the high level of clinical activity, national recruitment issues and high vacancy and absence rates.

Debbie Fyfe queried whether there was a breakdown of the areas using supplementary staffing. Audrey Valente advised that a breakdown of this information, including the reason and costings associated with the staffing could be provided for the next LPF Meeting.

Action:

Audrey Valente to organize a report on Supplementary Staffing for the LPF Meeting in July 2024.

AV

7 SERVICE PRESSURES & WORKFORCE UPDATE

Updates on Progress with Transformation

Home First – Lynne Garvey highlighted that there was the potential for delays to the Home First Delivery Plan but confirmed that the overall Strategy will be delivered as expected with the Home Strategy Report being tabled at the Strategic Planning Group in July 2024.

Lynne Garvey confirmed that the Red Cross were supporting patients going home from hospital which allowed patients to be discharged home rather than being moved to a community hospital.

Lynne Garvey confirmed that there are financial and staffing challenges due to the restrictions of NHS Fife's Reform Transform Perform Programme

Overnight Care – Jennifer Rezendes provided an update on Overnight Care noting that the majority of work carried out since February 2024 has focused on strengthening the approaches and keeping those who provide the care and support informed. Jennifer Rezendes confirmed that there has been a number of face-to-face sessions with staff and engagement with the Participation and Engagement Team and it is anticipated that the Stakeholder Events will take place in the near future.

Debbie Fyfe asked for assurance that in-depth conversations are undertaken with service users and their families regarding the changes to overnight care and support.

Update on Admin Review - Fiona McKay advised that there had been a 62% response rate to the recent questionnaire issued to NHS Fife Admin Staff and noted that the data has been collated and highlights that the task undertaken by the majority of admin staff was photocopying and scanning documents.

Fiona McKay noted that a meeting has taken place to admin staff to look at ways of modernizing how administration is undertaken.

Yvonne Batehup questioned whether there had been communication regarding the closure of Haig House and noted that a number of staff are not keen on 'Home Working' and asked what options had been looked at for them in alternative venues. Nicky Connor agreed to discuss the issue in more detail with Neil McCormack and Ben Hannan out with meeting.

Action:

Nicky Connor to discuss in more detail alternative venues for staff currently situated in Haig House with Neil McCormack and Ben Hannan

NC

8 WORKFORCE ACTION PLAN 6-MONTHLY UPDATE

Roy Lawrence and Dafydd McIntosh presented the Workforce Action Plan 6 Monthly Update confirming that there was assurance that the work to deliver the Year 2 Action Plan is reactive to change, innovative, varied and is being delivered at pace to ensure the plan delivers its intention to attract, employ, train and nurture the HSCP workforce.

9 EQUALITY, DIVERSITY AND INCLUSION INTERIM WORK PLAN.

Jennifer Rezendes presented the Equality, Diversity and Inclusion Interim Workplan noting that the Committee can take assurance that the Steering Group has been established which includes wide representation from key stakeholders including Trade Union and Staff-side Representation to improve the engagement across HSCP workforce through a focus on equality, diversity and inclusion.

10 LPF ANNUAL REPORT 2023-2024

Roy Lawrence advised that the draft LPF Annual Report will be tabled at the LPF Meeting in July 2024.

11 ITEMS FOR BRIEFING STAFF

There were no issues highlighted to brief staff on.

12 AOCB

Nothing was raised under this item.

No issues were raised under AOCB.

13 DATE OF NEXT MEETING

Tuesday 2 July 2024 – 9.00 am – 11.00 am

HEALTH & SAFETY SUB-COMMITTEE

(Meeting on 7 June 2024)

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



Minute of the H&S Sub-Committee Meeting
Friday 7 June 2024 at 1 pm on Teams

Present

Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
Janette Keenan, Director of Nursing (JK)
David Miller, Director of Workforce (DM) (joined at 1340 hr)

In Attendance

Billy Nixon, H&S Manager (BN)
Anne-Marie Marshall (Manual Handling Team Lead (A-MM)
Paul Bishop, Head of Estates (PB)

Andrea Barker, Executive Assistant to the Director of Property & Asset Mgmt (Minute)

The order of the minute may not reflect that of the discussion
The meeting was recorded on Teams

No.		Action
1	<p><u>Welcome & Apologies</u></p> <p>NMcC welcomed members of the Sub-Committee to the meeting.</p> <p>Apologies were received from Chris McKenna, Nicola Robertson, Conn Gillespie, Jillian Torrens and Ian Campbell.</p>	
2	<p><u>Minute/Matters Arising:</u></p> <p>The Minute of 8 March 2024 was approved as an accurate record.</p> <p><u>Action</u> Item 8.1 <u>Radon Monitoring</u> PB advised the Sub-Committee that re-sampling will take place once all of the required preliminary works are complete. Update for next meeting.</p> <p><u>Action</u> Item 4.1 <u>Self-Harm Ligature Risks</u> In terms of patient self-harm incidents, it would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points. Can personal items be recorded on Datix?</p>	<p>PB</p> <p>BN</p>
3	<p><u>Governance Arrangements:</u></p> <p>3.1 <u>2024-25 'draft' H&S Sub-Committee Annual Workplan</u></p>	

