Staff Governance Committee

Thu 09 March 2023, 10:00 - 12:00

MS Teams

Sinead Braiden
Chair

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence – Andrew Verrecchia / Sandra Raynor

Sinead Braiden

10:01 - 10:02
1 min

2. Declaration of Members' Interests

Sinead Braiden

10:02 - 10:07
5 min

3. Minutes of Previous Meeting held on Thursday 12 January 2023

Enclosed   Sinead Braiden

📄 Item 3 Staff Governance Committee Minutes (unconfirmed) 12.01.23.pdf (9 pages)

10:07 - 10:10
3 min

4. Matters Arising / Action List

Enclosed   Sinead Braiden

📄 Item 4 Table of Actions 9.3.23.pdf (2 pages)

10:10 - 10:40
30 min

5. GOVERNANCE MATTERS

5.1. Committee Self-Assessment Report 2022/2023

Enclosed   Gillian MacIntosh

📄 Item 5.1 Committee Self-Assessment Report 2022-2023.pdf (12 pages)

5.2. Annual Review Committee's Terms of Reference

Enclosed   Gillian MacIntosh

📄 Item 5.2 SGC Annual Review of Terms of Reference 9.3.23.pdf (3 pages)
📄 Item 5.2 SGC Annueal Review of Terms of Reference Appendix 1 ToR 9.3.23.pdf (4 pages)

5.3. Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Personal Development Planning and Review

Enclosed   David Miller / Kevin Reith

📄 Item 5.3 Corporate Risks Aligned to SGC, inc Deep Dive 9.3.23.pdf (5 pages)
📄 Item 5.3 Corporate Risks Aligned to SGC Appendix 1 as at 20.2.23.pdf (2 pages)
📄 Item 5.3 Corporate Risks Aligned to SGC Appendix 2 Deep Dive - Personal Development Planning Review (PDPR).pdf (2 pages)

5.4. Whistleblowing Quarter 3 Report 2022/2023

Enclosed   *Kevin Reith*

5.5. Staff Governance Standard: Improved and Safe Working Environment

Verbal   *Rhona Waugh*

10:40 - 10:55
15 min

6. STRATEGY / PLANNING

6.1. Draft Population Health and Wellbeing Strategy

Enclosed   *Margo McGurk / Susan Fraser*

6.2. Strategic Planning & Resource Allocation 2023/2024 - Corporate Objectives 2023/2024 Initial Proposal

Enclosed   *Margo McGurk*

10:55 - 11:25
30 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed   *David Miller*

7.2. Training Compliance Improvement Update

Enclosed   *Kevin Reith*

7.3. Tender Process for Board Managed 2C General Practices

Enclosed   *Nicky Connor*

7.4. East Region Health Protection Service: Progress Update

Enclosed   *Dr Joy Tomlinson*

7.5. Acute Services Division: Reflections and Actions in Relation to Healthcare Improvement Scotland (HIS) Letter of 11 November 2022

Enclosed   *Claire Dobson*

11:25 - 11:30
5 min

8. ANNUAL / OTHER REPORTS

8.1. NHS Fife Workforce Information Overview

Enclosed   *Rhona Waugh*

11:30 - 11:35
5 min

9. FOR ASSURANCE

9.1. Delivery of Annual Workplan 2022/2023

Enclosed   *David Miller*

9.2. Annual Staff Governance Committee Workplan 2023/2024

Enclosed   *David Miller*

11:35 - 11:45
10 min

10. LINKED COMMITTEE MINUTES

10.1. Area Partnership Forum held on 25 January 2023 (unconfirmed)

Enclosed

10.2. Acute Services Division & Corporate Directorates Local Partnership Forum held on 22 December 2022 (unconfirmed)

Enclosed

10.3. Health & Social Care Partnership Local Partnership Forum held on 16 November 2022 (confirmed)

Enclosed

10.4. Health and Safety Sub Committee held on 20 January 2023 (unconfirmed)

Enclosed

10.5. Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

Enclosed

11:45 - 11:55
10 min

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1. To the Board in the IPQR Summary

Verbal   *Sinead Braiden*

11.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Verbal   *Sinead Braiden*

11:55 - 12:00
5 min

12. ANY OTHER BUSINESS

12:00 - 12:00
0 min

13. Date of Next Meeting: Thursday 11 May 2023 at 10.00 am via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 12 JANUARY 2023 AT 10.00 AM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Alistair Morris, Non-Executive Member
Wilma Brown, Employee Director
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Owens, Director of Nursing
Carol Potter, Chief Executive

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance *(item 6.1 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property and Asset Management
Margo McGurk, Director of Finance & Strategy *(part)*
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to David Miller, joining NHS Fife as the new Director of Workforce, who is attending his first Staff Governance Committee meeting.

In addition, the Chair acknowledged the on-going significant service pressures affecting colleagues and thanked them for their ongoing efforts during what continues to be a very challenging time.

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 the Minutes.

1. **Apologies for Absence**

    Apologies for absence were received from Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum).

2. **Declaration of Members' Interests**

    There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 10 November 2022**

    The minutes of the meeting of Thursday 10 November 2022 were **agreed** as an accurate record.

4. **Matters Arising / Action List**

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

5.1 **Corporate Risks Aligned to Staff Governance Committee**

    The Director of Workforce advised that Staff Experience & Wellbeing is the main risk aligned to the Staff Governance Committee and that a review of work in this area is scheduled to be carried out.

    Following a query from S Fevre, Co-Chair, Health & Social Care LPF, the Director of Nursing clarified that the Practitioner role mentioned under the deep-dive section of the paper refers to the Band 4 Assistant Practitioner roles, and not the Advanced Practitioner roles.

    W Brown, Employee Director, highlighted that improving staff experience and wellbeing is the responsibility of the whole organisation and not solely Staff Governance Committee and the Workforce Directorate. The Director of Workforce agreed, noting that a balance is required. He also noted that we need to attract and retain people within NHS Fife, and discussion took place on how this could be achieved locally. Examples included continuing conversations with clinicians alongside their day-to-day work, going out to schools to promote nursing & midwifery as careers, and encouraging retired nurses to return on a part-time basis. The Chief Executive added that supporting local employment and attracting local people into the workplace, as per our Anchor Institution ambitions, will sit high within our 2023/24 corporate objectives.

    The Committee took **assurance** from the report and:

    *   **Noted** the Corporate Risks as at 5 January 2023 set out at Appendix 1;
    *   **Reviewed** the updates provided and **considered** the Assurance Principles set out at Appendix 2; and
    *   **Considered** and were **assured** of the mitigating actions to improve the risk level.

5.1.1 Deep Dive – Workforce Planning - Nursing and Midwifery Staffing Levels

The Director of Nursing reported that there is a continuing risk that safe nursing and midwifery staffing levels cannot be achieved, which is similar to other Health Boards across Scotland. The Director of Nursing described the risk, as detailed in the paper, and advised that there are recruitment issues with work underway to try and attract new staff to NHS Fife.

It was reported that there has been a reduction in the number of students applying to study nursing, along with the issues of high attrition rates and those who complete the degree moving to a different career. It was also reported, that due to the pandemic, students training was disrupted, which has also impacted on vacancies.

The Director of Nursing advised that a programme of work commences in February 2023 for 25 Assistant Practitioners from both Acute Services and the Health & Social Care Partnership.   The subjects within the Professional Development Award were outlined.

An update was provided on international recruitment, and it was reported that there are 27 nurses and 3 radiographers who are all now registered. It was advised funding is being sought for more international recruits. The Director of Nursing thanked the Workforce Directorate for all their support provided to international recruits.

The Director of Nursing advised that a Band 2 – Band 4 development framework is being created to support the development of our staff, and this will be based on the NHS Education for Scotland (NES) framework, which was recently published.

It was advised that work is ongoing in conjunction with the Nursing Workforce Planning Group around safe staffing and nursing and midwifery recruitment. Discussions are also ongoing around looking closely at supplementary staffing and it was noted work is ongoing at a national level in this area.

The Committee took **assurance** from the content.

5.2   Staff Governance Standard

5.2.1 Improved and Safe Working Environment

The Director of Property & Asset Management advised that work is ongoing to improve and ensure that the physical environment for staff is safe. It was reported that best practice is clearly set out on the Health & Safety Executive's (HSE) website. The current position was described, and it was advised that a Steering Group has been formed, which is multidisciplinary, to identify how to take this issue forward. It was reported the proposal is to use the 'Talking Toolkit – Preventing work-related stress in Health & Social Care in Scotland', which is provided by the HSE, and volunteers have been identified to go out and talk to staff. It was noted that support from the Property & Asset Management Team will be available for the process. The Head of Workforce Planning & Staff Wellbeing added that colleagues from the Health & Social Care Partnership will be involved,

as they are engaging with the University of Hull around stress risk assessment work, and feedback will be collated.

An overview on the Talking Toolkit was provided, and it was advised that this will also feed into a formal risk assessment, where the highest risks will be identified, and mitigations put in place. It was noted that once the pilot has been complete, areas of the toolkit will be used for other areas of NHS Fife.

W Brown, Employee Director, highlighted the importance of all staff taking breaks, which is included as part of the Talking Toolkit.

S Fevre, Co-Chair, Health & Social Care LPF, queried where the feedback and results from the work of the pilot will be reported, noting it should come back to this Committee at strategic level. He also highlighted the difficulty for staff to find time to have discussions around feedback on the pilot.

The Head of Workforce Planning & Staff Wellbeing expressed thanks to Wendy McConville, Senior Charge Nurse Learning Disabilities Service, for offering to pilot the Talking Toolkit in two areas.

The Committee took **assurance** from the content of the report.

5.2.2 iMatter Report

The Deputy Director of Workforce spoke to the report and advised that it covers all areas of the Staff Governance Standards, with a particular focus around well-informed and decision-making categories. It was noted that there had been some concern from Boards on the timescale for the 2022 survey, which had been due to a national aim to have the full report released before the end of the calendar year, to help inform the work of the next cycle of iMatter and conclusion of activities. The national report was released in November 2022, and it was highlighted that Fife's performance was not an outlier and is aligned to the national average. A brief overview was provided on the results, with the trends apparent in Fife.

It was reported that a deep dive was carried out at the Area Partnership Forum (APF) in September 2022 on the content of the report and actions arising.

S Fevre, Co-Chair, Health & Social Care LPF, noted it would be beneficial to carry out further questionnaires throughout the year with different questions that reflect what individuals are thinking.

W Brown, Employee Director, highlighted the importance of staff having sight of and involvement in the action plans (or a simplified version), noting that there should be more focus in this area as part of the process. It was noted this may also encourage more positive good news stories.

Members queried the definition and meaning of appendix 3 and were advised that it demonstrates the threads that run through national themes.

C Grieve, Non-Executive Member, questioned how the outcomes of the iMatter survey will be mapped against the outcomes of the Talking Toolkit to identify where there are similarities. It was confirmed this will be taken forward.

A Morris, Non-Executive Member, noted electronic surveys have a limited value and suggested having a matrix of intelligence of staff feedback.

The Chief Executive advised that conversations are in the early stages around engagement with staff and building on the Talking Toolkit, and she noted that NHS Fife is committed to moving this forward.

The Committee **noted** the update on iMatter Comparative National results, which will inform plans for work being undertaken in relation to staff experience.

6.   STRATEGY / PLANNING

6.1   Population Health and Wellbeing Strategy

The Associate Director of Planning & Performance provided a verbal update and reported that a first draft of the strategy document will be presented to the Portfolio Board at their meeting on 12 January 2023. The content of the strategy document has been prepared and influenced by all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board Committee meetings.

The Associate Director of Planning & Performance noted that there is a focussed section within the strategy document around workforce and it details the ambitions which set out the five pillars of the workforce strategy.

It was reported that significant progress has been made in concluding the engagement work, with the final report on the feedback of the focus groups and one-to-one interviews awaited from the external company. It was noted the quality of information will be informative for the strategy.

The Committee **noted** the updated and the ongoing activity to develop the Strategy.

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Workforce provided an overview on sickness absence and noted that resources will be used in the most meaningful way to support improving sickness absence. It was also noted that Occupational Health provides a great offering, however the focus going forward will be on what benefits staff the most from the service. The Director of Workforce added that the presentation of sickness absence will be reviewed and will allow the Committee to scrutinise actions being taken against projections. Members welcomed the review of the sickness absence performance report. It was highlighted it would be beneficial to identify areas of high absence, and the factors, and the Director of Workforce replied that he was fully supportive of understanding this in more detail.

A Morris, Non-Executive Member, suggested measuring absence against vacancies, noting it is critical that these roles are filled for service and staff benefit.

S Fevre, Co-Chair, Health & Social Care LPF, requested clarity on Covid-19 related absence impacting sickness absence rates. The Director of Workforce agreed to provide an explanation outwith the meeting.

Action: Director of Workforce

C Grieve, Non-Executive Member, suggested a discussion around visible leadership in terms of improving the compliance rate for the personal development and performance reviews (PDPR).

The Committee took **assurance** from the report.

8. PROJECTS / PROGRAMMES

8.1 Workforce Implications of Memorandum of Understanding (MoU2) Implementation – General Medical Services Contract

The Director of Health & Social Care advised that this item is part of a regular series of reporting to the Committee and has been recognised as a risk.

It was advised that the report provides detail on the three services for transitioning, which are a focus. It was noted the Vaccination Transformation Programme was completed within the projected timeframe. It was reported that the Community Treatment and Care service is an ongoing risk in terms of Band 5 recruitment, and the potential impact on the wider system is recognised. In terms of Pharmacotherapy, it was noted that this was an area agreed to be focussed on nationally. It was advised that this has been a challenge and is influenced by a number of reasons, including describing the model on a national basis, and a risk in terms of recruiting Pharmacists. It was noted that work continues for the other workstreams, as detailed in the paper.

The ongoing risks in relation to finance and workforce were highlighted, and it was noted that a lot of work is currently underway for the Primary Care Strategy. Work is also being carried out in terms of governance and refreshing improvement plans.

A Morris, Non-Executive Member, questioned if the General Medical Services Memorandum of Understanding is deliverable due to the funding gap and if we should accept that this will not be delivered to its full extent. The Director of Health & Social Care noted the significant challenges and advised that NHS Fife is doing everything possible to support Primary Care colleagues and General Practices, whilst also strongly escalating local concerns.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns over the requirement of additional staff, particularly with specialist skills, in terms of recruiting and funding. A Morris, Non-Executive Member, queried the reason and growth for fixed-term contracts. It was advised that this was due to short-term funding, and that an analysis is being carried out through the General Medical

Services Implementation Group and Workforce Subgroups, who support that activity, to identify opportunities.

The Committee **noted** the progression and challenges in respect of recruitment of the GP workforce. The Committee took **assurance** regarding the on-going identification and mitigation of the associated workforce and financial risks to support progression.

9. ANNUAL REPORTS

9.1 Training Compliance Report 2021/2022

The Deputy Director of Workforce advised that the overall training compliance rate has declined, which has impacted our ability to maintain the level of required compliance. It was noted that a commitment to improving the compliance rate will be prioritised, to support effective training and maximise the ability for staff to attend and engage effectively in the required training. An overview was provided on the work that is ongoing in the development of our training system and with our training providers.

S Fevre, Co-Chair, Health & Social Care LPF, questioned where performance and the impact of actions taken will be monitored at an operational level. He also suggested prioritising some elements of training.

W Brown, Employee Director, highlighted the corporate risk around the compliance rate, in terms of potential risks to patient and staff safety, noting that mandatory training for staff within wards can also impact on their registration and put pressure on other staff. W Brown noted an improvement action plan is required, with timelines, that would also provide appropriate assurance of progress in this area.

The Director of Acute Services advised that staff performance around training levels is considered at each Acute Directorate monthly review. It was noted that different ways of providing training is being explored and is very challenging, and that action is required to be taken to improve training compliance. The Director of Health & Social Care provided assurance that this is being discussed, closely monitored and supported by an improvement plan within the Health & Social Care Partnership through a range of forums, including the Health & Safety Forum and Senior Leadership Team.

The Director of Nursing provided assurance with regards to cardiopulmonary resuscitation (CPR) training and advised that the model of training is being revised through the Resuscitation Committee. It is expected the new model will support the increase in uptake of CPR training.

The Chief Executive, as Accountable Officer, provided assurance that there is a commitment to take all the work discussed forward.

It was noted that training performance reporting will form part of the Integrated Performance & Quality Report (IPQR) on a routine basis. It was agreed a further update, through a written report, will be brought back to the next Committee meeting in March 2023.

The Committee **considered** the training position and agreed the proposed actions.

9.2 NHS Fife Workforce Information Overview

The Head of Workforce Planning & Staff Wellbeing provided an overview on the contents of the Workforce Information Overview report. It was noted the report does not yet provide the triangulation discussed earlier in the meeting and it was confirmed that changes to the report will be taken forward on an iterative basis.

It was reported that in terms of employee relations (ER) case activity, operational HR colleagues continue to work with staff side and service representatives to progress cases, albeit recognising the service pressures.

A Morris, Non-Executive Member, highlighted the reliance of bank and agency staff and the associated costs, noting that a long-term ambition is required to reduce this reliance, particularly for agency staff. The Director of Workforce agreed and advised that more work is required to be carried on the establishment gap. The Director of Finance & Strategy noted that a review of bank and agency staff is a priority area, and a focus will be on reducing the numbers. It was also advised that this links into the e-rostering work being carried out and will be reviewed as part of a programme of work.

It was agreed to bring the Workforce Information Overview back to the Committee at the March 2023 meeting for assurance.

Action: Director of Workforce

The Committee took **assurance** from the report, which provides an:

- Overview of the NHS Fife workforce information at 30 September 2022; and
- Summary of the Staff Health and Wellbeing Support activities and statistics for July to October 2022

10. FOR ASSURANCE

10.1 Annual Workplan 2022/2023

The Deputy Director of Workforce proposed that the workplan is updated to reflect the work carried out in terms of the Staff Governance Standard particularly for Well Informed and Involved in Decisions, noting that extensive work had been carried out as part of the audit compliance. This was agreed and will be included in the 2023/2024 workplan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the updated workplan.