	<p>A copy of the 2024-25 H&S Sub-Committee Annual Workplan was distributed to the group in advance of the meeting.</p> <p>NMcC added that when the H&S Sub-Committee Annual Statement of Assurance 2023-24 was discussed at the Clinical Governance Committee it was accompanied by the Annual Workplan 2023-24 which highlighted standard items throughout the year.</p> <p>BN presented the Workplan to the group adding that topics may change depending on issues arising as the year progresses.</p> <p>The group approved the 2024-25 H&S Sub-Committee Annual Workplan.</p>	
<p>4</p>	<p><u>Operational Updates</u></p> <p>4.1 <u>H&S Incident Report</u> (March - May 2024)</p> <p>The H&S Incident Report for the period March 2024 to May 2024 was distributed and noted by the Sub-Committee.</p> <p><u>Sharps</u> (staff) 36 reported incidents in the quarter, of which:</p> <p>8 incidents - no harm 25 incidents - minor harm 3 incident - moderate harm</p> <p><u>Slips, Trips & Falls</u> (staff) 16 reported incidents in the quarter, of which:</p> <p>3 incidents - no harm 12 incidents - minor harm 1 incident - moderate harm</p> <p><u>Violence & Aggression</u> (staff) 413 reported incidents in the quarter, of which:</p> <p>311 incidents - no harm 89 incidents - minor harm 13 incidents - moderate harm 0 incidents major harm 0 incidents extreme harm</p> <p>Other unwanted behaviour = 331 Physical assault = 906 Verbal assault = 300</p> <p><u>Musculoskeletal</u> (staff) 13 reported incidents in the quarter, of which:</p> <p>2 incidents - no harm 9 incidents - minor harm 2 incidents - moderate harm 0 incidents - major harm</p>	

- 9 load handling
- 4 patient handling

Self-Harm (patients)

53 reported incidents in the quarter, of which:

- 30 incidents - no harm
- 19 incidents - minor harm
- 2 incidents - moderate harm
- 1 incident - major harm
- 1 incident - extreme harm

Riddor (all)

6 reported incidents in the quarter, of which:

- 0 incidents - no harm
- 2 incidents - minor harm
- 4 incidents - moderate harm
- 0 incidents - major harm

4.2 Transfer of Fire Advisors to Health & Safety Services

The transfer of the Fire Advisors to H&S went ahead and they have settled into the team, with BN as Team Lead.

4.3 Manual Handling Single-Handed Care Project

Information on the Manual Handling (MH) Single Handed Care Project was distributed to the Sub-Committee in advance of the meeting.

- MH team are now trained in single-handed care.
- Ward six at Queen Margaret Hospital will be used as the training test of change area as well as the OT gym which is located on the same corridor.
- The programme is due to start in September 2024.
- Peer-to-peer support has been requested so for example, if the nurses in Ward six were able to help train the nurses in Ward Five, Ward Seven, Ward 8 and the same idea for Glenrothes, Cameron and the HSCP.
- Work continues in partnership with Fife Council colleagues and funding has been provided.
- Oxford equipment for the single-handed care training will come as a cost to the organisation and an agreement with the Fife Equipment Loan store has been arranged.
- Lisa Radcliffe is managing loan equipment for training purposes.
- A joint training package is being formulated and will include:
 - how it will look
 - names
 - objectives
 - what the lesson plan will consist of
 - how long it will take to train staff

4.4 Lateral Lifting

- Lateral lifting training continues for the Acute side and the HSCP.
- Training is offered to new staff on induction.
- Late cancellation due to wards not being able to release staff is frustrating at the moment, however, staff in the highest risk areas are being trained in the first instance.
- Training is slow but is moving in the right direction - noted by JK.

JK extended her thanks to the Manual Handling team for their efforts and hard work around the Single-Handed Care Project and Lateral Lifting training.

4.5 Reinforced Autoclaved Aerated Concrete (RAAC) Update

NMcC advised the Sub-Committee that all surveys are now complete.

An additional two blocks were found to contain RAAC, albeit minimal:

- The extension adjacent to Tarvit Ward, Adamson Hospital
- The Plant Room at Glenrothes Hospital

PB added that there is no imminent danger to anyone as a result of the findings with the recommendation that inspections are conducted every two or three years with NHS Fife has taken the decision to inspect all RAAC identifiable buildings on a yearly basis. This will ensure that the risk is minimised.

The Plant Room at Glenrothes Hospital will only be used by Estates staff, therefore, it is important to ensure that if anyone is going up on the roof, they understand the risks.

NMcC advised that he is in the process of updating the SBAR that was taken to the Clinical Governance Committee and to the Staff Governance Committee. Following this, an update to National Guidance is likely to be published and the possibility of support around the National Framework.

4.6 Sharps Review Update

BN advised that Sharps Audits continue on the VHK site.

A-MM gave assurance to the Sub-Committee that Sharps Audits continue in Acute and through the HSCP. The team is also helping staff with education around the reporting system and completion of the correct paperwork.

The Communications Team have agreed to promote health and safety on Blink with sharps being the next item.

Sharps information and policy guidance is available to access on Blink.

5 NHS Fife Enforcement Activity

	<p>There was no enforcement activity to report within NHS Fife.</p> <p>Enforcement activity continues in several Boards throughout Scotland.</p>	
<p>6</p>	<p><u>Policies & Procedures</u></p> <p>6.1 <u>Ligature Policy (draft) v3</u></p> <p>The Ligature Policy (draft) v3 was circulated to the Sub-Committee in advance of today's meeting for comment.</p> <p>A-MM thanked those who had responded with comments on the policy which is now on v5. The next step will be completion of the EQIA form then out to policy groups for the approval process.</p> <p>The policy will cover Acute Mental Health & Learning Disabilities and the HSCP, following the request from Rona Laskowski to make it more of an NHS Fife wide policy.</p> <p>For noting - A-MM added that a generic Ligature Risk Assessment is being considered for other areas by the Health & Safety team.</p> <p>A-MM gave assurance to the Sub-Committee that when risk assessments are undertaken, the windows, the window restrictors and the frame are all noted in the Ligature Risk Assessment and any concerns are fed back to the Clinicians and Estates.</p> <p>6.2 <u>Violence & Aggression Policy Review</u></p> <p>The V&A Policy document (draft) was sent out to the Sub-Committee for review on 20 May 2024 and minor comments were received.</p> <p>A slight change was made to the definition of violence and aggression with the addition of staff-on-staff incidents to bring this into a clear focus.</p> <p>The policy was submitted to the General Policies Group pending approval.</p>	
<p>7</p>	<p><u>Performance</u></p> <p>7.1 <u>ASD&CD H&S Committee Update</u></p> <ul style="list-style-type: none"> • The ASD&CD H&S Committee Minute of 18 March 2024 was circulated to the Sub-Committee for noting. <p>7.2 <u>HSCP H&S Assurance Group Update</u></p> <ul style="list-style-type: none"> • The HSCP H&S Assurance Group minute of 30 April 2024 was circulated to the group for noting. 	

8.	<u>Any Other Business</u>	
8.1	<p><u>Introduction of InPhase</u> InPhase, a comprehensive software platform that integrates performance management, governance, risk, and compliance solutions is in the process of being introduced to NHS Fife. This system will replace Datix.</p> <p><u>Benefits include:</u> <i>Time Savings</i> - streamlined processes, reducing duplication. <i>User Engagement</i> - enhances reporting and incident management. <i>Compliance</i> - helps remain compliant with regulations. <i>Assurance</i> - Provides better oversight for patient safety and quality improvement.</p>	
8.2	<p><u>Micro-Aggression Incident Recording</u></p> <p>JK raised a concern around racist and transphobic comments and the best way of recording these.</p> <p>NMcC added that it may be helpful when we move to a new system to know if there is a better way of recording micro-aggression incidents in order for statistics to be generated ie as a sub-section of violence and aggression.</p> <p>JK added that incidents of this nature will continue to be mentioned in the Equality & Human Rights Group who report to the Public Health & Wellbeing Committee. If there is anything of particular interest this will be brought to the H&S Sub-Committee.</p>	
8.3	<p><u>Arjo Equipment Contract</u></p> <p>PB advised the Sub-Committee that the contract to replace Arjo is in-hand. Further updates will follow.</p>	
8.4	<p><u>Joint Violence & Aggression Training & Advice Service</u></p> <p>Consideration is being given to a joint Violence and aggression training and advice service offering advice and training covering NHS Fife and the HSCP with Bill Coyne, V&A Advisor taking the lead alongside BN.</p> <p>Initial discussions have taken place and the HSCP are receptive towards the idea of a single point of contact offering a more sustainable robust service.</p>	
8.5	<p><u>Rona Laskowski Retiral</u></p> <p>Thanks were noted to Rona for all her support over the years and best wishes for a long and healthy retirement.</p>	
8.6	<p><u>Welcome to Jillian Torrens</u></p> <p>A welcome was noted to Jillian who will be replacing Rona at the Sub-Committee meetings.</p>	
8.7	<p><u>Assurance around Improved & Safe Working Environment</u></p>	

	<p>DM advised that as the Improved & Safe Working Environment is a named topic and part of Governance Standards it will form part of the agenda for Staff Governance Committee (SGC).</p> <p>Consideration is being given to the creation of a Performance Dashboard with Workforce Planning topics while we move into the wider space of how we report and how we give assurance. This will map out Estates and Facilities governance arrangements for health and safety issues including electrical, ventilation, water, and fire safety.</p> <p>NMcC added that this will require a little bit of work in terms of charting this out in a way that is accessible for all. This can be used internally giving assurance around behind the scenes daily, weekly, and monthly Estates and Facilities related subjects and how these fit into the overall structure.</p> <p>The Sub-Committee agreed that this would be interesting and beneficial to bring to future H&S Sub-Committee meetings.</p>	
<p>9</p>	<p><u>Date & Time of Next Meeting</u></p> <p>Friday 6 September 2024 at 1 pm on Teams.</p>	

WORKFORCE PLANNING GROUP

Meeting Held on Thursday 23 May 2024

There were no issues raised for escalation to the Staff Governance Committee.

**UNCONFIRMED MINUTES OF THE NHS FIFE WORKFORCE PLANNING GROUP MEETING
HELD ON THURSDAY 23 MAY 2024 AT 2.00 PM VIA MS TEAMS**

Present: Rhona Waugh, Head of Workforce Planning and Staff Wellbeing (Chair)
 Bryan Archibald, Planning & Performance Manager
 Susan Ballantyne, Business Manager, Emergency Care
 Sharon Crabb, Public Health Service Manager
 Claire Dobson, Director of Acute Services Division
 Susan Fraser, Associate Director of Planning and Performance
 Alistair Graham, Director of Digital & Information
 Robyn Gunn, Head of Laboratory Services
 Ben Hannan, Director of Reform and Transformation
 Dafydd McIntosh, Organisational Development & Cultural Specialist, HSCP
 Margo McGurk, Director of Finance and Strategy
 Brian McKenna, Workforce Planning Manager (Chair)
 Elaine Murray, Occupational Therapy Manager
 Charlotte Myles, Service Manager, Emergency Care
 Louise Noble, Service Manager, Planned Care
 Lynne Parsons, Employee Director
 Nicola Robertson, Director of Nursing, Corporate
 Rose Robertson, Assistant Director of Finance
 Richard Scharff, Radiology Clinical Activity Manager
 Angela Shepherd, Service Manager, Emergency Care
 Sally Tyson, Head of Pharmacy – Development & Innovation

In Attendance: Catherine Penman, PA to Head of Workforce Planning and Staff Wellbeing (Minutes)

	ACTION
<p>1. APOLOGIES FOR ABSENCE</p> <p>Apologies were received from Lynn Barker, Director of Nursing, H&SCP; Jason Cormack, Pharmacy Corporate Business Manager; Lee Cowie, Interim Senior Manager, Mental Health, Learning Disability & Addiction Services; Michelle Gilmour, Service Manager, Emergency Care; Nicola Harkins, Acting Senior Manager, Medical Learning Disabilities; Helen Hellewell, Deputy Medical Director; Lynne Holloway, Service Manager, Obstetrics & Gynaecology; Wendy Hutchison, Clinical Nurse Manager, Admissions; Frances King, Business Manager, Finance; Roy Lawrence, Principal Lead for Organisational Development & Culture, HSCP; David Miller, Director of Workforce; David Pirie, MRI Lead Radiographer; Jim Rotheram, Head of Facilities; Andy Verrecchia, LPF Co-Chair; and Amanda Wong, Director of Allied Health Professions.</p>	
<p>2. WELCOME AND INTRODUCTIONS</p> <p>Rhona welcomed members to the first meeting of the newly formed Workforce Planning Group for NHS Fife, following the decision to combine the two workforce planning groups within the Board, with the aim of allowing more productive and aligned discussions to take place.</p>	