10.2 Proposed Annual Workplan 2023/2024

The Director of Workforce welcomed suggestions on deep dive topics for 2023/2024.

The Committee took **assurance** from the report and **considered** and **endorsed** the content of the proposed Staff Governance Committee Annual Workplan for 2023/2024, with any further suggestions on content or deep dives to be submitted to the Head of Workforce Planning & Staff Wellbeing by 17 February 2023.

11.   LINKED COMMITTEE MINUTES

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

11.1   Area Partnership Forum held on 23 November 2022 (unconfirmed)
11.2   Acute Services Division & Corporate Directorates Local Partnership Forum held on 27 October 2022 (unconfirmed)
11.3   Health and Social Care Partnership Local Partnership Forum held on 21 September 2022 (confirmed)
11.4   Strategic Workforce Planning Group held on 22 November 2022

12.   ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1   To the Board in the IPQR Summary

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

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

It was agreed to escalate to the Board in private session, the training compliance risk.

13.   ANY OTHER BUSINESS

There was no other business.

14.   DATE OF NEXT MEETING

Thursday 9 March 2023 at 10.00 am via MS Teams.

KEY:

Deadline passed / urgent
In progress / on hold
Closed

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 9 March 2023

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/01/23	**Covid-19 Related Absence Impacting Sickness Absence Rates**	To provide an explanation outwith the meeting to S Fevre, Co-Chair, Health & Social Care LPF, who requested clarity on Covid-19 related absence impacting sickness absence rates.	**DM**	March 2023		Closed
2.	12/01/23	**Training Compliance Report 2021/2022**	To provide a further update, through a written report, to the next Committee meeting in March 2023.	**KR**	March 2023	Agenda item on 9/3/23.	Closed
3.	12/01/23	**Workforce Information Overview**	To bring the Workforce Information Overview to the Committee at the March 2023 meeting for assurance.	**DM**	March 2023	Agenda item on 9/3/23.	Closed
4.	12/01/23	**Annual Workplan**	To update the 2022/23 Workplan to reflect the work undertaken in terms of the Staff Governance Standard particularly relating to the Well Informed and Involved in Decisions strands. To also add to the 2023/24 workplan.	**RW**	March 2023	Annual Workplans for 2022/2023 and 2023/2024 updated accordingly.	Closed
5.	01/09/22	**Staff Governance Standards Overview – Improved and Safe Working Environment**	A further paper to be provided which details the wider issues, including on work to provide safe workplaces.	**NM**	March 2023	Short-life Working Group established in partnership to consider Stress Management issues. First meeting held on 14/11/22 and second meeting on 13/12/22.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
						Covered at the SGC meeting on 12/01/23 and a verbal update on progress will be provided at the March 2023 meeting.	

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Committee Self-Assessment Report 2022/2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

1.   Purpose

This is presented to the Committee for:
- Discussion

This report relates to a:
- Local policy

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

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

2.   Report Summary

2.1   Situation

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

2.2   Background

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

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

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2023. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

2.3   Assessment

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

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference. The schedule of meetings was thought to be appropriate for the Committee's annual cycle of business. It was noted that the annual self-assessment exercise, along with ongoing internal audit reviews, gave good opportunity to reflect on improvements to be made to the Committee's means of operation. Staff side colleagues keep members informed of live and topical matters, alongside Directorate colleagues who are aware of any changes to national legislation, policy etc. The Committee's annual report was felt to be suitably detailed in order to give the Board the appropriate assurance that the Committee was fulfilling its remit.

Self-Assessment questionnaire (completed by members and attendees)

In total, 7 of 8 members (excluding the Chair) and 5 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a mixed assessment from its members and attendees who participated. It was highlighted that there has been a tendency for some meeting discussions to focus on operational detail, rather than strategic priorities / matters of assurance, and the volume of papers for some meeting packs does not assist in providing clarity. Some comments indicated a shared opinion that relationships between the Committee members and attendees need to be improved. The amended risk management reporting (including time for deep dives), although early days in its establishment, was thought to be much improved. The introduction of Committee Development Sessions in the past year has also been welcomed, giving scope for greater insight and discussion into key topics relevant to the Committee's areas of responsibility. The quality of minutes was praised and the improved signposting of papers to the relevant Staff Governance Standard was seen as a positive change in the past year.

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

- enhancing agenda management, to ensure that discussions remain focused on priority strategic items (i.e. on the core reasons behind performance concerns, what can be done to address and where the Committee can add value) rather than straying into managerial or operational matters;
- ensuring that members' input and discussions always remain respectful but are not curtailed due to overall time / agenda management issues;
- a general review of information and papers provided, to ensure reports are succinct, data meaningful (with evident examples of overall trends in performance) and with clear signposting at to what the Committee is expected to do in response; and
- further work required on the performance reporting measures to the Committee, to ensure the correct data is being supplied that is of relevance to strategic-level discussions.

In relation to the issue of induction, ongoing training and allowing new members to develop appropriate knowledge of the key areas under the Committee's remit, it is suggested that in 2023/24 a specific Induction Handbook is created for each Board Committee, containing key information such as Terms of Reference, Membership, the previous year's Annual Committee Assurance Report and any further reading / links to national strategies or guidance of particular relevance to each Committee's area of responsibility (for Staff Governance, this would cover, for instance, the Staff Governance Standards, National Whistleblowing Standards etc.). This document can be refreshed regularly, as required, and would be expected to take the form of pre-reading material for new members before they meet with the Committee Chair and Executive Lead as part of their formal introduction to their new committee.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided for:

- **Discussion** – on what actions members would wish to see implemented to address those areas identified for improvement.

3. List of appendices

The following appendices are included with this report:

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

Report Contact:

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

Appendix 1 – Outcome of Committee's Self-Assessment Exercise

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics						
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	6 (50%)	6 (50%)	-	-	The Committee has sufficient resources, unfortunately until the last meeting the Committee has been very difficult over the past 18 months with some discord between Committee members and attendees. This has at times reduced the impact and effectiveness of the Committee. Challenges remain to achieve full attendance but with new appointments of Non-Executives, this will hopefully support the levels of engagement. Sometimes I feel a disconnect between what the Executives say both verbally and in writing and what is happening on the ground. The lack of whistleblowing cannot be representative of what the staff feel under the current work pressures. I think there has been an improvement in this area over the past year.
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	7 (58.5%)	5 (41.5%)	-	-	Representation is inclusive. If anything, there are too many attendees. Again, changes will need to be embedded and possibility of further changes can consider this issue as necessary.
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	2 (16.5%)	9 (75%)	1 (8.5%)	-	In keeping with the response to question A1, the Committee has been challenging and I feel that the importance of the Committee in supporting staff on the ground has been lost. I feel confident that this will now improve.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						Non-Executive induction has been important in supporting role clarity and the development sessions have given more scope to ensure the best contribution / participation for Committee members. There is still a tendency to step into operational managerial matters, but I have seen an improved focus on assurance and risk. This has developed during the year. I can't comment on other Committee members being clear about their role and how their participation can best contribute to the Committee's overall effectiveness, and I sometimes do question this. I am clear about my role and how my participation can best contribute to the Committee's overall effectiveness.
A4.	Committee members are able to express their opinions openly and constructively.	5 (41.5%)	7 (58.5%)	-	-	Again, this has been difficult and at times conversations have been dominated by a few individuals, I do think that this will improve. Good conversations with active participation. It would be good to encourage a wider set of voices, but as Committee members develop the comfort as a group this will hopefully evolve. Balancing views and perspectives can be a challenge at times.
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	3 (25%)	8 (66.5%)	1 (8.5%)	-	This is gradually improving with the recruitment of new Non-Execs and the Whistleblowing Champion. In the past there has sometimes been too much jargon and sentences that don't actually say anything. The appointment of the new HR Director will help. There is scrutiny by the Committee, with the key challenge being to ensure that the right strategic issues are getting the right level of scrutiny. The management agenda time is key and the development of the workplan is key to direct scrutiny effectively. There have been a few occasions in the past year where some conversations, in my opinion, have not met the standards expected and should be addressed in or outwith the meeting.
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	-	10 (83.5%)	2 (16.5%)	-	More development sessions are required. I would agree as noted above with development session time being a useful development, but there may be scope for more bespoke briefing based on members' feedback. Development sessions will help with this.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						More training sessions can enhance productiveness of Committee members.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	-	11 (91.5%)	1 (8.5%)	-	Again, new Non-Executives are enhancing the business of the Committee. Overall, yes, but workforce is a complex and rapidly changing agenda, so worth considering whether this brings additional challenges to members. Development sessions will help with this. I do not wholly agree with this statement as there are matters raised which Non-Executive directors do not have enough experience on.
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	5 (41.5%)	6 (50%)	1 (8.5%)	-	The Committee deals with performance concerns highlighted in reports, but it also considers live issues and is kept up to date. We don't receive enough trend analysis and statistics. For example, we are only now being given stats on vacancy levels. Also, compulsory training and annual review figures are poor. We should be discussing them and finding out why and what we can do about it. Developments on performance and risk reporting will further improve this. There is a time lag in reporting across all committees.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	1 (8.5%)	11 (91.5%)	-	-	Reports are shared.
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	3 (25%)	8 (66.5%)	1 (8.5%)	-	Again, these are shared. Discussion and impact could be further developed. We could have a clearer understanding of NHS Scotland strategies because many appear to be contradictory. Safe staffing levels for example when we are being encouraged to

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						save money and cannot recruit. The dependence and cost of bank and particularly agency staff. Why pay the agencies as opposed to the staff. Cascade of relevant NHS Scotland developments is a constant point of review for the setting of agendas and work plans.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	1 (8.5%)	7 (58.5%)	4 (33.5%)	-	Clarity needed in some reports and more of a 'so what' focus is required. Reports are not always inaccurate or perceived that there are other sources of the truth. Long agendas with too many papers sometimes in excess of 200 pages. Authors need to try and not have multiple appendices and should point out or highlight the critical points, including the author's own opinions. This can be a challenge give the evolving levels of reporting, but progress has been made over the last year to get the right balance. Potentially an area for development. Information is sufficient and not too excessive, but I don't believe members always reach an appropriate conclusion.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	3 (25%)	6 (50%)	3 (25%)	-	This can be variable but has improved. In the past there was a tendency to bring last minute voluminous papers. Hopefully this will stop under the new director. The release of papers has been compliant with good governance standards across the last year. Often papers are late, and 5 days is not adequate to read all of the information.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	1 (8.5%)	10 (83.5%)	1 (8.5%)	-	Meetings can be long and at times some discussions are lengthy and other are not long enough. Some signs of improvement and meetings finishing more promptly. Rather than following agenda running order slavishly year after year, we need to discuss the substantive matters at the beginning of the meeting and by doing so underline their importance. Overall, there is enough time and the way in which Committee members are offered the option of raising issues with report authors assists in managing the business of the Committee. It is an ongoing challenge for all committees given the rapid developments occurring in the health & social care sector.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	6 (50%)	6 (50%)	-	-	Minutes have been of an excellent standard and issued promptly post Committee meetings.
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	5 (41.5%)	6 (50%)	1 (8.5%)	-	Well managed. I don't believe enough is done to ensure actions are followed up timeously and things can drag on much longer than is necessary.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	3 (25%)	9 (75%)	-	-	I agree subject to my comment on resources being constrained and the lack of suitably qualified/trained people to employ. The assurance reporting is comprehensive and lessons learned continue to evolve this. There is ongoing work in respect of the Staff Governance Standard.
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	2 (16.5%)	10 (83.5%)	-	-	Review of governance has strengthened delegated power is a live and developing matter.

C. The Role and Work of the Committee

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	6 (50%)	6 (50%)	-	-	Opportunity is there, may need to review how issues are escalated.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	1 (8.5%)	8 (66.5%)	3 (25%)	-	It can on occasions drift into operational matters. Tensions in the Committee between members has led to distractions away from the importance of the staff governance agenda. We need to try and cut through the strategies and papers and discuss the real issues with relevant data and insight e.g. Why are we not completing the compulsory training? Why are performance development reviews not happening? Why are our sickness

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						absence levels increasing? And most importantly, what are we doing about these sorts of things?
						The Committee continues to discuss and challenge itself in terms of ensuring the focus remains at the right level.
						I think there is too much focus on timing of papers rather than the business.
C3.	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	5 (41.5%)	6 (50%)	1 (8.5%)	-	I think that the Chair tries really hard but sometimes the agenda is so long and the papers so voluminous... Agenda is comprehensive. Allowing deep dive on issues is a good development. Not always.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	1 (8.5%)	11 (91.5%)	-	-	This is developing and improving.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	Ensure focus on assurance at strategic level. More of a focus on the impact on staff, accurate reports. Better relationships. I still feel that the balance of Committee time should be reviewed. I would advocate a quarterly Committee meeting with other development sessions to allow Committee members to be briefed on key topics. The short time between committees at points in the year is not always conducive to allowing the Committee to see substantive developments on key issues. Issue referenced above in respect of assurance v's operational management. Looking at risks and information provided for assurance of effective management of these.				

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D. Staff Governance Committee specific questions						
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	1 (8.5%)	8 (66.5%)	3 (25%)	-	Greatly enhanced by new risk approach. Further work to be done, but much better. They are being managed but they are not being controlled, perhaps due to no fault of the Executive but we are unable to recruit and retain enough staff in order to perform and meet objectives and targets. Risk management changes introduced this year should continue to improve the review and management of corporate risks. Work in progress in respect of new risk framework. I do not believe we have the level of assurance relating to the staff governance standard are very well managed.
D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	-	11 (91.5%)	1 (8.5%)	-	But can be retrospective data. This is an area of action - data needs to be accurate in reports. This is slowly improving but we need much more data and trends analysis. This has been a live topic of discussion which has supported planning for improved information presentation and triangulation of workforce information to inform the Committee's assessment of performance. The review and update of IPQR has been positive. I consider this could be an area for improvement.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	-	10 (83.5%)	2 (16.5%)	-	Example being staff mandatory training - more action and assurance required. The desire to mitigate adverse consequences is clearly there, but there are not enough resources available to address many of the issues. A key theme of recent Committee discussions. Agreed with the caveat that further urgent work is required to provide assurance on actions to address training compliance and PDPR.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 9 March 2023**
Title:	**Annual Review of Committee's Terms of Reference**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

1.   Purpose

This report is presented to the Committee for:
- Decision

This report relates to:
- Local policy

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

This report aligns to the following Staff Governance Standard(s):
- Well informed
- Appropriately trained & developed
- Involved in decisions

2.   Report Summary

2.1   Situation

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

2.2   Background

The current Terms of Reference for the Committee were last reviewed in March 2022, as per the above cycle.

2.3   Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. The proposed amendments relate to updating the references to the risk management reporting arrangements, given the replacement of the Board Assurance Framework by the Corporate Risk Register.

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

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and 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

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

2.4 Recommendation

This paper is provided for:

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

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

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

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

1.4 To evaluate agreed plans that have relevance to staff governance matters in the development and implementation of the Population Health & Wellbeing Strategy.

2. COMPOSITION

2.1 The membership of the Staff Governance Committee will be:

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

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

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

- Director of Workforce
- Director of Acute Services

- Director of Health & Social Care
- Board Secretary
- Deputy Director of Workforce and Heads of Service, Workforce Directorate

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

3. QUORUM

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

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

There may be occasions when due to unavailability of the above Non-Executive members the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. Similarly, there may be occasions due to unavailability a Staff Side Chair of the Local Partnership Forums shall confirm the nominated deputy who will attend meetings in their absence. This will be reported to the Chair. This information will be drawn to the attention of the Board.

4. MEETINGS

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

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

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

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

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

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

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

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

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

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

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

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

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

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

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

5.4   The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

6.   AUTHORITY

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

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

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

7.   REPORTING ARRANGEMENTS

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

7.2   Each Committee of the Board will scrutinise ~~relevant risks on~~ the Corporate Risk~~s aligned to that Committee~~ Register on a bi-monthly basis.

7.3   ~~Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.~~

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 9 March 2023**
Title:	**Update on Corporate Risks Aligned to the Committee, incorporating Deep Dive: Personal Development Planning and Review**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Pauline Cumming, Risk Manager**

1. Purpose

This report is presented for:
- Assurance

This report relates to:
- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

This report aligns to all aspects of the Staff Governance Standard that staff are:
- 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

This paper is brought as part of the third cycle of reporting on the corporate risks to the governance committees. It provides an update on the current status of the risks aligned to this Committee since the last report on 12 January 2023.

The Committee is invited to:
- Note the Corporate Risk detail set out within Appendix 1;
- Consider the Deep Dive Review set out within Appendix 2;
- Review all information provided against the Assurance Principles within Appendix 3;

- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Specify the risk(s) for a deep dive at the next Committee

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

NHS Fife Strategic Risk Profile

The overall Strategic Risk Profile contains 18 risks as previously reported:
- No risks have been closed.
- No new risks have been identified.
- One risk has increased its target score (level and rating) - Primary Care Services
- One risk has reduced its current risk score (level and rating) - COVID 19 Pandemic.

The Committee is asked to note that the majority of corporate risks remain outwith risk appetite which reflects the continued heightened risk profile during a period of sustained operational challenge. This position was highlighted to the Board on 31 January 2023, when they recognised this deviation from our stated risk appetite for elements of service quality, patient experience, staff health and wellbeing, and financial decision making, in order to support service delivery and workforce.

The updated Strategic Risk Profile is provided at Table 1 below.

Table 1 Strategic Risk Profile
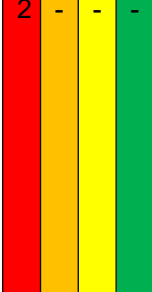
Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	▲	High
To improve the quality of health and care services	5	5	-	-	-	◄ ►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄ ►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄ ►	Moderate
Total	18	13	5	0	0		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment 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 this Committee are summarised in Table 2 below and at Appendix 1.

Table 2 Risks Aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve staff experience and wellbeing	2 - - -	▼	• 11 - Workforce Planning and Delivery • 12 - Staff Health and Wellbeing	Mitigations updated for Risks 11 and 12. Risk score adjusted to reflect current workforce challenges and position in relation to staff health and wellbeing respectively.