3. REFORM, TRANSFORM AND PERFORM UPDATE

Ben advised that he was currently seconded to the post of Director of Reform and Transformation, to lead the RTP programme within NHS Fife. Ben highlighted that while workforce is our main asset, it is also the greatest expenditure. Significant work is required on how to best approach the current financial challenges, while continuing to focus on workforce planning and staff health & wellbeing. It is important that staff experience is retained while maximising the value being delivered from everything that we do. Where “non-value added” aspects of work have ceased, services have already seen really good work being delivered in terms of service reform.

There are a number of transformational workforce initiatives in train, one being the reduction in the use of supplementary staffing. ASD, in partnership with Finance, Workforce and Nursing colleagues, has undertaken significant activity to reduce supplementary staffing dependency. A reduction has already been achieved within the first month of implementation, with an increase in permanent staffing.

Work is also on-going in relation to Medical workforce planning, particularly in relation to rota arrangements for Doctors in Training, to reduce unnecessary banding payments. In terms of other activity, there is a focus on the 3% aspect of reform and work continues to reduce absence rates to 6.5% this year. A baseline establishment review is also planned.

In addition, the Reduced Working Week; Protected Learning Time; and Band 5/6 Nursing Review are being implemented. A People and Change Board will be established to take these transformational initiatives forward.

Whilst the Board is at the early stages of this journey, the magnitude of the challenges being faced are recognised, particularly due to the pace and scale at which changes are taking place. The new Vacancy Management Process recently implemented, together with the closure of office accommodation, has had a significant impact on staff.

Rhona thanked Ben for the comprehensive update and advised that from feedback recently received, some colleagues are still not aware of the requirements for the RTP changes being implemented. In terms of workforce planning, it is important that we ensure that the changes being implemented within the Board are robust, as SG are currently looking at revised workforce planning guidance, with workforce plans to be produced in 2025.

Brian referred to the positive results already achieved in terms of supplementary staffing and asked when to expect the results from the other initiatives, which will help inform the future size and scope of NHS Fife's workforce, providing the ability to monitor and track movement. Ben advised that the current focus and review is on the unplanned growth of 23% within the administrative job family over the last five years. Consideration is also being given to implementing technology enabled solutions to assist with the required financial savings and service delivery. The planning guidance provided to Boards has highlighted the stark reality that the workforce needs to reduce, or as a minimum must remain static. This is currently being incorporated into the RTP tracking trajectories and to inform planning assumptions going forward.

Alistair advised that following the anonymous feedback provided via the RTP Hub, D&I colleagues are very much at the discovery stages of the digital solutions being proposed and are aware of the views being expressed at the Local and Area Partnership Fora.

4. WORKFORCE PLANNING MEETINGS

4.1 HSCP Workforce Plan / Strategy Update

Dafydd reported that the HSCP Workforce Year 2 Plan has been considered by the Senior Leadership Team and Local Partnership Forum and will now be presented to the IJB for sign off. There has been positive feedback to date, with a real understanding of the financial implications and how to reshape the workforce going forward. Work has commenced on the Year 3 Plan and consideration is being given as to whether services should start to look at the next three year plan earlier than anticipated, focussing on service priorities, transformation and workforce sustainability.

4.2 Nursing & Midwifery Workforce Planning Group Update

Nicola advised that the N&M Workforce Planning Group had been paused, to focus on RTP, but meetings will resume in July 2024. Janette Keenan has launched a Professional N&M Group which may subsume some of the work currently being undertaken by the N&M Workforce Planning Group.

While there has been an overall reduction in N&M vacancies, there has also been a reduction in University applications and in newly qualified practitioners (NQPs). At present, services are struggling to offer places to NQPs, but it is recognised that in a few years there will be more vacancies than NQPs. Messaging on the current position is important to ensure that students are not deterred from applying for N&M training.

Work will commence shortly in relation to the Review of Band 5/6 Nurses. There are concerns that the funding will remain the same, which will impact on nursing establishments. The team are currently looking at different ways to attract and recruit staff and recognise that nursing work profiles will look different in the future, with the increase in Band 6 roles.

Discussions are on-going with Fife College and HEIs in relation to the Assistant Practitioner programme, with the third cohort being undertaken over the summer. Staff were initially advised that this would allow entry to second year of the nursing programme, but this may not be the case due to the NMC's requirement for placement hours. There have also been discussions with Fife College in relation to Modern Apprenticeships.

The dates for the Nursing & Midwifery Workforce and Workforce Planning Tool Runs for 2024/2025 have been prepared for submission to EDG, for assurance and governance purposes and to meet HCSA requirements.

The new shared Governance Councils, led by Janette Keenan, will be implemented shortly. These are intended to give N&M staff a sense of belonging and will provide an opportunity to voice concerns and the ability to make changes at all levels. Nicola will be leading the Patient Experience and Staff Experience Councils and will focus on the data already available. Multiple initiatives have been suggested via RTP and staff will be invited to join the Councils to progress these.

Rhona thanked Nicola for the update and asked if there was anything in relation to retention that HR could support. Nicola advised that staff retention will be taken forward with the Governance Councils. However, if the Board were considering Magnet Status, which will take a number of years, there are certain initiatives to be considered. NHS England's Retention Tool Kit provides guidance, allowing portfolio of evidence to be built that will take us on the trajectory for Magnet Status. It has been established whilst speaking to N&M staff via the National Listening Project, there is a need to consider on-site childcare provision. Rhona was aware that Jim Rotheram had previously explored the option of an on-site Nursery, which was not viable.

4.3 Health and Care Staffing Act Update

Rhona advised that the Act came into effect from 1 April 2024. The Quarter 3 Return for 2023/2024 has been submitted to the Scottish Government and a meeting with SG will be held to discuss the return and initial feedback. Work continues in relation to the implementation of the Act. The main focus is working towards producing the first Board report for submission to SG and Ministers in 2025. Rhona was pleased to report that Speech and Language Therapy colleagues were asked to record a HIS Podcast, which is available on StaffLink.

An HCSA Assurance Questionnaire was circulated to obtain feedback from managers to assist with the supporting evidence required to inform the Quarter 3 return. The feedback helped identify some key areas for follow-up, to support the triangulation of activity in terms of workforce planning, recruitment and retention plans and, staff health & wellbeing, along with training and development, to ensure that robust processes are in place. Brian added that the results of the questionnaire highlighted the requirement to demonstrate compliance with the Act, aided by the use of electronic systems, such as Real Time Staffing Tools and risk escalation.

A report has recently been presented to EDG in relation to the implementation of eRostering and it has been agreed to fast track full roll-out eRostering and Safe Care within clinical areas as a priority.

High cost agency reporting is also now required by the Act, if locum costs exceed 150% of a substantive employee. Work has been carried out with Finance to identify bookings that exceed the 150% threshold.

Safe Care / eRostering reporting may also influence workforce planning, particularly in relation to recruitment and retention. This is supported by the triangulation of data from the mandated annual workforce tool runs. The Multi-disciplinary Professional Judgement Tool, which is not mandated, has recently been circulated, along with additional guidance and FAQs.

Rhona also advised that the Communications Team has launched the HCSA pages on StaffLink, highlighting the resources available to staff to ensure that staff are well informed. Rhona and Brian have also attended Management Team meetings to present on the Act and to offer support to any staff groups. It is important that the requirements of the Act are clear to staff to dispel some of the myths, in particular that the implementation of the Act will result in more staff, which is clearly not the case.

5. WORKFORCE PLANNING AUDIT

Rhona advised that the Workforce Planning Audit has been received and presented to the Staff Governance Committee (SGC). There are a few actions that require to be progressed, with the main focus being around the granular detail of future workforce numbers, challenges, risks and mitigations.

Work continues with service colleagues in relation to their respective workforce plans and Brian has previously shared the NES Workforce Modelling Tool. Fiona Forrest provided a comprehensive overview of the Pharmacy Workforce and the at the last SGC meeting, highlighting the various challenges, mitigations and development activity.

Brian reflected on earlier conversations and recognised the need to build on RTP activity, along with the implementation of the RWW and PLT, rather than focusing on the historical trend, shape and size of the workforce.

6. WORKFORCE PLANNING RISK

In the absence of David, it was agreed to defer the Workforce Planning Risk to the next meeting. In the meantime, Rhona asked for any comments to allow the Corporate Risk to be updated in advance of the next SGC meeting

All

7. ANNUAL DELIVERY PLAN / SERVICE LEVEL WORKFORCE PLAN UPDATES

Susan advised that the Annual Delivery Plan (ADP) 2024/2025 had been submitted to SG in March 2024 and hoped to receive feedback at the end of May 2024. The ADP, the Population Health and Wellbeing Strategy and RTP will require to be aligned. A further update will be provided at the next meeting, once SG feedback has been received. Bryan Archibald and Brian McKenna are in the process of reviewing the feedback and updates provided by services, to align the respective outputs.

Bryan advised that plans had previously been updated on a monthly basis, but it is hoped to move to quarterly updates, as SG will require feedback on a bi-monthly basis. Discussions will be on-going with Brian to ensure that details are robust from both planning and working planning perspectives.

Rose updated that while Boards have received responses to their Financial Plans, she was not aware of other Boards receiving responses in relation to their Annual Delivery Plans. The group discussed the importance of aligning the plans, as the recent Workforce Planning Audit had highlighted the requirement to ensure that there is correlation on the respective plans and to

ensure triangulation of workforce planning, risks, RTP and financial planning. Susan noted that the connection with the Financial Plan had never been as important. However, there is also a requirement from SG to reform in line with the Annual Delivery Plan.

8. CURRENT AREAS OF WORKFORCE CHALLENGES / RISKS / MITIGATIONS

8.1 Pharmacy Service Level Plan Update

Sally provided an update on the three main challenges being faced within Pharmacy Services; supply of workforce; independent prescribers actively using their skills; and workforce reporting.

In terms of workforce supply, there is a national shortage of Pharmacists and Pharmacy Technicians, which has impacted on all staff groups, including Community Pharmacy. There is also an increase in demand for Pharmacy Services. Pharmacotherapy is part of the GMS contract and there are particular difficulties recruiting to these specialist roles. In terms of Pharmacy Technicians, there is work in place to “grow your own” to increase the trainee posts within the Board. This has been successful in terms of the internal career pathways for support workers moving into trainee technician posts.

Fife College is also providing support for the Modern Apprenticeship pathway. The service is looking at ways of developing new roles for support workers to allow them to take on roles that were traditionally undertaken by Technicians and Pharmacists, releasing trained staff and improving skill mix.

Workforce reports have proved challenging and services have developed their own quarterly workforce reporting to the Pharmacy Services Leadership Team. The service has developed KPIs, focusing on training and education, to ensure that staff are released for study time and there has been an increase in rotational posts, to make them more attractive.