Risk Update

In reviewing their risks, owners were asked to give particular attention to target risk scores to ensure these realistically reflect the risk, and the extent to which it can be mitigated locally in the current challenging climate.

The changes to the rating of risks aligned this Committee are set out as above.

Deep Dive Review of Corporate Risks

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, deep dive reviews will be commissioned for specific risks via the following routes:

• Governance Committees
• Executive Directors' Group (EDG)
• Risks & Opportunities Group (ROG) with recommendations into EDG

Risk Selected for "Deep Dive"

At the last meeting of the Committee on 12 January 2023, Committee members were asked for views on topics for the future deep dive into risks aligned to Staff Governance.

For this meeting it was agreed that the deep dive to be prepared for this Committee would be on the risk related to:

Personal Development Planning & Review (PDP&R) which is represented on the risk register by operational Risk ID 256 - Personal Development Planning & Review.

The deep dive review is provided at Appendix 2.

Future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members.

Next Steps

The Corporate Risk Register will be updated between each Committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of committees' feedback, and use it to support improvement.

The ROG will also consider the developing Population Health and Wellbeing Strategy, and outputs of the SPRA process, in order to identify and recommend changes or additions to the Corporate Risks.

Focus will continue to be placed on enhancing the content of risk reports, including the deep dive component, to ensure that it:

- explicitly links to the risk;
- is relevant;
- is based on reliable evidence; and
- is sufficient to allow an overt conclusion to be reached on the assurance provided

2.3.1 Quality / Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to improve 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

Subject of the paper.

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

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG .The outcome of that assessment concluded on Option 1: No further action required.

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, most recently with the ROG on 1 February 2023 and EDG on 16 February 2023.

2.3.8 Route to the Meeting

- Margo McGurk, Director of Finance & Strategy on 20 February 2023
- David Miller, Director of Workforce on 20 February 2023
- Kevin Reith, Deputy Director of Workforce on 20 February 2023
- Rhona Waugh, Head of Workforce Planning and Wellbeing on 20 February 2023

2.4   Recommendation

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

- Note the Corporate Risks set out within Appendix 1;
- Note the contents of the Deep Dive: Personal Development Planning & Review within Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level set out within Appendix 3; and
- Identify which risk(s) are requested for a deep dive at the next Staff Governance Committee meeting.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 – Summary of Corporate Risks Aligned to the Staff Governance Committee
- Appendix 2 – Deep Dive: Personal Development Planning & Review (PDP&R)
- Appendix 3 – Assurance Principles

Report Contact:

Pauline Cumming
Risk Manager, NHS Fife
Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Staff Governance Committee as at 20 February 2023

		To improve staff experience and wellbeing					
	Risk	**Mitigation**	**Risk Level**	**Target Risk Level by Mar 2023**	**Risk Level Trend**	**Risk Owner**	**Primary Committee**
11	**Workforce Planning and Delivery** There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	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. Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2019 to 2022 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.	High 16	Mod 12	▼	Director of Workforce	Staff Governance

| 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. | Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.

The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022. | High

16 | Mod

12 | ▼ | Director of Workforce | Staff Governance |

Risk Movement Key

▲   Improved - Risk Decreased

◄► No Change

▼   Deteriorated - Risk Increased

DEEP DIVE REVIEW for Staff Governance Committee on 09/03/23

Risk Title	Personal Development Planning & Review		
Strategic Priority	To improve staff experience and wellbeing To improve the quality of health and care services		
Risk Description	There is a risk that failure to embed Performance Development Planning & Review (PDP&R) arrangements as a positive developmental process will result in staff not being supported to optimise their performance and the organisation unable to identify and prioritise training needs to meet organisational requirements.		
Root Cause (s)	Personal appraisal activity through the PDP&R process has been on a declining trend over the last two years due to service pressures and the inability of staff and managers to consistently capture their review meeting outcomes on the Turas Appraisal reporting system. This exacerbated a reducing trend which had been caused by a combination of elements over previous years, most notably relating to system transition from eKSF to Turas, and subsequent challenges to address the negative impact on engagement levels.		
Current Risk Level	12	Likelihood - 4	Consequence - 3
Target Risk Level (in year delivery)	6	Likelihood - 3	Consequence - 2

Management Actions (current)	
Action	**Status**
Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed.	**On track**
Provide RAG status reports to all Managers during September 2022.	**Completed**
Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDP&R meeting, and engage with staff side colleagues on a monthly basis.	**Completed**
Provide Compliance reports to the Executive Directors' Group and relevant forums, including a trend of the total number of employees who have participated in PDP&R meeting, and engage with staff side colleagues on a monthly basis.	**Completed**

Management Actions (future)	
Action	**Status**
Development of Service Trajectories to identify realistic timescales for achieving 80% target for PDP&R.	**On track**
Review of staff & manager development interventions to support service planning and delivery of their trajectory targets commencing in April 2023.	**Not started**
PDP&R values based practice review aligned with the organisational culture development programme commencing Q2 of 2023/24.	**Not started**

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

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 on Effectiveness of Risk Mitigation

➤ Relevance
➤ Proportionality
➤ Reliable
➤ Sufficient

Chairs Assurance Report

➤ Consider issues for disclosure

➤ Emergent risks or ⟨ Escalation / Recording

➤ Scrutiny of 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 to 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 risk 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 they '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 are 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	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022 Page 1

1/1   40/233

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Whistleblowing Quarter 3 Report for 2022 / 2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

This is presented to Staff Governance Committee for:
- Assurance

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

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

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

2. Report Summary

2.1 Situation

The National Whistleblowing Standards (the Standards) were introduced on 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage record and report whistleblowing concerns.

2.2 Background

This report is to provide the Staff Governance Committee with an update on whistleblowing concerns, anonymous concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 October 2022 to 31 December 2022.

2.3 Assessment

Whistleblowing Concerns Reporting

NHS Fife received no whistleblowing concerns during the third quarter reporting period within NHS Fife, primary care providers and contracted services.

Anonymous Concerns Reporting

NHS Fife received no anonymous concerns during the third quarter reporting period.

Local Press Coverage

There were no Whistleblowing articles published in the local newspaper during the third quarter.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. INWO updates continue to encourage the use of business-as-usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access.

The Quarter 3 data report referred to above is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to

speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2022 / 2023 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for **Assurance** and confirms:

- There were no whistleblowing concerns received; no anonymous concerns received; no whistleblowing articles were published in the local newspaper; assurance of awareness and the whistleblowing training undertaken during Quarter 3.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 3 (1 October 2022 to 31 December 2022)

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@nhs.scot

Appendix 1 – Whistleblowing Concerns, Anonymous Concerns, Local Press Coverage, Assurance of Awareness of Standards and Whistleblowing Training Undertaken During Quarter 3: 1 October 2022 to 31 December 2023

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received During Quarter 3

There were no Whistleblowing concerns received during Quarter 3:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
	Nil		**Nil**

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil		

3. Anonymous Concerns Received During Quarter 3

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information".

There were no Anonymous concerns received during Quarter 3:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
	Nil		**Nil**

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil		

4. Local Press Coverage During Quarter 3

There were no Whistleblowing articles published in the local newspaper during Quarter 3

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
Staffing Pressures	One	Staffing Levels	One

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil		

5. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, processes are being developed and an update will be provided within future reporting, as appropriate.

6. Whistleblowing Themes, Trends and Patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner.

	Theme(s)	Progress / Outcome
1.	• Failure of Leadership • No evidence of delegation • Lack of development of the workforce • Poor communication structures • Culture of not seeing poor quality care • Incomplete documentation • Requirement for robust induction processes	An Action Plan has been developed from the recommendations within the whistleblowing report relating to the Community Care Service and is already being implemented.
2.	• Improving the patients day • Creating a more therapeutic environment, whilst acknowledging existing limitations • Review of meal and menu provision • Development and implementation of a staff competency framework to provide assurance that all staff are competent and have the required knowledge and skills to deliver care • Review of the Induction process for new staff and students to ensure that all new persons to the ward are inducted safely and that there is a record of this	Improvement in the areas will be taken forward as part of a formal response to the findings; and, where appropriate, such as the review of the Induction Process, following discussion with the operational management team, improvement actions may be expanded to become service wide initiatives within the Complex and Clinical Care Service. Some actions are already underway, such as the establishment of activity co-ordinators to the wards to ensure more therapeutic dialogue and engagement with patients.

7. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO that NHS Fife have been made aware of.

8. Whistleblowing Training Data

The whistleblowing training data undertaken during 2022 / 2023 to date is summarised below, noting the training undertaken during Quarter 3 (1 October 2022 to 31 December 2022):

Whistleblowing Trainining Undertaken During 2022/2023

	eLearning - Whistleblowing : an Overview	eLearning - Whistleblowing for line managers/senior managers	Classroom-based Whistleblowing and Prevent Training - Hotel Services
■ Total Number of Completions During Quarter 1 (1/4/22 to 30/6/22)	764	92	0
■ Total Number of Completions During Quarter 2 (1/7/22 to 30/9/22)	363	50	0
■ Total Number of Completions During Quarter 3 (1/10/22 to 31/12/22)	280	40	0

NHS Fife
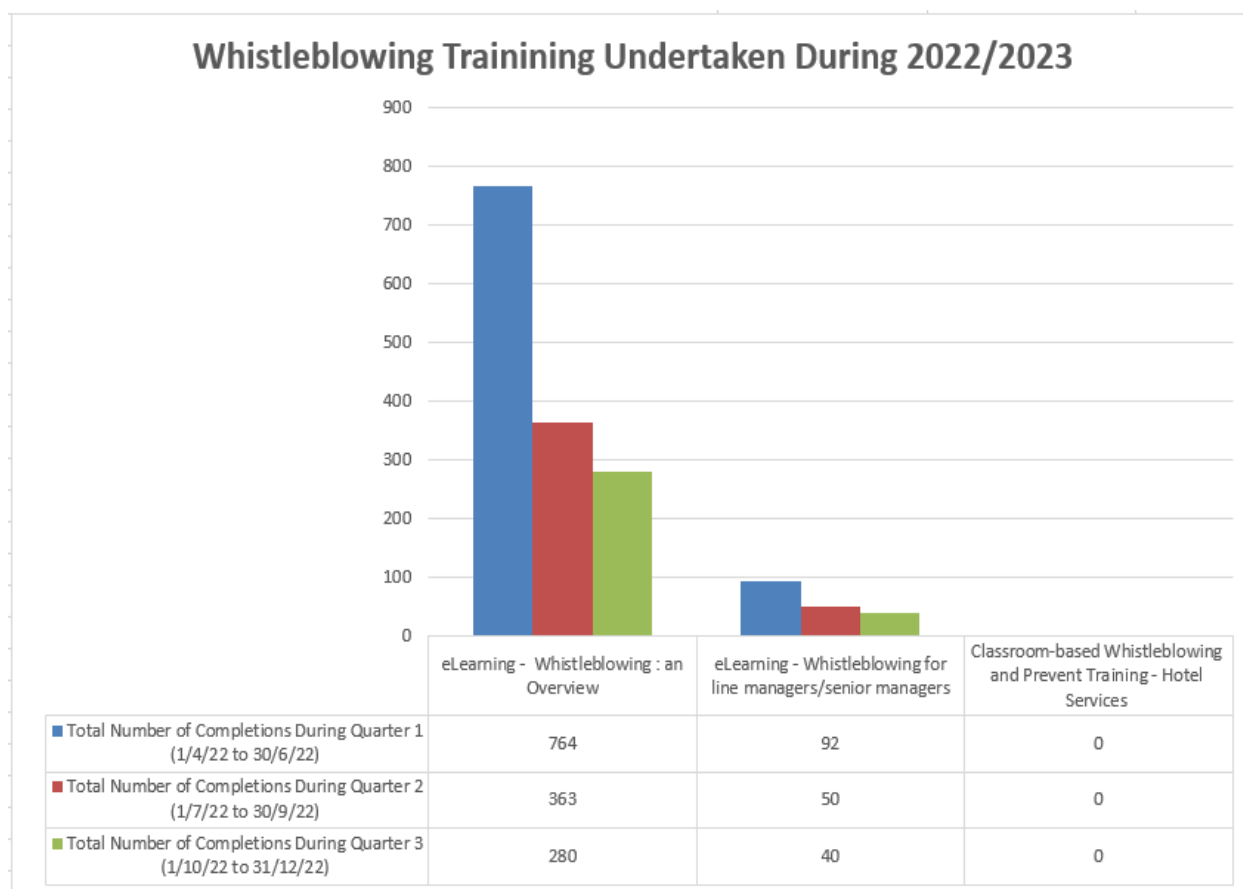
Meeting: **Staff Governance Committee**

Meeting Date: **Thursday 9 March 2023**

Title: **Population Health and Wellbeing Strategy –** *Living Well, Working Well and Flourishing in Fife*

Responsible Executive: **Margo McGurk, Director of Finance and Strategy**

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

1.   Purpose

This report is presented for:
- Discussion
- Endorsement

This report relates to:
- NHS Board Population Health and Wellbeing Strategy

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

This report aligns to the following Staff Governance Standard(s):
- Well Informed
- Involved in Decisions

2.   Report Summary

2.1   Situation

NHS Fife has been developing a new Population Health and Wellbeing Strategy which sets out the strategic direction for the organisation for the next 5 – 10 years. A draft of the strategy document is attached at Appendix 1. Members of the Staff Governance Committee are invited to discuss and endorse before the strategy is submitted to the NHS Fife Board for discussion and approval.

2.2   Background

Work on the strategy started in April 2021. Work has been interrupted through various points of the Covid-19 Pandemic, particularly the emergence of the Omicron variant in December 2021.

Development of the strategy was underpinned by a strategic framework that includes the vision- *'living well, working well and flourishing in Fife'* and four strategic priorities (Appendix 2).

A high-level milestone plan was agreed with the NHS Fife Board in March 2022 that has guided the subsequent development of the strategy. A core team has coordinated implementation of this plan and the following pieces of work have been delivered:

- An assessment of Fife population health and wellbeing led by the NHS Fife Public Health Team.
- Identification of key opportunities for NHS Fife by public and staff to make a positive impact on population health and wellbeing.
- A review of the 2016-2021 Clinical Strategy. This review involved extensive engagement with operational and management teams across NHS Fife.
- There has been wide-ranging engagement undertaken with members of the public in Fife, community groups and the NHS Fife workforce. An external company, Progressive, was commissioned to support this work. A survey was undertaken which received 1300 responses. Further work was commissioned with Progressive to follow up with a range of focus groups and interviews to explore the findings of the questionnaire in more detail. The final report has been received summarising the findings of this engagement work and key points have been included in the strategy.
- Staff engagement continued with a Grand Round which provided background to the strategy to staff working across the organisation. Staff were invited to share their ideas on how we can improve population health and wellbeing across Fife communities. We have also provided regular updates and continued engagement with a wide range of colleagues across the organisation.
- The enabling strategies are in development and include the plans across Property and Asset Management (PAMS), Digital and Information (D&I), Workforce and Finance.

Regular papers and updates summarising this work have been shared with the NHS Fife Portfolio Board, the Board Governance Committees, the Area Partnership Forum and the Area Clinical Forum. Collectively this engagement has informed the development of the strategy. Drafts of the strategy have been developed and shared with a wide range of stakeholders and their feedback has been used to refine the output further.

2.3 Assessment

This draft strategy sets out the proposed strategic direction of travel for NHS Fife for the next 5-10 years. The timeframe for the strategy is a matter which will be considered by the full NHS Fife Board. The strategy is not a detailed blueprint of all our work, but provides a statement of our key strategic priorities and how we will take forward plans to deliver against the corporate objectives arising from them. The strategy will be dynamic and allow NHS Fife to be agile to respond to future emergent pressures and changing priorities on an ongoing basis.

The strategy document contains the following sections:

- **Foreword:** an introduction to the Strategy by the NHS Fife Chief Executive and NHS Fife Board Chair. This introduces the strategy acknowledging the need to support recovery from the Covid-19 Pandemic and the known challenges in the future. It makes a commitment to continued partnership working.
- **Overview**: provides a summary of how the strategy was developed.
- **Context**: this sets out some of the key areas that inform the strategy. These include:
- Our drivers for change:
    - Continuing our ongoing recovery from Covid-19
    - Supporting our aging population
    - Responding to the differences in health and wellbeing across Fife
    - Doing more to prevent ill health
    - Using our resources well
    - Continuing to support joined up and seamless care across health and social care
    - Responding to the climate emergency
- How the strategy aligns with other work
- Our principles and values
- **Engagement:** how we have listened to the population of Fife and our workforce to help shape the development of the strategy and what we learned.
- **Strategic Priorities**: for each of the four priorities we have identified key ambitions, summarised what we were told through the engagement work, and given examples of what we plan to do. Each priority is supported with stories to make our work relatable to our public and our staff.
- **Implementation**: explaining how we will implement the strategy: a commitment to continue to work in partnership, involving our staff and the public, delivering a range of strategic programmes, ongoing monitoring and evaluation and regular communication to update all our stakeholders on what is happening.

The strategy is candid and acknowledges the legacy of the pandemic on our population, our staff, and our services. A key driver for change within the strategy is NHS Fife's ongoing recovery from the pandemic. We know that across our healthcare system, performance on a range of metrics, for example waiting times, is not to the standard that we want it to be. Addressing this is a theme running throughout the strategy in line with national policy.

It is important to acknowledge this strategy doesn't simply seek to rebuild what was there before March 2020. Many of the challenges captured within the strategy predate March 2020 and the pandemic. For example, changing demographics and our aging population meant that services were not sustainable. The strategy seeks to find new ways of doing things, building on the learning from the pandemic and ensuring that we have a health service fit for the future.