Over 70% of Independent Pharmacy Prescribers are actively prescribing and the aim to improve this number. Some of the challenges being faced are due to capacity for staff development and clinical input, due to service needs, but implementation of the digital programme for medicines may release staff for more clinical roles. There are early plans for advanced roles and career pathways and the service is currently looking at how to support staff to work across the four pillars in terms of education and training standards. Workforce reporting is challenging in terms of staff turnover, skill mix, vacancies etc, along with core training compliance and how to navigate the reporting system on eESS.

Rhona thanked Sally for the comprehensive overview of Pharmacy Services workforce and advised that the Staff Governance Committee were impressed by the “grown your own” approach.

Brian will assist with the issue of workforce reporting and confirmed Digital & Information colleagues will assist with utilising the range of workforce systems available to support reporting and identify indicators. There is the ability to set agents for automated reports and are exploring using OBIE, which allows access to the hierarchical areas within the organisation and access to a suite of HR reports. This is already in use within Planned Care, Emergency Care and some areas of HSCP and could be rolled out within Pharmacy Services.

Brian to support

8.2 Radiology Service Level Plan Update

Richard advised that work is on-going with Brian and Douglas to progress OBIE, which has proved useful. There have been challenges with the Radiology reporting recently, resulting in creation of a number of bank contracts. Workforce planning issues will need to be reflected in the Annual Delivery Plan due to the move in demand from core hours to working a seven-day week. The service currently operates during core hours and relies on non-contractual overtime and staff undertaking on-call, with the plan to move to a seven-day model. There are also plans for the service to increase the Radiology reporting pool in terms of RTP and are looking at the ratio of Advanced Practice to release Radiographers, where possible.

Rhona thanked Richard for the update and asked how the challenges and mitigations could be pulled together within the workforce plan to support the work being undertaken, alongside the issues being raised in relation to the RTP and financial challenges. The plan would be to consider a forum to exchange service issues and capture the challenges being experienced and mitigation within services and we will consider holding a face-to-face workshop.

Rhona /
David / Brian

8.3 Medical Directorate Service Level Plan Update

Charlotte confirmed that there are several issues being experienced within the Directorate, in particular, the redeployment of staff, has led to an increased absence. In addition, there are difficulties recruiting to particular posts, e.g. Neurologists. There has been an increase in demand for clinical services due to waiting lists and insufficient workforce to deal with the demand. There is a requirement to "future proof" staffing specialties, considering workforce needs, given the current financial position across Directorates.

Angie advised on a positive note that the Directorate will be in a better position in respect of Band 5 NQPs taking up post. However, the new process for VMF approval has proved challenging, especially for replacement posts.

8.4 Surgical Directorate Service Level Plan Update

Louise recognised the challenges being experienced in relation to the VMF process. Whilst there is not a shortage of available applicants within the Directorate, the process of obtaining sign-off is labour intensive, which is impacting on patient care. Referring back to Ben's RTP update, it appears that non-clinical posts are being targeted and there is a noticeable impact on secretarial posts, which has a resultant impact on clinical staff activity.

Rhona agreed to raise the issues highlighted with the David. Lynn added for assurance to colleagues, that these issues are currently being addressed.

8.5 Laboratory & Healthcare Science Service Level Plan Update

Robyn advised that from a workforce planning perspective in terms of retention and progression of staff, NES funding for Postgraduate qualifications across Healthcare Science has been removed, so there is no funding for staff to apply for these qualifications. The service is currently looking at alternative funding, or some other form of further qualification for advanced roles within the service, but this is proving challenging. However, the Edinburgh

University part-time Biomedical Science degree has finally received accreditation from the Professional Body, which will allow staff to progress through a clear pathway and become registered HPC Biomedical Scientists on completion of their degree.

The service is in the process of reviewing the workforce requirements, in particular advanced practice roles, in line with recommendations for laboratory services.

8.6 Digital and Information Service Level Plan Update

Alistair referred to the increased demand from services to review existing technologies in place. The main focus is trying to reframe training and development opportunities available in terms of more complex systems. It has been highlighted that staff are being asked to duplicate entries into multiple systems, so ensuring that staff have the appropriate training to utilise the systems effectively and safely for patient and service needs. The team has also been looking at how workforce information can be presented.

8.7 Allied Health Professional Service Level Plan Update

Elaine advised that AHPs are experiencing significant challenges with recruitment and retention. Although the situation has improved in terms of Band 5 posts, there have been difficulties recruiting to Band 6 and 7 posts. There are challenges within HSCP due to the financial position and demand is outstripping supply for many outpatient services. The “grown your own” proposal is also being considered, taking account of the skill mix across teams, to ensure that services are supporting Band 3 and 4 staff.

There is engagement with a number of programmes, such as “Earn as you Learn” which is receiving good support, in particular from the Podiatry service. There are a number of Foundation Apprenticeships available within Physiotherapy and Speech and Language Therapy and it is hoped that this will be successful in encouraging students to undertake AHP courses. In addition, a new course is being developed by the University of Stirling for Podiatry and Physiotherapy, commencing in 2025 and NHS Fife placements will be offered. The recruitment of students to the Bank has allowed the utilisation of backfill for vacancies and will hopefully attract future employment within NHS Fife once students have qualified.

To meet the financial challenges, service redesign and moving to a seven-day model are being considered, noting that it will prove challenging to ensure that the appropriate workforce is in place. The AHP Senior Leadership Team has developed a workforce plan for the next two years and will be working through a number of actions to progress this.

Rhona thanked Elaine for the AHP update and will capture these initiatives when reporting to the Staff Governance Committee.

8.8 Finance Service Level Plan Update

Rose advised that from a finance perspective a number of challenges have been highlighted and it is apparent that recruitment and retention of staff is an issue. A review of the current structure is taking place to establish the requirement to replace posts and ensuring that appropriate funding is in place.

Rhona recognised that there appears to be a real difficulty in attracting staff to join certain functions within NHS Fife and this issue can be discussed further at a future meeting. Sally has raised within the chat the issue of exit interviews to establish the reasons for staff leaving and to consider if there are any lessons to be learned.

8.9 Public Health Service Level Plan Update

Sharon advised that Public Health have experienced different challenges due to Public Health moving to a Regional model. Work is currently being undertaken to establish what is required across the four Boards.

It has proven difficult to recruit to posts and retain staff due to uncertainty within the service. The workforce tool run in January 2024 highlighted that there is insufficient nursing staff and due to the skill set required, are unable to utilise the staff bank. Given financial resources, consideration is being given to how to adapt to meet demands, taking staff health and wellbeing into account, to ensure that no further pressure is placed on existing staff. The option of "grow your own" staff is also being considered.

8.10 Women, Children and Clinical Service Level Plan Update

Lynne Holloway provided the following update was provided on behalf of the Women, Children and Clinical Services. The current challenges and risks being faced are as follows:

- Introduction of the Reduced Working Week in inpatient clinical areas has not been possible. Therefore, staff require to be paid for the additional 30 minutes to ensure ward areas are safe.
- Delays in the recruitment process due to the RTP process is creating clinical risks with appointments not being booked in a timely manner for oncology patients; risk that antenatal appointments and time sensitive scans/tests are delayed; and delay in processing VMFs is adding a further delay into the system.
- Financial risk as more expensive staff are completing admin tasks to ensure the above clinical risks are mitigated.
- Staff burnout as they work additional hours to complete the above tasks on a regular basis on top of their own work, which cannot be left either.
- Staff are not able to reduce their working week as per the directive, but are in fact working more hours with increasing stress levels, as they manage not only their own jobs, but those of absent or retired colleagues.
- Loss of experienced staff choosing retiral as a preferred option to working in the current climate, leaving depleted teams and where recruitment is possible, teams made up of very junior staff requiring significant supervision. This is impacting on the intensity of the on-call rotas for obstetricians, resulting in them being on site for whilst on call and clinical commitments requiring cancelling to ensure requisite rest periods. SCMs are also providing significant levels of support to junior staff.

The following mitigations have been highlighted:

- Existing staff are working harder and for longer and are significantly concerned about staff health and wellbeing. The service has worked hard to reduce sickness absence rates, but are expecting these to go up in the coming weeks, as a result.

9. AGENDA FOR CHANGE UPDATE

10.1 Non-Pay Elements of the 2023 Pay Awards

Brian advised that Phase 1 of the implementation of the reduced working week has been carried out. The RWW SLWG is looking at the mitigations in order to achieve the future phased reductions and how to build this into workforce plans. The reduction in hours equates to approx. 100 wte staff and has been compared to the outputs of the workforce modelling tool created by the Centre of Workforce Supply. The tool provides information on individual professional groups in training, i.e. N&M and M&D staff, facilitating workforce planning. In conclusion, the reduction will remove any increase in numbers that we would expect from the various NQPs.

The implementation of the Band 5/6 Nursing Review has also commenced. The implications of this review will need to be factored into service workforce plans.

A report has been presented to the Area Partnership Forum in relation to the implementation of Protected Learning Time for AfC staff. There is also a SLWG to take this forward, ensuring compliance with core training and linked to HCSA requirements. Sally sought clarity in relation to the recording of PLT and Brian advised that Jackie Millen is the contact point. Rose asked if the report presented to APF could be shared with the group as the costs associated with the implementation of three non-pay elements of the 2023 pay award will need to be submitted to SG.

Catherine

10. ANY OTHER BUSINESS

10.1 Workforce Planning Group Objectives and Responsibilities

Rhona advised that a short survey will be circulated to the group to obtain their thoughts on the membership, frequency of meetings, effectiveness and future topics for discussion.

Rhona suggested that Anchor Employability Metrics (Sharon Crabb) and Employability (Dafydd McIntosh) would be good topics for discussion at future meetings of the group.

Catherine

11. DATE OF NEXT MEETING

The date of the next meeting will be confirmed once the results of the survey are received.

MEDICAL & DENTAL PROFESSIONAL STANDARDS OVERSIGHT GROUP

Meeting Held on Thursday 11 April 2024

There were no issues raised for escalation to the Staff Governance Committee.

Medical and Dental Professional Standards Oversight Group

Note of Meeting Held at 3.00 pm on Thursday, 11 April 2024 on Microsoft Teams

Present:

Dr C McKenna
 Dr H Hellewell
 Dr M Philp
 Mr E Dunstan
 Prof Morwenna Wood
 Dr J Pickles
 Dr S Savage
 Ms G Couser
 Ms J Anderson
 Ms L Cooper
 Mrs A Gracey
 Ms S Ali

Designation:

Executive Medical Director/Responsible Officer, NHS Fife (Chair)
 Deputy Medical Director, Fife Health & Social Care Partnership
 GP Appraisal Lead
 Secondary Care Appraisal Lead
 Director of Medical Education
 LNC Representative
 Associate Director for Risk and Professional Standards
 Associate Director of Quality and Clinical Governance
 Interim General Manager, Women Children and Clinical Services
 Head of Primary and Preventative Care Services
 Medical Appraisal & Revalidation Coordinator
 Medical Education Manager

Apologies:

<p>Dr I MacLeod Dr J Morrice Dr A Kelman Dr J Tomlinson Mrs M Watts Dr E O’Keefe Dr M Clark Dr K Steel Dr S McCormack Mrs R Waugh</p>	<p>Deputy Medical Director – NHS Fife Associate Medical Director, Women and Children Associate Medical Director Fife Health & Social Care Partnership Director of Public Health General Manager, Surgical Directorate Director of Dentistry Associate Director of Medical Education Associate Director of Medical Education Associate Medical Director – Medical and Surgical Directorate Head of Workforce Planning and Staff Wellbeing</p>
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ACTION

1 Welcome/Apologies for absence

Apologies noted as above.