Prior to presenting the strategy at the NHS Fife Board, we are continuing the engagement work with our staff. A plan to further communicate the strategy once it is signed off is also being taken forward. The table below summarises this work:

Activity	Timescale
Presentations to Local Partnership Forums	March /April 2023
Return visits to clinical teams, management teams and strategic programme boards to share the strategy and NHS Fife's priorities	February/March 2023
Drop-in sessions for staff held on teams and in person across and range of NHS Fife sites	February/March 2023

Activity	Timescale

Develop Communications Plan developing a multi-channel communications plan for staff and the public post approval of the strategy (to be taken forward at the end of March onwards)
   1. A follow-up Grand Round session
   2. Exploring the creation of a short animation providing an overview of the strategy.
   3. Online content for staff link and webpages
	29 March 2023 (tbc)
	April 2023
	
	April/May 2023

A delivery plan, which essentially creates the corporate objectives for 2023/24 and the years beyond that, is also being developed.

2.3.1 Quality / Patient Care

The strategy places a commitment to the delivery of high-quality health and care services across Fife. The strategy sets out how we will seek to address this whilst recognising that change will be required to deliver this.

2.3.2 Workforce

A key priority of the strategy is supporting improvements to staff experience and wellbeing to enable greater resilience and support across all our workforce. The draft strategy outlines a series of commitments to the NHS Fife workforce.

2.3.3 Financial

A key driver for change is ensuring that NHS Fife is financially sustainable in the medium and longer term. We know that we will need to continue carefully manage our resources and the strategy provides the NHS Fife Board a framework to support decisions about the allocation of our financial resources.

2.3.4 Risk Assessment / Management

There has been ongoing risk assessment throughout the development of the strategy and reported through the organisational risk management processes. Further risk assessment will be undertaken as part of the implementation of the strategy across key programmes of work and this will be monitored on an ongoing basis.

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

This strategy recognises the NHS Fife commitment to equality and diversity and places these at the heart of everything we will do. The impact of health inequalities and NHS Fife's role as an anchor institution is outlined in the strategy as a key driver for change. Collectively the priority actions outline the steps we will take to reduce the impact of inequalities and how we can achieve this. As we evaluate the impact of the strategy, we will be monitoring and assessing the impact of inequalities over time.

2.3.6 Climate Emergency & Sustainability Impact

A key driver for change captured within the strategy is addressing the impact of the Climate Emergency.

2.3.7 Communication, involvement, engagement and consultation

There has been good engagement process throughout the development of the strategy that has captured the views of members of the public who use our services and our staff. We commissioned Progressive to undertake a survey of our staff and the public. This was then followed up with focus groups and in-depth interviews with the public. We have presented on the strategy across a wide range of forum's and gathered views from across the organisation. Collectively we have engaged with over 2000 staff and members of the public. Engagement work remains ongoing and we are continuing to share the draft strategy with staff prior to submission to the NHS Fife Board.

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.

- Portfolio Board 12 January 2023
- Portfolio Board 9 February 2023
- Area Partnership Forum 25 January 2023
- Area Clinical Forum 2 February 2023
- NHS Fife Board Development Session 28 February 2023
- Public Health and Wellbeing Committee 1 March 2023
- Clinical Governance Committee 3 March 2023

2.4 Recommendation

The Committee is asked to:

- Take **Assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the on-going engagement work.
- **Endorse:** Members of the Committee are asked to review and endorse this strategy for discussion and final approval at the March NHS Fife Board Meeting.

3. List of Appendices

Appendix 1: Draft NHS Fife Population Health and Wellbeing Strategy (to follow)
Appendix 2: Strategic Framework 2022-2027

Report Contact
Tom McCarthy
Portfolio Manager
Email: tom.mccarthy@nhs.scot

Appendix 2: Strategic Framework 2022-2027

Living well, working well and flourishing in Fife

NHS
Fife

Population Health and Wellbeing Strategy

2023–2028

FOREWORD

Welcome from our Chief Executive

We aim to deliver excellent care and improve population health and wellbeing for the people of Fife

Carol Potter
Chief Executive

We have developed this new strategy through extensive engagement with our communities, staff, patients, and partners.

This work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their health and wellbeing.

This strategy does not set out a series of detailed actions. Instead, it is a declaration of our vision and intent to prioritise health inequalities and support improvement in the health and wellbeing of our citizens. Through annual delivery plans, the implementation of the strategy will be taken forward in the context of a range of drivers for change.

The key will be our continuing recovery from the global pandemic which has significantly impacted our communities and their physical and mental health and wellbeing. The pandemic has also been very challenging for our staff and the delivery of our services. We anticipate this impact will continue for the foreseeable future.

Looking ahead, we will continue working towards providing high-quality care whilst addressing the challenges in the length of time many patients wait to receive their care. Our staff have continued to demonstrate their extraordinary commitment to public service, working under significant and sustained pressure for a period longer than anyone could have predicted at the outset.

This is an interactive document
The top toolbar allows you to navigate through the different sections of the guide.

2

Population Health and Wellbeing Strategy

We face an uncertain and challenging financial position as we emerge from the pandemic and redesign our services to fit the future needs of our communities.

It is widely recognised across health and social care and by professional organisations, including Audit Scotland, that the NHS was not financially sustainable before the pandemic. However, our challenges have been exacerbated by its impact and legacy. NHS Fife, like all NHS Boards, must plan an effective response to the significant capacity and supply issues in key areas of our workforce.

This new strategy acknowledges the compounding pressures that the financial and workforce challenges ahead of us will bring.

We are proactively preparing to deliver financial sustainability over the medium term and embracing all opportunities to provide new ways of working and developing new staff roles in supporting us through these most challenging times.

We know that recovery will not be achieved in the short term, but we remain ambitious for longer term recovery. We will work to secure a positive legacy from the pandemic, and this strategy underpins our approach.

Central to all our work will be a focus on prevention and early intervention. We know that our health and wellbeing are determined by many factors – education, housing, and employment, to name just a few – and as far back as 1948, the World Health Organisation recognised that "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

We aspire toward being one of the most trusted and responsive health systems in the country, developing and delivering services that enable all of our citizens to "live well, work well, and flourish in Fife", and we look forward to working in partnership with other public sector bodies, third sector, industry, academia, and our communities across Fife to deliver this vision.

3

Overview

The building blocks of our strategy

Our vision
Living Well, working well and flourishing in Fife

Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

Our principles

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

Listening and involving

Our strategic priorities

1. Improve health and wellbeing

We will work to close the inequality gap in communities across Fife, ensuring that all people of Fife can flourish.

3. Improve staff experience and wellbeing

We value and look after our staff.

2. Improve the quality of health and care

We provide the safest and best possible services to the people of Fife.

4. Deliver value and sustainability

Ensuring our services are sustainable and appropriate and using our resources best.

CONTEXT

Living well, working well, and flourishing in Fife

The population of Fife and its healthcare needs are changing. Here we describe some key factors that explain how health and care are changing, how this strategy links with other work, and the guiding principles underpinning our decision-making.

Why we need to change

Recovery from the pandemic

The impact of the pandemic has touched all parts of health and care services. The virus meant difficult decisions were made to protect patients and staff. It will be some years in the future before the legacy of the pandemic is fully understood.

The pandemic has taught us how things can be done differently, at a pace and in an agile way. We have seen how we can use technology to deliver virtual consultations by phone or video call as a part of a blended approach to clinical service delivery. Looking ahead, we want to build on what has happened in the last three years and continue innovating to support service delivery and provide high quality care.

Due to the pandemic, many patients are now experiencing longer waits for treatment and care.

There are challenges in responding to this increased demand; we must be creative in addressing this.

Our ageing population

2020

0-15: 64,152
16-64: 231,809
65+: 78,169

Population: **374,000**

2043 (projected)

0-15: 53,522 **-17%**
16-64: 209,218 **-10%**
65+: 101,424 **+30%**

Population: **364,164 (-3%)**

Population Health and Wellbeing Strategy

5
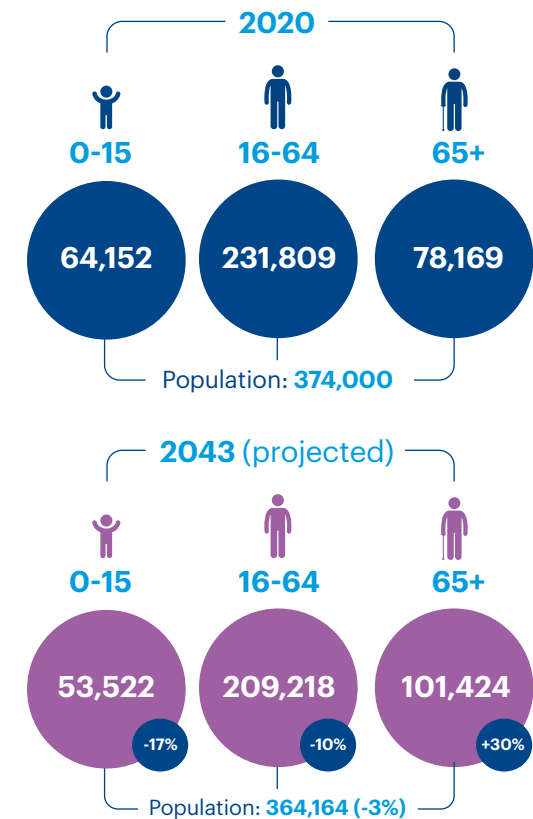
Fife's population is expected to grow older. By 2043, there will be a 30% increase in those aged 65+. We know that this age group is likely to experience multiple health conditions with increasing frailty. People in the 65+ age group are the highest users of healthcare.

We want to ensure that people can live well as they age, they are supported to make decisions about the care they want to receive and ultimately, we want to ensure that people can receive good end of life care. To achieve this, we need to make changes to how we are currently delivering services so that they remain sustainable in the future.

Differences in health and wellbeing across Fife

Our recent [Director of Public Health Annual Report](#) highlighted that many factors influence health and wellbeing. Some cannot be changed, such as our age or genetics, while others can be modified such as our diet. Levels of obesity, alcohol intake, lack of exercise, smoking, and experience of childhood adversity, are higher in Fife than they should be for good health.

Our health and wellbeing is also influenced by the conditions in which we grow up, live and work. The "building blocks" of community health and wellbeing include affordable, secure, and quality housing; stable, well-paid work; accessible childcare; training and education.

These shape the conditions in which we work, live, and grow. When some or all of these building blocks are missing, community health and wellbeing declines. For example, not having enough income can lead to constant worrying about making ends meet. Over time this can then put people at increased risk of illnesses such as heart disease.

We know that people living in poverty have shorter lives. In 2016–2020, men from the most deprived areas of Fife lived on average 10 years less than men in the least deprived communities. These differences in health outcomes are described as health inequalities and are to a large extent avoidable. Unfortunately, the recent [cost-of-living](#) crisis is forecast to widen health inequalities even further.

Supporting health, wellbeing and reducing inequalities

As a large organisation connected to our local area and community, we recognise we can make a positive contribution as an Anchor institution.

As an anchor institution, we can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working with others locally and responsibly, we can have an even greater impact on the wider factors that make us healthy.

However, we cannot directly influence all the building blocks for good health and wellbeing. That is why we need to work in partnership with other organisations, such as the Fife Health and Social Care Partnership, Fife Council, Scottish Government, and the voluntary sector.

Our role as an anchor institution

We employ people from local communities through fair and equitable employment practices and pay a living wage.

We use our land and buildings to support local communities and influencing health and wellbeing in education, housing and employment.

We deliver prevention services such as effective healthy weight programmes, vaccination, and screening services.

Sally's story

In 2022 we participated in a work experience initiative to provide young people aged 16-24 from our local communities with valuable work experience and development opportunities.

Sally started her six-month placement within the Procurement team, liaising with various multi-disciplinary ward-based staff to ensure the provision of critical products needed to deliver effective patient care.

By the end of the placement, Sally's self-confidence had increased and the work experience gained, allowed her to actively apply for a permanent post.

How we work across Health and Social Care

We have legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which requires health boards and local authorities to collaborate to integrate the provision of health and social care services known as 'health and social care integration'. Fife Health and Social Care Partnership provides a wide range of delegated health and care services for NHS Fife and Fife Council.

In 2020, the Scottish Government undertook an Independent Review of Adult Social Care. In response to the review, the Scottish Government has committed to establishing a National Care Service by 2026. We will work with Fife HSCP and others to ensure that people experience joined-up care, in the right place, at the right time, both now and in the future.

Achieving financial sustainability

Whilst planning services, we bring together operational, workforce and financial objectives to ensure the most effective allocation of resources across our health system. The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.

With increasing demand for our services, we must look at ways to deliver more. We will ensure we drive the best value from our resource allocation for the people of Fife. There are likely to be important choices ahead, ensuring that we focus on the areas of service and support which drive the most health benefit to the people of Fife.

Climate change and sustainability

We recognise our duty to act to address climate change, working towards aligning ourselves to the national Sustainability Strategy and achieving the targets set within this and our approach to sustainable development.

As both an anchor and a public sector organisation, we must look towards the tools at our disposal.

Nationally the Scottish Government has published the NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026. This sets out five key themes and a range of actions to support the achievement of 'Net Zero'.

Our objectives mirror the national strategy. Examples of our work include:

- Identifying ways to heat all NHS buildings using renewable resources by 2038.
- Reducing emissions from propellant in metered dose inhalers.
- Promoting sustainable travel.

We have developed a local action plan to support the delivery of these objectives. This work will impact all aspects of our strategy.

How this strategy aligns with other work

Our strategy aligns to a range of local, national and partnership plans reflecting national policy and local ambitions.

Population Health and Wellbeing Strategy 2023–2033

NHS Fife

Cancer Framework

Pharmacy and Medicines Strategy

Workforce Strategy

Digital and Information Strategy

Property and Asset Management Strategy

Research, Innovation and Knowledge Strategy

Green Space Strategy

Medium Term Financial Plan

Partnerships

Plan for Fife

Fife Health and Social Care Parnership: Strategic Plan for Fife

Food for Fife Strategy

National

NHS Scotland Recovery Plan

National Clinical Strategy

Value Based Healthcare

Public health approach to prevention and the role of NHSScotland

Women's Health Plan: A plan for 2021-2024

NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026

A foundation for Improvement

An enduring focus on the performance and sustainability of our services and on improving population health and wellbeing.

Principles for the strategy

Our principles underpin the development and implementation of the strategy. They commit us to:

1. Support people to help each other in the **communities** that they live and work.

2. **Empower** people to take control and manage their own care.

3. Embed **prevention** and early intervention into the delivery of healthcare services.

4. Ensure the **wellbeing** of communities and staff is central to everything we do.

5. Act with **kindness** embedding it into the systems and culture of our organisation.

6. **Listen** and involve people in how we design, deliver and improve everything we do

Our values

We treat people using services and provide our workforce with the care, compassion, dignity and respect they expect and deserve.

We believe in an open and honest culture. Everything we do is delivered through teamwork, and continued quality improvement is core business.

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

ENGAGEMENT

Listening to what matters to you

We discussed with our staff and the public ways to improve health and wellbeing, the impact of the Covid-19 pandemic, and their experience of our services.

Who we spoke to

We have completed extensive engagement with our staff and communities across NHS Fife.

We spoke to over 2000 people.
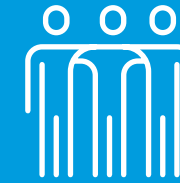
1300 members of the public.

200 staff sessions to talk about inequalities.

We have spoken at over **60** meetings about the strategy.

We reviewed over **350** patient stories.

Presented to over **550** staff about the strategy.

What we learned

Following extensive engagement with our staff, service users and the communities we serve, a number of consistent themes started to emerge.

People of all ages spoke about how the pandemic affected their mental health and the challenges of accessing timely support during this period.

Patient-centred care

The perception of many respondents was that the focus of health care services has changed to managing the volume of patients rather than providing individual care.

Lack of joined-up care was also a recurring theme, with patients expressing concerns about communications between services and other health boards.

Access and waiting times

We heard first-hand experiences of pressure in the health and care system including the impact of needing to wait for care and difficulties in making appointments. In some parts of Fife, it was commented that it is difficult to register or make a GP appointment.

Geography was also highlighted, particularly for some more rural and isolated communities. For those who do not have access to a car, travelling around Fife is difficult. Participants spoke about the challenges of taking a bus to and from hospital appointments.

Health and wellbeing

Improving health and wellbeing was highlighted as a key priority and ensuring individuals were able to access services to actively help and support their own physical and mental health.

Some of the barriers identified included cost, time and uncertainty around what support was available.

There was geographical variation identified, for example from those living in more rural communities feeling disadvantaged in being able to access services near where they live.

The impact of the pandemic was also highlighted as having a negative impact on health and wellbeing and access to services.

Communication

The importance of good communication between staff, patients and clinical teams was also highlighted. With suggestions for improvement including more regular updates, more accessible information and better conversations between patients and their clinical team.

Workforce

Members of the public spoke positively about our friendly, caring and professional staff, while recognising the pressure they were under in relation to staffing levels.

Staff also highlighted the importance of focussing on staff recruitment and retention to allow us to meet increasing demand while continuing to deliver patient-centred care.

Innovative ways of working

In response to the global pandemic, we had to look at doing things differently to ensure that those with clinical needs could continue to access health care in a safe and sustainable way.

Technology played a huge part in enabling clinicians and their patients to continue engaging safely through the various lockdowns and restrictions.

As we look ahead, these new ways of working adopted in the pandemic will continue to be part of our offering, with patients having options on how they wish to engage with clinical teams.

This new blended approach will include telephone triaging, video conferencing consultations, and online self-referral in tandem with face-to-face appointments with a range of health care professionals.

A recurring theme throughout our engagement was the recognition that technology was seen as a vital element in delivering a modern, fit-for-purpose health and care service, combined with face-to-face appointments, helping to make access to services easier and more flexible for patients.

interactive infographic
Click the icons for more information.

Improve health and wellbeing

OUR STRATEGIC PRIORITIES

Improve staff experience and wellbeing

Improve the quality of health and care services

Deliver value and sustainability

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PRIORITY 1

Improve health and wellbeing

We will work to close the inequality gap in communities across Fife ensuring that all people of Fife are able to flourish.

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 6 public health priorities.

What we were told

Throughout our engagement with our colleagues and the local communities we serve, we heard about the challenges people living in Fife faced in maintaining and improving their physical and mental health and wellbeing.

Addressing health inequalities was also a recurring theme with a drive and motivation expressed to create a Fife where everybody can thrive.