2 Terms of Reference.

Overall the terms of reference were accepted and will be adapted as the meetings mature. EO’K will be added as Director of Dentistry.

SAS/AG

There was discussion in regards to the terms of reference stating the Medical Education SLT minutes were to be fed into this group and SA stated they have an action tracker not a formal minute and queried if one should be taken in future. SA and GC agreed to discuss further and agree what should come to this group from a Medical Education Committee perspective.

SA/GC

3 GMC Good Medical Practice – Professional Standards

The GMC Good Medical Practice – The revised Professional Standards document was shared within the group. It is the basis by which professional standards for doctors, are measured.

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CM alluded to the importance of having this here so it can be referred to as a basis of our principles by which this group will operate and those standards we hold our doctors accountable to.

4. Medical Appraisal and Revalidation.

AG shared that there were 123 doctors due for revalidation between 1 April 2023 – 31 March 2024. There were 112 positive recommendations and 12 deferrals, one of which revalidated during the same period. Deferrals were due to insufficient evidence.

There are 208 doctors due to revalidate in 2024/25.

Secondary Care continues to require additional appraisers. There are currently 42 appraisers of which 5 are on the NHS Fife bank. Four appraisers only cover Clinical Fellow appraisals.

The expectation is that an appraiser will cover 10 appraisals per year for 0.5 SPA however, we have a number who are part time and cover just 5-6.

63 appraisees are currently unallocated in Secondary Care.

ED stated that they have been quite successful with recruitment this year but unfortunately due to retirements there is still a requirement for further appraisers. He suggested we carry out a risk assessment by looking at the ages of appraisers and pre-plan for upcoming retirements..

MP updated the group that Primary Care have recruited 2 new appraisers and with one undergoing training in April they will be up to full complement.

5. Consultant and SAS Doctor Job Planning.

The document shared with the group is a reflection on the current status of job plans published from 1st April 2024. The process of jobplan meetings and conversations with GM's to discuss and agree job plans for this coming year is underway. Any issues or barriers can be discussed and rectified within this group and we can track the progress of sign offs and completions throughout the year. ED requested that last years 'end of year' progress be shared so each Directorate/Speciality can review. AG was asked to share this at next meeting.

AG

LC noticed that the portfolio structure from a Partnership perspective - East/West/Fife Wide is still the old structure and would need to be updated. LC will provide AG with the correct structure to allow Allocate to update.

AG/LC

6. Medical Education.

The ScotCOM paper, Medical Education Annual Report and RAG reports were shared with the group for information. It should be known by the middle of June whether we have recruited enough BSc St Andrew students to commence the ScotCOM programme in January 2026. Should there not be enough students

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UCASS recruitment will start next year for entry into the BSc programme with a ScotCOM arm and therefore come into Fife in 2028. There were no further comments on the other reports shared (annual report and RAG reports). CM highlighted that reports would be brought to this group for oversight and any improvements and issues can be discussed or successes celebrated

7. Dental Education.

Emma O’Keefe, Director of Dentistry was unable to attend the meeting but sent in an update for the meeting to consider.

EO’K queried whether the dental report could be wider than ‘dental education’ and include:

- a. General Dental Practice- vocational trainees (newly qualified dentists) (NES employees)- currently 10 Vocational Dental Training Practices in Fife.
- b. Core trainees (NES employees)- hospital orthodontics and OMFS
- c. Specialty trainees- I have one in Dental Public Health and orthodontics have 2 ST4s
- d. Currently as Director of Dentistry complete a report for NES in November each year

In terms of developments/improvements she thought it would be good to have a regular meeting with the GDC and NHS Fife- and suggested Chris McKenna as Exec lead for dental and EO’K as DOD (Similar to GMC). NHSGGC has quarterly meetings with Gordon Mathieson (GDC head of Scottish Affairs) & Toby Ganley ((Head of right touch regulation). Quarterly meetings wouldn’t be required but 3 per year or 2 per year re current GDC cases.

Dental education – EO’K has honorary contracts with University of Dundee and Glasgow and is involved in undergraduate and postgraduate teaching. She also delivers sessions for NES for core trainees and specialty trainees.

The Public Dental Service has outreach clinics for dental students and dental therapist students.

Agreed that there would be further discussion at the next meeting.

8. Medical Workforce Planning – Acute Services.

This will need to be updated at the next meeting as the group has not yet met. Minutes and Terms of Reference to be shared with this group..

9. Medical Workforce Planning – HSCP.

This will need to be updated at next meeting as the group has not met yet. Minutes and terms of reference to be shared with this group..

HH

10. Any Other Competent Business.

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Trainee doctor rotas and compliance was not included on this agenda but CM thought it should be a future item. The group debated whether this group should be advising on this subject as there are separate groups doing the work in this area. NES, GMC feedback, training experience and wellbeing should come through this group.

MW updated the group on the progress of the medical registrars. Surgical specialties tend to get their fair share of senior trainees but medical specialties do not. Paediatrics are currently experiencing issues and anaesthetics tend to get more junior trainees. She has had a conversation with Clive Goddard who wrote a paper which included registrar levels and was presented at the NES senior manager meeting. The paper indicates that Fife, if distributed fairly, would have an increase in medical registrars. There is to be a little progress in medicine with a renal registrar for 6 months, a GI registrar or 2 for 6 months each one in MoE for a year and one in cardiology but for half a year no commitment to increase respiratory. This is probably a doubling of our numbers but still well under what we require. MW and CM will continue to work on this.

SAS/AG to circulate the framework for Medical Appraisal and Revalidation to the group..

SAS/AG

11.

**Date, Time and Venue of Next Meeting. – To be confirmed
Tuesday, 9 July 2024 at 3.00pm via Microsoft Teams**

Distribution List:

- Dr C McKenna, Medical Director – NHS Fife
- Dr I MacLeod, Deputy Medical Director – NHS Fife
- 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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