It was acknowledged that health inequalities across communities and the general population are caused by a range of factors, including where we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health.

As an anchor institution, we are working with the public, third and independent sector partners as well as local companies and employers to help address these issues and provide opportunities for all to thrive.

One of the most effective things we can do for peoples' health is to help them financially.

There are already examples of good practice in this area. Many of our services routinely ask people about their financial circumstances and, where appropriate, refer them for benefits advice. This work has shown clear evidence that by supporting people to maximise their income can have a direct and positive impact on their physical and mental health.

What we will do

Current examples of local initiatives include:

- We will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.
- Ensuring universal access to immunisations including influenza and COVID-19.
- In line with the UN Convention on the Rights of the Child, we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.
- Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

- Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.
- In line with the NHS Fife Greenspace Strategy, we will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, by making our buildings and land available for the voluntary sector to support their activities where appropriate.
- We will support people to make healthier food choices and maintain their physical activity, particularly in older age, enabling them to stay independent and healthier for longer.
- Collaborating in regeneration projects like the River Leven programme.

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Julia's story

Julia lives in a three-bed private let in East Fife with her three children: Ben (9-months), Amy (4) and Sam (8). Julia's health visitor asked her how she was managing and Julia shared that she was struggling to make ends meet.

Recognising that Julia might be entitled to other benefits she was not currently claiming, her Health Visitor referred her to the Money Talk Team for information and advice. The Money Talk Team is run by the Citizens Advice and Rights Fife (CARF) and aims to increase financial awareness, maximise incomes and improve health outcomes for people.

The team identified that Julia was entitled to Universal Credit. They also explained that this is a qualifying benefit allowing people to apply for other benefits such as a Council Tax reduction.

As well as advising on benefits, the team provided her with information on practical ways to reduce her outgoings such as energy costs.

> "
>
> Thank you [Money Talks Team] for explaining everything, you made it so easy to understand and didn't treat me like a child. I feel more confident as I know I will have more independence now I have some money coming in.
>
> **Feedback from a client of the Money Talks Team**

Citizens Advice & Rights Fife

citizens advice bureau

Jack's story

Jack is a 78-year-old widower with emphysema. He was admitted to the hospital following a fall at home. During Jack's admission, the healthcare team fully assessed his needs. They identified that Jack lives alone without any family nearby. His hobbies include gardening and walking, but his shortness of breath makes this challenging.

The healthcare team suggested Jack visit The Well, a drop-in service provided by the Fife Health and Social Care Partnership in community venues and online. It provides information and general advice to help people stay well and independent within their local community.

The Well provided Jack with information on a community walking group which will allow Jack the opportunity to meet new people whilst doing some gentle exercise. Not only does this help Jack continue to do what he enjoys by keeping physically active, but it may also reduce the risk of another fall and being readmitted to the hospital. Jack also raised a concern regarding his finances. The Well referred to Citizens Advice and Rights Fife to ensure he receives the benefits he may be entitled.

> "
> We need services to change their models and access approach. Work in areas not traditionally health and also consider other methods.
>
> **NHS Fife staff member**

PRIORITY 2

Improve the quality of health and care services

Providing the safest and best possible health and care services to the people of Fife.

Ambitions

1 Provide high quality patient centred care.

2 Deliver services as close to home as possible.

3 Less reliance on inpatient beds by providing alternatives to admission to hospital.

4 Timely access to emergency, elective and community care 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.

What we were told

The pandemic led to many changes in health and care services. During our engagement work with members of the public and staff we heard that their experience is that many of the services they work in or rely upon have been negatively impacted.

In common with other health boards across Scotland, we know that our performance standards have deteriorated. This is evident in longer waits in the Emergency Department and for diagnostics and treatment.

We have an ageing population who are becoming frailer with more medical conditions which results in more demand on existing services. We must identify new ways of working that do not solely rely on access to hospital services and admission to hospital.

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What we are going to do

- Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

- Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.

- Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

- Further develop our day surgery service at Queen Margaret Hospital.

- Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

- Focus on waiting times and support people, where appropriate, to wait well for their procedure.

- Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

John's story

John is a 53-year-old man who suffered from unexplained weight loss and feeling nauseous. He made an appointment with his GP, who carried out several blood tests. This highlighted some abnormal results, and following a discussion with his GP, it was agreed that he should be referred to the Rapid Cancer Diagnostic Service. This service investigates patients with possible symptoms that may be caused by cancer and aims to confirm or exclude a cancer diagnosis within 21 days from a referral by a GP.

The day after John was referred, he received a phone call from the Advanced Clinical Nurse Specialist, as this is a nurse-led service.

They spoke through John's blood test results, explored John's symptoms further and recommended that John have a Computerised Tomography (CT) scan.

A CT scan and consultation was booked over the phone to address any concerns John had.

48 hours after the CT scan, John received a phone call from the service, who explained that he didn't have any sign of cancer. However, the tests did show severe inflammation in the small intestine.

John was given a treatment plan and a further follow-up CT scan was arranged in 3 months to check the inflammation was improving.

> "
>
> I personally want to thank the Rapid Cancer Diagnostic Service for such great service – thank you NHS Fife.
>
> **Feedback from John on the service he received**

Dorothy's story

Dorothy is 86 years old and lives in Sheltered Housing. Dorothy was recently discharged from hospital following a fractured hip. Dorothy has a mild cognitive impairment (she can sometimes get confused) but can live independently at home. During admission, she has been advised to use a walking stick to help her move around safely. Her 65-year-old daughter Louise has been supporting her with managing her money, general domestic tasks, and some meal preparation.

On Thursday afternoon at around 4pm, Dorothy had another fall while her daughter was there. Louise helped her Mum to get back into a chair. However, Dorothy continued to complain of discomfort in her hip that was previously broken.

Fearing that her Mum had broken her hip again, Louise contacted NHS 111 for advice on what to do next. They directed her to attend the hospital to get assessed. As Louise called 111, they can bypass A&E and Dorothy is admitted directly to an assessment unit.

The team on the assessment unit reviewed Dorothy, and she remained in the unit overnight. The following morning Dorothy was assessed by the frailty team, who confirmed no fracture. The frailty team recognise that Dorothy would benefit from some further rehabilitation to see if they can support Dorothy to continue to live at home independently.

They review Dorothy's care with a social worker in the hospital who suggests accessing a Short-Term Assessment and Reablement (STAR) bed which Fife Health Social Care Partnership provides in conjunction with care homes across Fife. This service helps people return to their homes after a short stay in the hospital. A STAR bed is identified, and Dorothy is discharged on a Friday afternoon. She is supported to recover further and later returns to her home with a support plan to help her continue living as independently as possible in her own home.

> Short-Term Assessment and Reablement (STAR) bed helps people return to their homes after a short stay in the hospital.

PRIORITY 3

Improve staff experience and wellbeing

Valuing and looking after our staff.

Ambitions

Our workforce:

1   is inclusive and diverse, reflecting Fife's communities.

2   experiences compassionate leadership in a culture that supports wellbeing.

3   is supported to develop new skills that help improve care for patients.

4   is heard and at the heart of transforming services.

5   works in partnership across health and social care, recognising interdependencies.

What we were told

During the engagement work the importance of our staff has been repeatedly highlighted. We heard that people using our services have confidence in NHS Fife staff. We also heard that Covid-19 has had an enduring impact on our workforce who have worked on the frontline responding to the pandemic.

NHS Fife has developed a 2022-2025 workforce plan which sets out how NHS Fife will respond to these workforce challenges. This plan aligns across our Fife partners and details how:

- We will develop our workforce to reflect changing clinical services.
- The workforce will be supported as services are transformed.
- Sustainability of the workforce to support clinical services will be achieved.

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What we are going to do

We will:

- Develop and launch a new Leadership Framework with a continued focus on compassionate leadership and an open, transparent and nurturing culture.

- Promote a range of career pathways with a focus on developing our workforce,

- Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

- Continue to support our staff with their practical health and mental wellbeing

- Set new international recruitment targets annually for Fife, focusing on key areas of shortage over the next 5 years.

Developing our workforce: creating new nursing roles

We are creating a new Assistant Practitioner role to support our nursing workforce. These new roles are integral to the wider nursing team and enable registered nurses to focus on more complex clinical care.

We are working with Fife College to provide a one year fully funded training programme to support training and recruitment of high-quality nursing care across NHS Fife.

> "
> Fife College is delighted to be working in partnership with NHS Fife in delivering this exciting new course.

Rebecca's story

After having children in her teens, Rebecca* started college in her early 20s, thinking she might train to work in nursery education. But soon decided it wasn't the right role for her. Rebecca saw jobs advertised in maternity services and she jumped at the opportunity to use her skills in a different way.

Rebecca never imagined that she would love it as much as she did. After about six months, she realised she wanted to be a nurse and enrolled in a Paediatric nursing course. Rebecca qualified as a paediatric nurse and was offered a job in the Neonatal Unit, which she absolutely loved.

Following her first role in nursing, Rebecca progressed in Fife to the junior charge nurse role, but her passion lay with working with babies so she specialised as an Advanced Neonatal Nurse Practitioner.

> "
> I've been an Advanced Neonatal Nurse Practitioner for seven years, and it has been a challenging but amazing career. I feel very blessed to work with all the families and babies that I have. It is their stories that inspire me.
>
> **Rebecca talking about her career as a nurse**

Helen's story

Helen's journey into working in healthcare has been an unconventional one. Before the pandemic, she worked in media production, however during the pandemic, work in this area was severely impacted by lockdown, and she had to explore new opportunities for employment.

She began her NHS journey as a Venue Support Worker at the vaccination clinics and loved this experience. The team she worked with were great, and she admired how much everyone worked together with a common purpose and drive and commitment to deliver the ambitious vaccination programme.

Her healthcare support worker colleagues encouraged her to join the NHS Fife nurse bank. She joined the bank as a Healthcare Support Worker and never looked back.

Helen started working at Stratheden Hospital and was inspired by the team she was working with. She realised that she was working in a role she was truely was passionate about and incredibly rewarding.

After working for a year on the nurse bank at Stratheden, she decided to make the leap and become a full time health care support worker with the intention to train to become a mental health nurse.

> "
>
> The NHS helped me when I needed it most, and I've unexpectedly found a passion and career path where I feel like more than just a number.
>
> I feel appreciated, valued and needed. I am excited to see where the next few years will take me.
>
> **Helen talking about her career path**

PRIORITY 4

—

Deliver value and sustainability

Ensuring our services are sustainable, relevant and provide the best use of our resources.

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.

What we were told

During the pandemic, we rapidly changed how we deliver services that in some cases reduced the need to travel to access care.

We should embrace this shift to alternative ways of delivering and supporting healthcare using technology but ensure options remain for more traditional methods of service delivery where required.

We should offer more healthcare closer to the community including outreach services which can be accessed more easily and promptly.

Members of the public and our staff felt that technology could be better used to help services become more efficient and support better sharing of information internally between services and externally between health boards and other partners.

We continue to focus on sustainability and working towards being carbon neutral by changing to the way we heat our buildings, reducing travel and reducing waste.

With current financial pressures, we need to ensure that we continue to use our funding as effectively as possible and invest in sustainable solutions.

What we are going to do

- Maximise the use of our buildings and land in line with service needs.
- Develop new buildings to support service delivery such as new Health and Wellbeing Centres in Kincardine and Lochgelly.
- Redesign and develop mental health services in Fife, including modern inpatient and community-based services.
- Develop services using a structured approach to identify financial efficiencies. For example, through careful procurement of supplies and use of generic medications.
- Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

- Reduce our energy usage through use of zero carbon technology such as increased usage of solar panels and redesigning how we heat our buildings.
- Lower the environmental impact of travel by making the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.
- Apply the principles of value based healthcare to support achievement of financial sustainability.

National Treatment Centre – Fife Orthopaedics

Nationally the number of people requiring orthopaedic services has been growing. This, combined with the development of innovative new approaches to care and treatment has provided an oppurtunity for NHS Fife to open the first national treatment centre in Scotland.

The development of the new National Treatment Centre on the Victoria Hospital site wil provide a purpose-built orthopaedic centre. An increase in the number of theatres, additional outpatient space and dedicated wards will mean we can significantly increase the capacity for patient care for people in Fife and across Scotland.

Building on our international reputation as a centre of excellence in orthopaedic surgery including pioneering hip and knee replacement day surgery, we are taking the opportunity to integrate a range of technology into the new build to facilitate teaching research and innovation to enhance the patient experience and outcomes.

Insert quote from first minister

Towards Net Zero: improving the energy efficiency of our buildings

NHS Fife is working towards achievement of 'Net Zero carbon' by 2045. Heating and lighting our buildings makes up a large proportion of the Board's carbon emissions. Taking an energy efficient approach to improving buildings is vital to minimise energy demand and reduce emissions. Working with Scottish Government NHS Fife has secured investment in energy saving measures. This includes installing LED lighting; improving the fabric of buildings such as installing draft proofing and insulation; and installing solar panels to generate electricity. As part of this work solar panels have now been installed on a range of NHS Fife sites.

The benefits of this work include reducing our energy usage which leads to financial savings, reducing the environmental impact of buildings by supporting achievement of Net Zero and helping to maintain buildings across the NHS Fife estate.

IMPLEMENTATION

How we will deliver the strategy

Supporting the implementation of our strategy with clear plans, oversight of our progress and ongoing monitoring of impact and benefits.

Partnership working

We will work in partnership with other key organisations involved in the planning and provision of services to support population health and wellbeing. Examples of key partners include Fife Health and Social Care Partnership (HSCP), Fife Council, Fife Health Charity, Fife Voluntary Action, other NHS Boards and the Scottish Government.

We also have close relationships with local universities and colleges. They support both the delivery of education and training for our current and prospective workforce as well as innovation and research that benefits our current and future patients.

Continuing to involve our staff and the public

This strategy has been informed by extensive engagement with both staff and the public. Through ongoing engagement we will continue to respond and adapt to feedback enabling us to continually improve our services.

Programme planning and implementation

We will establish a range of strategic programmes to support the delivery of this strategy. Examples of NHS Fife programmes that currently underway include:

- **Integrated Unscheduled Care** – how we provide care in an emergency, including services provided by Minor Injuries Units, Emergency Department and Inpatient Care.
- **Integrated Planned Care** – care that is scheduled in advance, including outpatient appointments, diagnostics and inpatient/day-case treatment.
- **Cancer Services** – all services to support people with cancer, including diagnostics (such as scans), surgical services and non-surgical treatments such as chemotherapy.

- **High-Risk Pain Medicines** – improving patient safety through improved understanding, prescribing and access to alternatives to help people manage their pain conditions.
- **Digital and Information** – supporting the transformation of services using technology across Fife.
- **Financial Improvement and Sustainability** – ensuring the ongoing effective allocation of financial resources.

Our programmes will be developed in conjunction with our key partners. We will work together with the programmes of Fife Health and Social Care Partnership, such as Mental Health and Learning Disability programme to ensure our work remains joined up and delivers benefits to the population of Fife.

Communication

We will regularly report on the progress of implementation of the strategy to the staff and public. Clear and consistent disclosure of plans, progress, risks and opportunities will maintain trust and confidence that we are doing what we said we would.

Monitoring and evaluation

We will undertake ongoing monitoring and evaluation of the strategy. This will enable us to track our progress and achievements but also ensure we remain able to adapt to changing organisational priorities.

Published March 2023

The names of individuals in our patient stories have been
changed for anonymity.

We provide accessible communication in a variety of formats
including for people who are speakers of community languages,
who require Easy Read versions, who use BSL,
read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for
people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot
or phone **01592 729130**.

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Strategic Planning and Resource Allocation 2023/2024 – Corporate Objectives 2023/2024 Initial Proposal**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Bryan Archibald, Planning and Performance Manager**

1.   Purpose

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

This report relates to:
- Strategic Planning and Resource Allocation Process

This aligns to the following NHS Scotland quality ambition(s):
- Safe, Effective and Person Centred

This report aligns to the following Staff Governance Standard(s):
- Well informed
- Involved in Decisions
- 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 Strategic Planning and Resource Allocation (SPRA) Process for 2023/2024 is in progress.

The SPRA process is a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 5-year financial and strategic plan to support the delivery of the Population Health and Wellbeing Strategy. This paper provides an update on the process so far and outlines initial proposals for Corporate Objectives for 2023/2024. Further work is on-going to finalise the proposal with EDG.

2.2 Background

This is the third year of the Strategic Planning and Resource Allocation process which brings together the planning of services with financial and workforce implications of service delivery and change. It is an annual process which details how each directorate / programme supports the delivery of the overall organisational strategy.

2.3 Assessment

Workshops were held between 25 October and 11 November 2022, covering all Corporate and Acute Services Directorates. All five workshops were well attended with majority of SPRA templates returned by deadline (16 December 2022). All templates were submitted by early January 2023.

Templates have been reviewed and linked to Corporate Objectives for 2022/2023 to propose revised Objectives for 2023/2024. Further analysis of the templates will be required over the coming months to produce the Annual Delivery Plan (ADP) for 2023/2024. Scottish Government have advised that guidance for ADP will be distributed by the end of February 2023.

The below tables outline the proposed Corporate Objectives for 2023/2024, aligned to Strategic Priorities. These detail whether the objective has been updated or is a direct carry over from 2022/2023 objective or is a new addition following analysis of SPRA.

To Improve Health and Wellbeing		
Proposed 2023/24		**2022/23**
Implementation of the Population Health & Wellbeing Strategy through the development of detailed delivery plans	**UPDATED**	Develop the Population Health and Wellbeing Strategy
Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews	**NO CHANGE**	Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews
Develop and deliver the Fife COVID Recovery and Rehabilitation Framework	**NO CHANGE**	Develop and deliver the Fife COVID Recovery and Rehabilitation Framework
Deliver the OBC and progress to FBC for the Mental Health Services Programme	**UPDATED**	Deliver the Initial Agreement (IA) for the Mental Health Services Programme
Implement phase 1 of Mental Health Strategic Plan informed through collaborative working with people with lived experience and trauma informed practice	**UPDATED**	Refreshed Mental Health Strategic Plan informed through collaborative working with people with lived experience and trauma informed practice
Deliver the FBC and secure SG Funding Commitment for both the Kincardine and Lochgelly Health Centres	**UPDATED**	Deliver the OBC and progress to FBC for both the Kincardine and Lochgelly Health Centres
Implementation and delivery of Cancer Strategic Framework	***NEW***	
Delivery of the MAT Standards	***NEW***	

To Improve the Quality of Health and Care Services		
Proposed 2023/24		**2022/23**
Operationalise National Treatment Centre	**UPDATED**	Deliver the National Treatment Centre Fife and ensure operational readiness for opening
Implement a system wide medicines safety programme with initial focus on high-risk pain medicines	**UPDATED**	Develop and implement a system wide medicines safety programme with initial focus on high-risk pain medicines
Develop and deliver an enhanced model of care in the Emergency Department	**NO CHANGE**	Develop and deliver an enhanced model of care in the Emergency Department
Develop and deliver an augmented ambulatory, interface care model supporting early and appropriate discharge	**UPDATED**	Integrated Unscheduled Care Programme: Develop and deliver an augmented ambulatory, interface care model (RUC) supporting early and appropriate discharge
Develop Queen Margaret Hospital as an Ambulatory and Day Surgery Centre	**UPDATED**	Develop and implement an integrated planned care programme to address waiting list backlog, including the optimisation of day surgery at QMH
Working in partnership to deliver Plan 4 Fife and evidence delivery of our Anchor ambitions	**UPDATED**	Oversight of NHS Fife Anchor Institution delivery plan for 2022/23
Deliver Home First to enable prevention of admission, person centred transfers of care and a responsive integrated system	**NO CHANGE**	Deliver Home First to enable prevention of admission, person centred transfers of care and a responsive integrated system
Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention	**NO CHANGE**	Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention
Develop and Implement the Women's Health Plan	***NEW***	
Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife	**NO CHANGE**	Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife

To Improve Staff Experience and Wellbeing		
Proposed 2023/24		**2022/23**
Deliver Safe Staffing and eRostering to support effective workforce planning to support high quality patient care alongside supporting staff health and wellbeing	**UPDATED**	Deliver high quality systems to support staff health and wellbeing
Create and Nurture a Culture of Person-Centred Care	***NEW***	
Evidence delivery of the strategic and career frameworks for NMAHP Bands 2 – 4	**UPDATED**	Develop and deliver strategic and career frameworks for NMAHP Bands 2 – 4
Evidence delivery of the Workforce Strategy	**UPDATED**	Develop the Workforce Strategy to support Population Health & Wellbeing Strateg
Increase the pace of delivery in the localities of Fife in line with the Plan for Fife.	**NO CHANGE**	Increase the pace of delivery in the localities of Fife in line with the Plan for Fife.

To Improve Staff Experience and Wellbeing		
Proposed 2023/24		**2022/23**
Develop and implement an NMAHP Care Assurance Framework	**NO CHANGE**	Develop and implement an NMAHP Care Assurance Framework
Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development	**NO CHANGE**	Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development

To Deliver Value and Sustainability		
Proposed 2023/24		**2022/23**
Commence delivery of the medium-term financial plan including the delivery of the Financial Improvement and Sustainability Programme	**UPDATED**	Develop and deliver the medium-term financial plan including the implementation of the Financial Improvement and Sustainability Programme
Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments	**NO CHANGE**	Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments
Develop the Initial agreement (IA) and Outline Business Case (OBC)	**UPDATED**	Develop the Initial agreement (IA) and Outline Business Case (OBC) for Robotics in Pharmacy
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	***NEW***	

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce planning is key to the SPRA process.

2.3.3 Financial

Financial planning is key to the SPRA process.

2.3.4 Risk Assessment/Management

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

EDG – 16 February 2023

2.4 Recommendation

The Committee is asked to take **Assurance** and **Discuss** this initial proposal in relation to the Corporate Objectives for 2023/2024.

3. List of Appendices

None

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Integrated Performance & Quality Report – Staff Governance**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Head of Performance**

1.   Purpose

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

This report relates to:
- Annual Delivery Plan

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

This report relates to the Staff Governance Standard requirement that staff are:
- Well Informed

2.   Report Summary

2.1   Situation

This report informs the Staff Governance Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of December 2022, although there are some measures with a significant time lag and a few which are available up to the end of January.

2.2   Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this will streamline local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested

by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3   Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/2023 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022.

The Staff Governance aspect of the report covers Sickness Absence and Personal Development Plan & Review (PDPR), and their current status is shown in the table below.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (7.85% in December, now including COVID-related absence apart from infection control period)
PDPR	Monthly	80%	Not achieving (This is measured on a rolling 12-month basis)

2.3.1   Quality/ Patient Care

IPQR contains quality measures.

2.3.2   Workforce

IPQR contains workforce measures. The IPQR report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3   Financial

Financial aspects are covered by the appropriate 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 Staff Governance extract of the February IPQR will be available for discussion at the meeting on 9 March.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 16 February and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the Staff Governance Committee for:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3. List of Appendices

None

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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in February 2023

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).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing 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 for the Staff Governance Committee comprises the following sections:

a) **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

b) **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

c) **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

d) **Assessment**
   Summary assessment for indicators of continual focus.

e) **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

MARGO MCGURK
Director of Finance & Strategy
16 February 2023

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	**18**	**14**	**4**	**0**	**0**		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

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

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Dec-22	39	○ (within)	▲	▼	● (N/A)
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Dec-22	37.0%	● (no SPC)	▼	▼	● (N/A)
	HSMR	N/A	Year Ending	Jun-22	0.99	● (no SPC)	▲	▲	● (N/A)
	Inpatient Falls	6.91	Month	Dec-22	7.50 (red)	○ (within)	▼	▲	● (N/A)
	Inpatient Falls with Harm	1.65	Month	Dec-22	2.07 (red)	○ (within)	▼	▲	● (N/A)
	Pressure Ulcers	0.89	Month	Dec-22	1.22 (red)	○ (within)	▼	▲	● (N/A)
	SAB - HAI/HCAI	18.8	Month	Dec-22	3.2 (green)	○ (within)	▲	▲	● Mid Range — QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Dec-22	13.0 (red)	○ (within)	▼	▼	● Upper Quartile — QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Dec-22	22.7 (green)	○ (within)	▲	▲	● Mid Range — QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Dec-22	48.7% (red)	○ (within)	▲	▼	● Mid Range — 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Dec-22	17.9% (red)	○ (within)	▲	▼	● Mid Range — 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Dec-22	18.4%	○ (within)	▲	▲	● (N/A)
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0% (green)	● (no SPC)	◀▶	◀▶	● (N/A)
	4-Hour Emergency Access	95%	Month	Jan-23	69.6% (red)	○ (special cause)	▼	▼	● Mid Range — Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Dec-22	50.3% (red)	● (no SPC)	▼	▼	● Upper Quartile — Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Dec-22	45.8% (red)	● (no SPC)	▼	▼	● Mid Range — Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Dec-22	53.3% (red)	● (no SPC)	▼	▼	● Mid Range — Sep-22
	18 Weeks RTT	90%	Month	Dec-22	68.6% (red)	● (no SPC)	▲	▼	● Mid Range — QE Sep-22
	Cancer 31-Day DTT	95%	Month	Dec-22	94.4% (yellow)	○ (within)	▼	▼	● Mid Range — QE Sep-22
	Cancer 62-Day RTT	95%	Month	Dec-22	65.8% (red)	○ (special cause)	▼	▼	● Upper Quartile — QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2% (red)	● (no SPC)	▼	▲	● Lower Quartile — 2020, 2021
	Freedom of Information Requests	85%	Month	Jan-23	94.1% (green)	● (no SPC)	▲	▲	● (N/A)
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jan-23	10.5%	● (no SPC)	▲	▲	● Mid Range — QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jan-23	5.3% (yellow)	○ (within)	▲	▲	● Mid Range — QE Jun-22
	Antenatal Access	80%	Month	Dec-22	86.1% (green)	● (no SPC)	▼	▲	● Mid Range — CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Dec-22	(£22.6m) (red)	● (no SPC)	▼	—	● (N/A)
	Capital Resource Limit Performance	£29.5m	Month	Dec-22	£20.7m (green)	● (no SPC)	—	—	● (N/A)
Staff Governance	Sickness Absence	4.00%	Month	Dec-22	7.85% (red)	○ (special cause)	▼	▼	● Mid Range — YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Jan-23	32.3% (red)	● (no SPC)	▼	—	● (N/A)
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Sep-22	143 (red)	● (no SPC)	—	▼	● Mid Range — Q/E Jun-22
	CAMHS Waiting Times	90%	Month	Dec-22	59.3% (red)	○ (within)	▼	▼	● Mid Range — QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Dec-22	73.8% (red)	○ (within)	▼	▼	● Mid Range — QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Nov-22	96.7% (green)	● (no SPC)	▼	▲	● Mid Range — QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Jan-23	89.6% (green)	● (no SPC)	▲	—	● (N/A)
	Flu Vaccination (Age 65+)	80%	Month	Jan-23	87.8% (green)	● (no SPC)	▲	—	● (N/A)
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4% (yellow)	○ (within)	▼	▼	● Lower Quartile — QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4% (yellow)	○ (within)	▼	▼	● Lower Quartile — QE Sep-22

Performance Key
- (green) on schedule to meet Standard/Delivery trajectory
- (yellow) behind (but within 5% of) the Standard/Delivery trajectory
- (red) more than 5% behind the Standard/Delivery trajectory

SPC Key
- ○ Within control limits
- ○ (red) 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

c. Projected and Actual Activity

		Quarter End Jun-22	Quarter End Sep-22	Quarter End Dec-22	Month End Jan-23	Month End Feb-23	Month End Mar-23	Quarter End Mar-23
Better than Projected | Worse than Projected | No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,878	2,996	3,146	1,022			1,022
	Variance	-158	-57	59	-7			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,951	21,448	21,808	7,397			7,397
	Variance	2,384	2,642	2,652	1,021			
Urgent	Actual	10,868	11,377	11,301	3,642			3,642
Routine	Actual	10,083	10,071	10,507	3,755			3,755
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,608	1,678	556			556
	Variance	59	117	187	59			
Upper Endoscopy	Actual	575	630	640	238			238
Lower Endoscopy	Actual	182	191	206	64			64
Colonscopy	Actual	738	742	770	238			238
Cystoscopy	Actual	55	45	62	16			16
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238			4,238
	Variance	1,483	948	-113	242			
CT Scan	Actual	4,083	3,989	3,619	1,262			1,262
MRI	Actual	2,936	2,923	2,654	916			916
Non-obstetric Ultrasound	Actual	6,452	6,024	5,602	2,060			2,060

d. Assessment

STAFF GOVERNANCE									

	To improve staff experience and wellbeing	2	**2**	**-**	**-**	**-**	◀▶	**Moderate**

		Target	**Current**
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**7.85%**

The sickness absence rate again rose sharply in December and was 0.54% higher than in November.

Increases were reported across all main Divisions and Directorates, except for Primary Care & Preventative Services in HSCP (HSCP overall was 7.53%), with Emergency Care reporting a figure above 10% (ASD overall was 8.50%). Long term sickness absence is leading the trend.

The national picture (from monthly NHS Scotland management information) shows that NHS Fife (5.94%) had the 4th highest absence rate of all Mainland Health Boards for the 12-month period from January 2022 to December 2022. The Scottish average is 5.97%.

The Attendance Management Operational Group meets regularly to consider and implement preventative measures relating to sickness absence including, for example, promotion of 'how are you?' built into the beginning of 1-1 discussions and encouraging walking 1-1 meetings. An Attendance Management balance scorecard is being developed by the group for use by managers and work is underway to pilot a STAY survey, which is a retention tool used to give an overview of what encourages employees to stay, what improvements can be made and what may cause employees to look for external opportunities.

To complement the NHS Scotland Workforce Policies and the TURAS attendance training module, our more detailed local Attendance Management training has been revised to incorporate a focus on managing and supporting staff experiencing mental health issues, understanding attendance triggers, and setting targets. It is anticipated that this will improve managers' confidence in dealing with these common issues. Promoting Attendance Review and Improvement panels are in place across NHS Fife, reviewing long and short-term absence and complex cases. These provide an opportunity for shared learning.

Despite a wide range of health and wellbeing supports available to staff, there continue to be unprecedented workforce pressures as the NHS recovers from the pandemic and this, along with the related personal pressures due to COVID-19, is impacting on staff resilience and wellbeing. The current cost of living crisis may also result in additional stressors for some staff and a financial wellbeing guide has been developed alongside the promotion of Moneyhelper.org and the Boost your Income campaign, with a financial wellbeing section added to StaffLink.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A number of services are available to staff including confidential, independent counselling, OH Mental Health Nurse support, Psychology and self-guided resources and toolkits, supplemented by a number of wellbeing activities throughout the organisation. The Staff Health & Wellbeing Framework for 2022 to 2025 has just been published and the NHS Fife Live Positive Stress Toolkit has been modernised and relaunched, providing another supportive resource for staff and managers.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**32.3%**

Following the marginal decrease of 0.3% during December, engagement has reduced by a further 1% in January. Directorate / Divisional level changes range from 0.5% to 2.7% reduction.

The number of reviews held in the last period (310) show an increase compared to the previous month (184) and sustained higher level activity will be necessary to support an increase in the overall compliance levels across the organisation.

The aim for the remainder of this performance year is to increase engagement in PDPR and build momentum ahead of the 2023/24 performance year. The performance improvement plan discussed, and agreed, with the Executive Group, Staff Governance Committee and Area Partnership Forum will enhance this work and support a staged approach to achieving the desired compliance percentage by March 2024.

Staffing levels and competing priorities continue to hinder PDPR progress and it is unlikely that this will change significantly in the next quarter. Approaches to encouraging engagement in the PDPR process following the pause implemented during the Covid-19 pandemic still prove challenging.

Daily enquiries regarding KSF, Appraisal and PDPR rose in the previous month with many queries associated to manager/reviewer updates and KSF post outline developments. This demonstrates that engagement in PDPR is beginning to rise.

	Target	Current

TURAS Appraisal Lunchtime Bytes sessions continue to be offered twice monthly via MSTeams. TURAS Appraisal eLearning will be launched by the end of March, to support managers who are unable to engage in these sessions and will complement the KSF&PDPR eLearning already available on TURAS Learn.

PDPR compliance reports will be provided to all managers in NHS Fife and the HSCP to support the other actions identified to improve the compliance percentage.

e. Performance Exception Reports

Sickness Absence *To achieve a sickness absence rate of 4% or less*	Performance 7.85%

Local Performance

National Benchmarking

Month	2021/22			2022/23								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%
Scotland	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%

Key Deliverable		End Date
Support the Health and Wellbeing of our Staff		Mar-23 At risk
Key Milestones	Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	Mar-23 On track
	Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	Mar-23 At risk

PDPR Compliance *To achieve an annual PDPR compliance rate of 80%*	Performance 32.3%

Local Performance
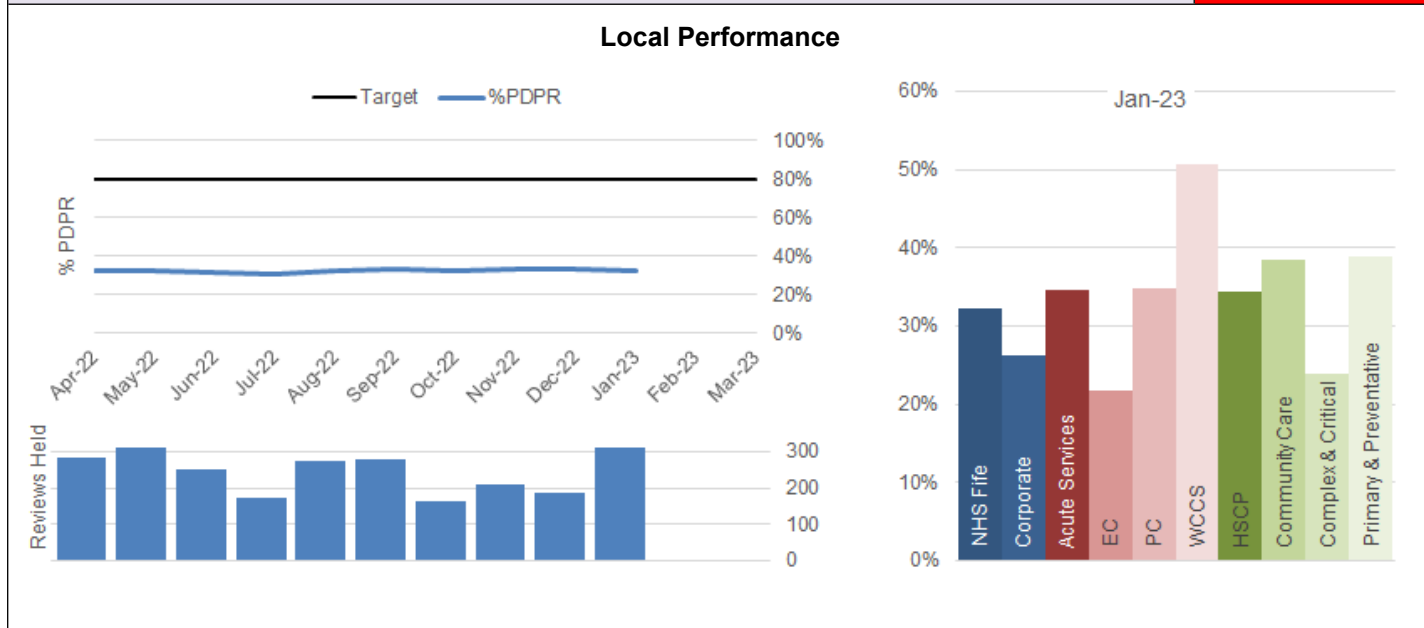
Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-23 At risk

	Key Milestones	End Date
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 Complete
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 Complete

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**NHS Fife 2022/2023 Training Compliance Update**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Learning & Development Officer (KSF)** **Kevin Reith, Deputy Director of Workforce**

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:
- Legal requirement
- Local policy

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

- Safe, Effective and Person Centred

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

- 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 December 2022 and assurance on associated actions being taken to improve completion levels.

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. At the start of employment, this training will be provided via Corporate Induction. This training will then be updated throughout the employee's career in accordance with the required refresh dates for each core skill topic.

The nine subject areas are:

Appendix 1 contains the current Core Skills guidance. Although no changes are presently proposed, there are recommendations outlined below in relation to prioritisation of training completion and review of a number of core areas as part of the improvement plan. We also note the work which has been commissioned by the HRD group which will make recommendations in relation to national Statutory and Mandatory standards.

2.3   Assessment

In reporting Core Training completion over the operational year from 1 October 2021 to 30 September 2022, it was noted that the overall compliance rate had dropped to 65% of the annual training target with overall engagement ranging between 35-100% across the nine subject areas and variable engagement across directorates. This equated to a 5% reduction since the position was reported in December 2021. Our organisational aim is to have a compliance level at or above 80%.

Although acknowledging that completion levels would decline further over the winter period, an update was requested, and Appendix 2 provides a breakdown of performance by subject area as at end December 2022 which has identified a further reduction to an overall compliance level of 48%.

It should be noted that adjustment to calculation method has had an impact on the overall level of compliance. Further work will also be required to ensure all completion activity is being captured within the figures. However, this information allows a benchmark to plan the development of realistic improvement plans.

The EDG has made a commitment to Board, SGC and APF that work on improving the training compliance levels would involve the following areas of action:

1. Compliance Improvement trajectories developed across services to target and prioritise activity.
2. Engagement with all training owners to establish delivery plans and improve levels of staff attendance/completion.
3. Roll out of enhanced manager reporting to support compliance monitoring activity.
4. Completion of a full core training compliance review to develop and refine our programme to improve role specific training requirements (aligned with national work as appropriate).

The position on these areas of action ins outlined below:

1. Compliance Improvement trajectories developed across services to target and prioritise activity

In assessing the present position there will be a significant level of activity increase required to achieve our 80% target across all areas of the core training areas. Through revised delivery plans for face to face training (see next section) and the e-learning component of remaining areas, there is capacity to support delivery during 2023/24. However, after initial liaison with service leads, to manage expectations on staff time and avoid negative impact on service capacity it is proposed that there is a three phase approach to this work.

In proposing this approach it should be noted that completion of core training will continue across all areas and therefore improvement should be expected in each subject. This phasing will support focus of messaging and will be kept under review across each Directorate area to inform staff engagement. In addition individual service areas will continue to prioritise training completion for specific role requirements.

Phase 1 – prioritisation of the topics relating to organisational statutory responsibility and patient safety to include focus on:

- Resuscitation
- Manual Handling
- Fire Safety

This phase is proposed to target overall organisational achievement of our target of 80% completion by **October 2023.**

Phase 2 – This would involve targeting the completion of:

- Infection Prevention & Control
- Health & Safety
- Violence and Aggression

Including Infection Control in phase two in no way indicates a lower priority for this key issue but recognises the substantial focus and subsequent improvements in infection control standards which has been evidenced across services in response to COVID-19. It will also support additional review of the Infection Control training to ensure it remains appropriate for different staff groups.

This phase is proposed to target overall organisational achievement of our target of 80% completion by **December 2023.**

Phase 3 – To complete achievement of overall organisational compliance the final phase would address:

- Information Governance
- Protection for All

This phase is proposed to target overall organisational achievement of our target of 80% completion by **March 2024.**

Information Governance will be a higher priority in corporate and frontline service support functions and will be prioritised accordingly.

Protection for All requires a broader review of development needs and aims as it incorporates a number of key areas specific to different role requirements e.g. Child/Adult Protection, Gender Based Violence etc. It is proposed that this work is overseen by a group on Senior Training Leads as part of revised educational governance arrangements with recommendations to EDG (see 4 below).

In recognition of the position on Equality & Diversity training the achievement of 80% target will be a specific focus for Corporate Service areas, and between this and ongoing refresh across all services it is expected that the target will be achieved by early summer 2023 and will be maintained thereafter.

The trajectory plans to support the overall achievement of targets are being developed with milestone checks to ensure they remain deliverable and reflect any contextual challenges.

2. Engagement with all training owners to establish delivery plans and improve levels of staff attendance/completion.

The Improvement in performance compliance for each of the identified mandatory core training subjects has required an assessment to ensure there is adequate delivery capacity, appropriate delivery models, and training accessibility.

While classroom-based training has not yet returned to pre-pandemic levels, services delivering Resuscitation, Violence and Aggression, Manual Handling, and Fire are increasing their training delivery.

In line with the prioritisation of training the initial work has focused on increased capacity for training delivery and actions to support increased staff participation in Phase One priority training:

Resuscitation/Basic Life Support (BLS)

It is noted that the update on overall completion levels includes the need for all employees who do not deliver direct patient care or therapies are now required to complete Level 1 Adult Resuscitation e-learning. which means this topic is no longer confined to the clinical and key non-clinical workforce.

Given Resuscitation is recognised as the biggest clinical risk for the organisation, staff in frontline services are being directed to prioritise this training:

- All clinical staff are required to complete level 2 BLS and includes e-learning completion as a pre-requisite to the face to face practical training.
- Level 2 training includes recognition of cardiac arrest, summon help, start CPR; attempt defibrillation, basic airway management and choking,
- All non-clinical staff within Directorate teams have been asked to complete the level 1 BLS eLearning module on TURAS

Resuscitation training in NHS Fife has historically been delivered in accordance with Resuscitation Council Guidance. A review of training provision by the Practice and Professional Development (PPD) and Deputy Medical Director has resulted in agreement

to a number of measures to increase capacity and the availability of training for clinical teams. This review has included:

- Location of training provision to support access for frontline staff.
- Reduction of the Level 2 training session duration while still ensuring it covers essential components and meets Resus council guidance.
- Simplification of the booking process and advance notice of candidates booked to ensure pre-requisite course work is completed, duty rotas can accommodate release and training spaces available each week are filled to capacity. Weekly reports will also be produced for the Associate Director of Nursing to review attendance and Do Not Attends (DNA).
- Increase in the training team capacity to use the ALS Instructors for ad hoc training in Acute still in compliance with standards to ensure good governance.

In addition to these changes a test of cascade training week will start week commencing 20 March 2023 (AU2) with a view to rolling out a programme of cascade training to all clinical areas.

Manual Handling

A full review of Manual Handling training has been undertaken and has been presented to the Health & Safety Sub Committee. This has included the following elements:

- Full Manual Handling Audit completed in January 2023 with training actions identified to inform future activity.
- Recruitment of an additional 2 Trainers commencing in February 2023
- Review of 2022 Training to inform an expanded 2023 training programme with 350 sessions available (207 last year) with capacity for an additional 1300 staff.
- Improved liaison with services to ensure effective targeting of staff and maximising training session attendance.
- Improved capability for the early identification of new staff to ensure they are booked in for Manual Handling as part of their induction.

Fire Safety

Fire Safety is undertaken through both face to face and e-learning completion. Where e-Learning is completed, it is supported by location specific training to ensure particular fire safety issues in relation to evacuation and related safety instructions. The EDG have led by example by completing updated face to face training in February 2023 and this will be cascaded out through all services.

Current training completion information is being developed for circulation to all Directorates with guidance on how to ensure e-learning can be accessed and completed during phase 1.

3. **Roll out of enhanced manager reporting to support compliance monitoring activity.**

To ensure timely compliance monitoring all eESS accounts have been updated to include access to the eESS reporting tool so managers can monitor training compliance locally. Initial work will focus on ensuring designed Directorate Leads are able to access before further roll out to all managers to enable production of training compliance reports for their team(s) or service.

Additional improvement work also includes provision of a centralised training environment and reporting tool for NHS Fife as part of work to continuously improve staff experience and ensure a well-informed and appropriately trained workforce. Turas Learn's training booking functionality is currently being tested to meet this requirement.

The transition of NHS Fife training events to this platform is underway with access to the booking functionality for all Core Training events being made available from 1 April 2023. All other training events provided within NHS Fife will move to this platform during the remainder of 2023 and into early 2024 with the project reaching completion by 31st March 2024.

From 1 April 2023 onwards, the Lunchtime Bytes training session topics will be increased to included OBIEE Reporting for Managers. This will support managers in producing a range of reports for their teams and will include training compliance reporting. It should be noted that OBIEE reporting provides hierarchical reporting for managers, however, does not have the functionality for proxy users to be assigned.

4. **Completion of a full core training compliance review to develop and refine our programme to improve role specific training requirements (aligned with national work as appropriate).**

As noted above, initial engagement with training providers and service leads has resulted in the proposal to implement a phased approach to achieve organisational training compliance targets. To ensure that the training compliance improvements are given sustained focus it is proposed that a Senior Leaders Group reporting to the EDG is created to direct and inform both the initial improvement priorities and review of our full Core Mandatory Training activity.

This work will be led by the Head of Workforce Development (initially by the Director of Workforce pending appointment of the vacant Head of Service role) and will include representation from all Training Owners and Staff Side representation.

Included in the initial remit it is proposed that:

- Work to ensure current improvements in compliance are progressed and targets are achieved.
- Review of our approach to all Core Training topics, but initially to focus on the Protection for All topic as noted above.
- Compliance Reporting and Monitoring Improvements are reviewed to support the work to create standard performance reporting and establish role specific training reporting.
- Development of a Communication Plan to ensure effective engagement with staff across all Directorates through organisation promotion and service cascade.
- Recommendations are made to EDG on educational governance arrangements are developed to ensure staff training is prioritised and delivery arrangements are revised as appropriate to achieve organisational aims.
- Proposals to be developed for the annual review of our Core Training programme and will include any proposed changes to individual topics which allow consideration of the overall compliance implications.
- Consideration of actions required in response to national direction on Statutory & Mandatory Standards and Protected Learning Time.

2.3.1 Quality / Patient 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 introduction of Turas Learn as our new booking system for training in 2023 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 Diversity, including 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

All Directors and Training providers have been consulted in the production of this paper.

2.3.8 Route to the Meeting

The Core Training Compliance update was previously considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum NHS Fife Board in the last governance cycle.

2.4 Recommendation

The Committee is asked to take **Assurance** from the report and is invited to:

- **Note** the actions being taken to increase compliance.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1: Core Skills Topics, Target Audience and Refresh dates
- Appendix 2: Performance breakdown by subject area

Report Contact:

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Appendix 1

Core Skills Topics, Target Audience and Refresh dates

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Manual Handling	Manual Handling (Non-Patient Handling): NHS Fife • Manual handling (non-patient handling) theory • Manual handling (non-patient handling) videos Manual Handling (Patient Handling): NHS Fife • Manual handling (patient handling) theory • Manual handling (patient handling) videos	Manual Handling (non-patient handling) Manual Handling (patient handling)	2 years Annual	ALL staff who are not responsible for physically lifting, moving or supporting patients. ALL Clinical and Key non-Clinical Staff who are responsible for physically lifting, moving or supporting patients.
Fire Safety	Fire Training NHS Fire Training Video	Fire Training Provided by Fire Safety Team	Annual	ALL
Resuscitation	Level 1 Adult Resuscitation Level 2 Adult Resuscitation Level 2 Paediatric Resuscitation	Level 1 Adult Resuscitation Level 2 Adult Resuscitation Level 2 Paediatric Resuscitation	Annual	All staff who do not deliver direct patient care or therapies. All staff who deliver direct patient care or therapies. All staff who deliver direct patient care or therapies to children (excludes neonates).
Health & Safety	NHS Fife: Health and Safety	Health & safety eLearning	3 years	ALL
Infection Control	SIPCEP Foundation Layer (NES Scottish IPC Education Pathway – Foundation (15 individual courses))	Infection Control eLearning	Annual	ALL

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Equality & Diversity	Equality and diversity: equality and human rights (NES content)	Equality and Diversity eLearning	3 Years	ALL
Information Governance	NHS Fife: Information Governance Information governance: safe information handling (NES content)	Information Governance eLearning Information governance: safe information handling	3 Years	ALL
Protection for All	NHS Fife: Protecting Children in Scotland NHS Fife: Adult Protection NHS Fife: Gender-based Violence NES: Human Trafficking (NES content) Prevent	Protecting Children in Scotland eLearning Adult Protection eLearning Gender Based Violence eLearning Human-trafficking eLearning Prevent eLearning	3 Years (Prevent – is a one-time completion with no refresh required)	ALL Clinical and Key non-Clinical Staff
Violence & Aggression	NHS Fife: Violence and Aggression Awareness	Violence and Aggression Awareness eLearning	3 Years	ALL Clinical and Key non-Clinical Staff

Appendix 2

Performance Breakdown by subject area

Table 1: NHS FIFE – Core Skills Compliance as of 31st December 2022

Subject area	refresh period (year)	Target Population	NHS Fife compliance %age	AS compliance %	H&SCP Compliance %	Corporate Compliance %	Pharmacy Compliance %
Manual Handling	1	all clinical staff (2 years for non-clinical staff)	52	60	60	42	39
Fire Safety	1	all staff	50	51	58	37	45
Resuscitation	1	all clinical staff	41	42	52	18	23
HAI	1	all clinical +key non clinical staff	38	37	44	29	34
Information Governance	3	all staff	36	37	40	29	37
Health & Safety	3	all staff	48	50	54	34	42
Protection for All	3	all clinical + key non clinical staff	52	53	64	25	60
Equality & Diversity	once	all staff	72	75	76	58	74
Violence & Aggression	1 year / 3yrs	all clinical staff in priority areas + key non clinical staff	43	42	56	19	36
TOTAL			**48**	**50**	**56**	**33**	**41**

Table 2: Rolling Compliance Performance
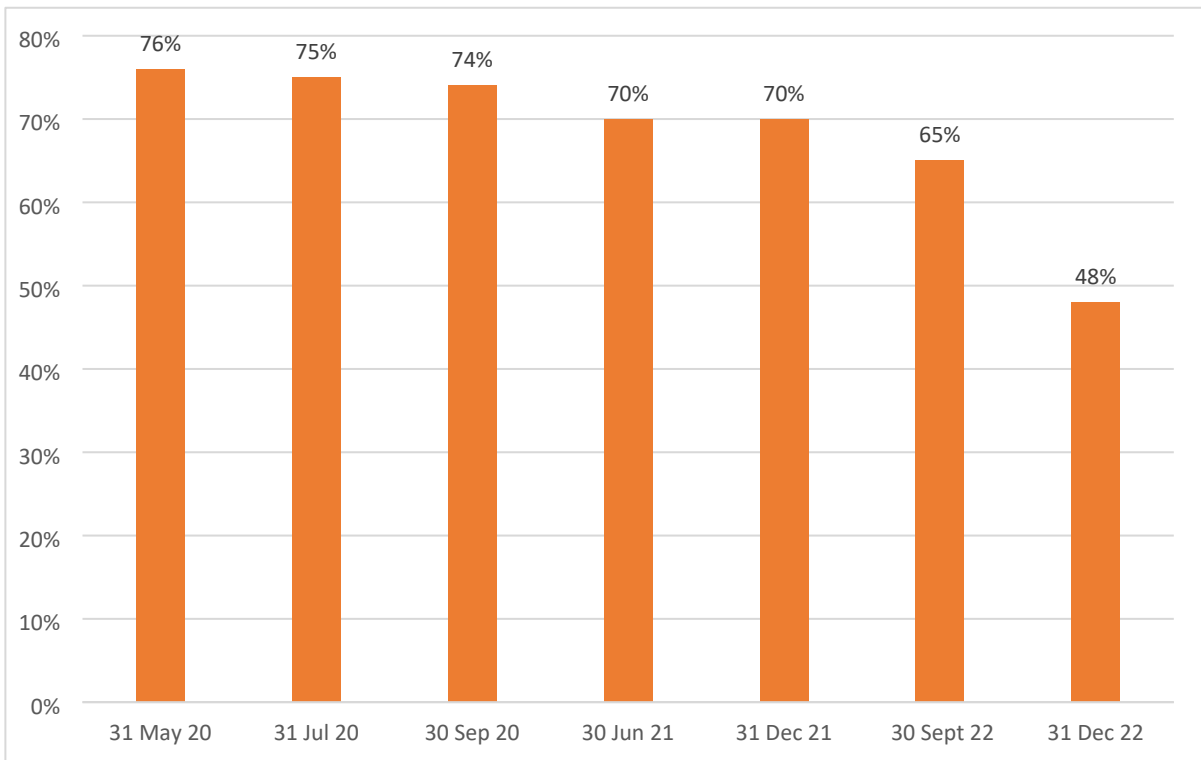
This table provides information on compliance performance over the past three years since monitoring began.

December 2022 completion rate does reflect a further decline in overall compliance, but it should be noted that calculation adjustments has resulted in a downwards adjustment.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Tender Process for Board Managed 2C General Practices**
Responsible Executive:	**Nicky Connor, Director of Fife Health and Social Care**
Report Authors:	**Dr Helen Hellewell, Associate Medical Director** **Lisa Cooper, Head of Services, Primary & Preventative Care** **Chris Conroy, Immunisation Programme Director** **Fiona Duff, Primary Care Programme Manager**

1. Purpose

This Report is presented to the Committee for:

Awareness in terms of progress made in terms of remodelling of three of our five Board Managed Section 2C General Practices, towards an outcome of stability and resilience through a process of Tendering to external bids via the procurement process.

This is an important consideration in a wider piece of work that will review the sustainability of general practices across Fife's primary care system to enable a supportive, connective, and proactive response towards the aim of resilience and sustainable service delivery.

This report relates to an:

- Annual Operational Plan
- Emerging issue
- National Health & Well-Being Outcomes

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

This report relates to the Staff Governance Standard requirement that staff are:
- Well Informed

2. Report Summary

2.1 Situation

NHS Fife and Fife HSCP continue to experience significant clinical and managerial workforce challenges within Primary Care Services which impact directly on safe and effective service delivery within 2C Board managed General Practices.

There is a requirement to act promptly to safeguard the sustainability of 2c Board managed practices, in a way that is reflective of the individual circumstances of each Practice and that seeks to best support the population needs that these practices serve.

2.2 Background

Due to increasing instability within four of five 2c practices, the Director of the Health and Social Care Partnership (HSCP) and the Medical Director for NHS Fife jointly commissioned a programme of work, with two key focuses:

- Appraise the current service delivery position, associated pressures, and risks and put in place immediate actions to support safe service delivery.
- Create a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c practices. The aim being to develop resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice, collectively.

Current 2c Practices

In April 2004, a duty was placed on NHS Boards to provide or secure "primary medical services" for their population. When practices experience difficulties or sustainability issues which affect their ability to deliver services for a population, the NHS Board must take action to ensure their delivery, by either:

1. Making arrangements with another 17J or 17c practice (merger or procurement process)

Or

2. Providing the service directly as a 2C practice

Fife HSCP is currently in a position where it holds responsibility to effectively manage and deliver care for five Section 2C Practices, as outlined in table 3 below:

Table 3: 2C GP Practices in Fife

GP Practice	Population	2C Contract Start Date
The Links Practice, Burntisland	1872	2016
Linburn Road Practice, Dunfermline	9066	2007
Valleyfield Medical Practice	4090	2019
Kinghorn Medical Practice	3366	2021
Methilhaven Surgery	6200	2022

Immediate Oversight - Primary Care Huddle

A Short Life Working Group was convened in July 2022 with key professional, and management leads in attendance supported by HSCP SLT members with responsibility for delivering Primary Care Services. Coupled with assessment of the risk and pressures across all 2c practices, Daily Primary Care management huddles were immediately stood up in

recognition of the significant live risk and pressures across these practices. With representation across the multidisciplinary team, this huddle allows for a clear assessment of current staffing levels across practices, in line with Operational Pressures Escalation Levels (OPEL) descriptors for General Practice, whilst also being empowered to act to re-allocate MDT staff from across Fife HSCP to protect service delivery.

Whilst the introduction of Primary Care huddle has allowed regular MDT review of staffing across 2C practices, there are occasions whereby practices are only providing Urgent Same Day appointments or indeed haven't been able to provide the full range of urgent Same Day appointments, with 3 occasions the practice have unfortunately had to close early. This is indicative of the unsustainable staffing of 2c practices, largely driven by GP vacancies or inability to cover with GP locums.

Work is ongoing to return the current 2C practices to a position of stability and create capacity to support other practices which may come into difficulty.

2.3 Assessment

As a result of previously outlined concerns and challenges in supporting these practices, the SLWG assessed and agreed the risks as presented in table 4 below.

Table 4: Risks

RISKS
1. PATIENT SAFETY AND EXPERIENCE
1.1 There is a risk to patient safety due to the potential for delayed access to care and accumulation of care needs as a result of practices only resourced to provide as a maximum same day urgent care service for a sustained period of time
2. QUALITY AND CARE EXPERIENCE
2.1 There is risk of reduced quality of care provision and also reduced capacity for QI work due to the workforce resource planning impact and resource implications meaning reduced access to care and including outstanding long term condition review and medication review
3. WORKFORCE
3.1 There is a risk to staff experience and wellbeing, including access to direct clinical and peer supervision and access to remote support when working autonomously
3.2 There is a risk to staff resilience due to pressured working conditions both directly within practice and also of the professional and management team working relentlessly at a sustained high level of concern to ensure safe access to care and safe staffing levels
4. FINANCE
4.1 There is a risk to further additional spend on a pressured GMS budget aligned to 2C practice delivery due to ongoing workforce challenges
5 ORGANISATIONAL REPUTATION
5.1 There is a risk to organisational reputation due to the ongoing workforce and care access challenges to all 2C practices
6. EFFECTIVE DELIVERY

6.1 There is an ongoing risk to effective service delivery if the current interim mode of delivery continues for the service if no changes are made.
6.2 There is a risk of reduced access to care meaning patients may present elsewhere across the wider system e.g. Urgent Care Services Fife (UCSF), Emergency Department (ED) impacting on wider system effectiveness

The interim actions taken to date to confirm a safe to start position has been tenuous, with GP cover routinely being provided as a late contingency by the Deputy Medical Director, this cannot be considered an acceptable enduring solution.

The daily scoring against each of the five practices, which supports the overall OPEL position has also confirmed a position of relative stability within Linburn Road Practice and as such there is no immediate requirement for a new delivery model given their current sustainability.

It's important to recognise also, the financial position in managing these practices under 2C principles largely results in significant cost pressure to the Board. It is important to advise that as Linburn Road Practice was never a 17J or 17C practice, the cost profile for this practice is incongruous to that of the others.

Proposal

Through a detailed programme of work which involved, assessment of the individual 2C practice arrangements, the current delivery situation and liaison with the associated Practice Managers, a series of proposed long-term options for the management of the five practices was determined. This work determines that with significantly different circumstances attached to each practice, a 'one size fits all' approach was not appropriate; therefore, the proposal was to align each practice to the most appropriate solution to deliver sustainability services that are reflective of the local need. This multifaceted approach is supported for progression for approval by the Chief Officer of Fife HSCP and the Medical Director of NHS Fife.

As already detailed, given the relative sustainability of Linburn Road it was deemed not necessary to progress an alternative delivery model, meaning it will remain as a 2c practice. In regard to Methilhaven practice, following appraisal and discussion at an operational and strategic level, there is a decision to explore a separate solution given the interest from neighbouring practices to support list management of their practice population.

This process is described as considered collaborative list management (CCLM) with a project group established to explore this and move the practice to a sustainable practice. The CCLM option is not feasible for exploration for the remaining 2c practices detailed within this paper following paper. Progress is being made on taking this option forward with Neighbouring practices, with plans being finalised to allow CCLM to commence in the coming months.

Therefore, this paper will focus on the future delivery model plans for Kinghorn Practice, Links Practice and Valleyfield Practice. Following critical review and appraisal of each option including the benefits and challenges, the SLWG acknowledged the risks together with the most appropriate outcome for each of these three 2C practices. The proposal, which was supported via Fife HSCP SLT, NHS Fife EDG and PMSSC, was to tender to external bids via Procurement Process. Due to the fact that these practices have been unable to attract or retain a sustained clinical workforce and given their geographical proximately to other practices, dispersal of patient's lists has been recognised as not being appropriate course

of action at this time. See a summary for each practice below in terms of suitability for tendering:

- Kinghorn Practice has held 2C status since April 2021, there are currently no GPs associated with this practice resulting in daily issues to provide suitable medical cover, the practice premises is in good order.
- Links Practice, Burntisland, has held 2C status since February 2016, however recent changes to the attached salaried GP availability have resulted in increased stability difficulties; the practice premises is in good order and as such this practice has been considered suitable for tender process.
- Valleyfield Practice, High Valleyfield, has held 2C status since September 2019, however the recent resignation of the attached salaried GPs in this practice has exacerbated issues with stability. The practice population has a main concentration within High Valleyfield and the immediate surrounding villages, the closest alternative general practice is at a distance of 3.5 miles; the practice has a large socioeconomically deprived population, any movement out with the immediate area could have an adverse impact on the patient group.

Delivery structures are well established via the 2c Tender Oversight Group to take forward the formal tender processes. The formal aspects of the Tender process have commenced, with notes of interest currently being sought. Following this there will be a period of rigorous assessment and evaluation of any notes of interest, supported via a robust scoring criteria matrix. Current plans would see any successful bidders commencing the delivery of general medical service by June 2023.

Of course, there is no guarantee that each practice will successfully have some tender for the services their practice provides, however assurance is given that the delivery group are developing contingency plans in parallel to overseeing the tender process.

A key aspect of what the delivery team are supporting is regular communication and engagement with staff currently working within these practices and the populations they serve. A detailed communication and engagement plan is in place to make sure staff, citizens and our Health and Social Care system are regularly updated on progress.

2.3.1 Quality/ Patient Care

These plans seek to ensure ongoing effective and sustainable care delivery. Professional leads are closely involved in the work being progressed to provide clinical assurance.

2.3.2 Workforce

Staff including clinical and managerial team members are critical within safe and effective delivery and these recommendations are designed to enhance resilience, supervision, and support to the team. It is realised the outcome of the tender process will have a direct impact on staff employed within the practices and close dialogue is ongoing, with support and guidance from HR and staff side colleagues.

2.3.3 Financial

The delivery of 2C practices is underpinned by General Medical Services budget in line with the national Statement of Financial Entitlement. There are known cost pressures to this budget, with all practices consistently tracking a 10% overspend on respective budgets, largely driven by locum GP costs, with projected overspend for 2022/2023 of approximately

£230,000. Finance relating to the MDT resources is subsumed within current HSCP budgets related to their area of service. Any additional spend in relation to these recommendations and costs would require to be subsumed within existing budgets. Assurance is given regarding rigour around financial governance arrangements to clearly track and report on spend.

2.3.4 Risk Assessment/Management

There is risk that no practices successfully tender. It can be assured that Fife HSCP will continued to support safe access to care and maintain any practice in this scenario as a 2c practice, while other options are explored.

2.3.5 Equality and Diversity, including health inequalities

It can be assured as a minimum a stage 1 EQIA will be completed regarding any decision to be implemented in line with recommendations.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

HSCP SLT, Primary Care Management team, HSCP AMD, clinical and professional leads, communication, HR and staff side colleagues leads have all been involved in identification of need and creation of plans.

The team has been expanded to include key stakeholders necessary to support effective implementation including NHS Fife Procurement expertise. The LMC will also be engaged with and advised of this proposal prior to any agreement being moved to implementation.

There has been dialogue with other board colleagues who have completed the tender process with 2c practices to understand experiential learning, which has been built into planning.

A detailed communication plan to include workforce, wider general practice, public, elected members, press and media is in place to support any change to service delivery and mitigate risk of adverse publicity.

2.3.8 Route to the Meeting

This paper has been created at pace by relevant representatives of NHS Fife and HSCP as members of the 2c Tender Oversight Group. This paper has been supported by the following groups:

- It has been discussed with HSCP SLT members and was supported for progression to NHS Fife EDG.
- NHS Fife EDG 03/11/2022. Paper presented for discussion and endorsement. Recommendations were supported to allow progression to the NHS Fife Primary Medical Services Sub Committee with extra ordinary meeting convened 08/11/2022.
- It was presented for information, discussion and assurance at the Primary Care Oversight Group (PCOG) on 16/11/22.

Reporting regarding progress for assurance and/or escalation will be provided to the PCGSOG as the work to implement the tender proceeds to conclusion.

2.4 Recommendation

Staff Governance Committee are asked to:

- Acknowledge the content within this paper including the risks articulated and the significant work being undertaken within Fife HSCP to plan and deliver services across 2c practices to mitigate risk, ensure safe service delivery, sustainability and support for the workforce.

- Be assured of plans being implemented to tender Kinghorn Practice, Links Practice and Valleyfield Practice to external bids via Procurement Process for GP services and that there will be staff engagement throughout this process.

3. List of Appendices

None

Report Contact

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**East Region Health Protection Service: Progress Update**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Joy Tomlinson, Director of Public Health**

1. Purpose

The purpose of this report is to provide Staff Governance Committee with an update on the progress towards implementation of the East Region Health Protection service.

Any member wishing additional information should contact the Executive Lead ahead of the meeting.

This report is presented for:
- Assurance

This report relates to:
- Legal requirement
- Local policy

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

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

2. Report Summary

2.1 Situation

This paper provides an update to Staff Governance about progress and milestones towards implementation of the East Region Health Protection Service. Formal consultation with staff for the new service began on 5 December 2022.

2.2 Background

The four East Region Boards, NHS Fife, NHS Borders, NHS Lothian and NHS Forth Valley agreed to explore the potential of developing a regional Health Protection Service in December 2020. The main drivers for regional delivery were a desire to improve service resilience and sustainability, to reduce unnecessary duplication, to maximise the skills of the workforce and establish a modern service which would be attractive to work in.

The experience of working through the pandemic highlighted the importance of resilience and potential benefits of developing a regional approach. The Health Protection Service in each Board is delivered by a small multi-professional workforce. Health Protection Teams include Public Health Nurses and Consultants with input from the wider public health staff with different roles. During the acute stages of the COVID19 pandemic, public health staff who do not normally deliver core health protection functions switched large parts of their working time to support the response.

A formal project governance structure was put in place in January 2021 and the project development was led by Professor Peter Donnelly, Professor of Public Health Medicine, University of St Andrews and Jan McClean, Director of Regional Planning for East Region. An overview of the timeline for the project to date is provided in **Figure 1** below. An Oversight Board was established at the outset with representatives from Chief Executives and Directors of Public Health from all four Board areas and has included partnership representation. There has been engagement with local teams through an established Clinical Reference Group.

NHS Fife approved the strategic direction of the project at the Board meeting on 30 November 2021. In early 2022, a series of workshops were held with staff to identify areas which required specific focus.

Figure 1: Timeline, East Region Health Protection Service
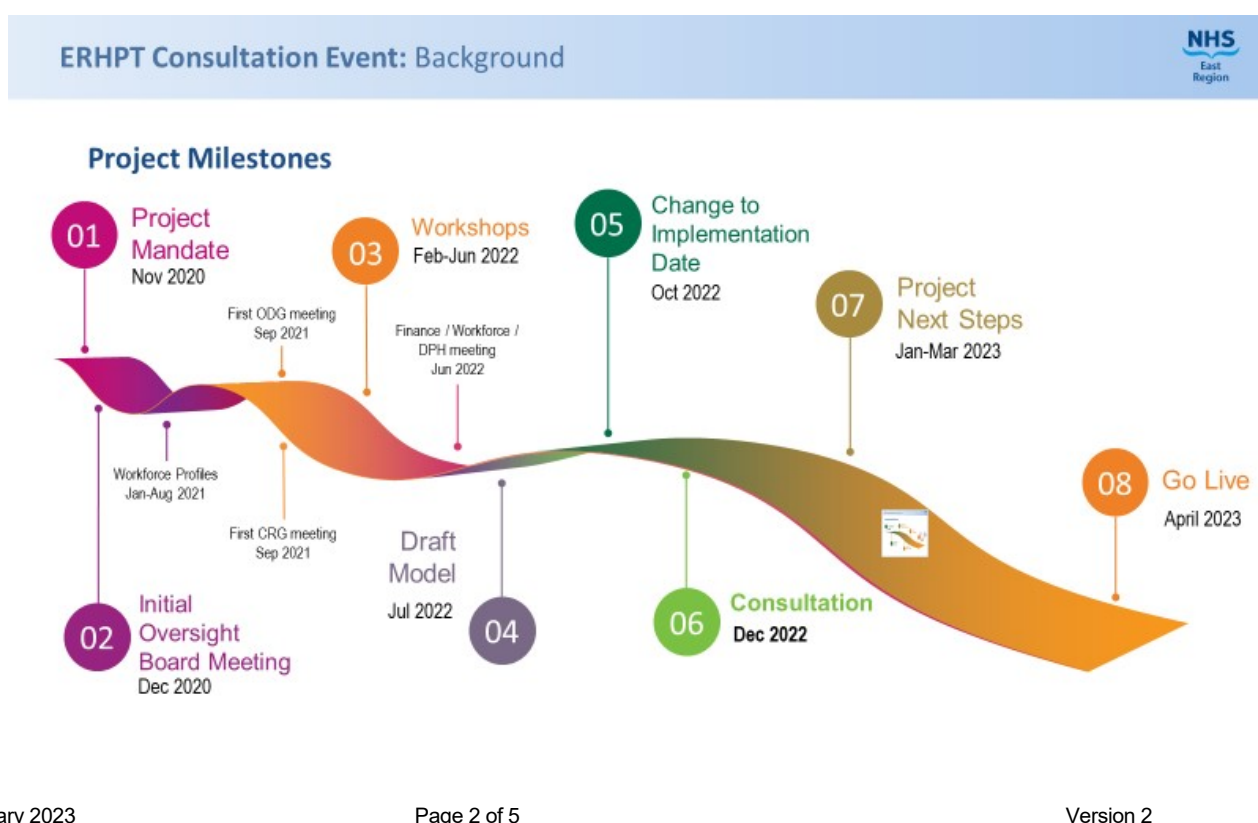
Following further development of the plans for the new service, HR advice was received that major organisational change policy should be applied, and detailed advice about the requirements were provided to the project team. A formal consultation process was initiated on 5 December 2022.

2.3 Assessment

Progress achieved and next steps

The preferred model for the East Region Health Protection service has been informed by the discussion within the project governance groups supplemented by workshops held with staff (see **Figure 2** below). The service will include all existing staff who are delivering health protection functions in each of the Board areas. There will be no change to employer or location of working for staff. There will remain Consultant and Nursing roles for the regional service within all four Board areas.

Figure 2: Regional Model

The consultation webinar included an overview of the future vision for the service. A pack of information was provided after the event and an opportunity to submit written questions was given. Formal consultation with external stakeholders is now underway.

There are some differences between the Boards in sub-sets of the specialist function and these will be addressed over time. The Public Health immunisation function is not part of the regional service although there will be opportunities to strengthen peer-to-peer links and learning opportunities. This approach has been agreed following discussion with local immunisation coordinators.

2.3.1 Quality / Patient Care

The ambition of the new service is to strengthen training and education for all staff involved in Health Protection and a learning and education strategy has been developed. Shared continuing professional development sessions have begun with an initial focus on emergency response.

2.3.2 Workforce

There has been balanced feedback from staff about the positive opportunities and some concerns raised, about the potential changes to individual hours and responsibilities. These will be addressed during one to one conversations by individual line managers.

2.3.3 Financial

The ambition is for the East Region service to be sustained within existing budgetary resources. There are areas of potential pressure which remain to be scoped and some of these pressures exist whether or not a new Regional Service is established.

2.3.4 Risk Assessment / Management

The project team have maintained a risk register throughout the process and any escalated risks are raised through the project governance structure.

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

A Health Impact Assessment has been carried out and a report is being prepared for the leadership team.

The functions of the new service are not changing and it is not anticipated there will be any adverse impacts on health inequalities or Equality and Diversity as a result of the changes.

2.3.6 Climate Emergency & Sustainability Impact

The expectation is that the new service will provide additional resilience for Health Protection in the four Boards. This will enable them to provide expert advice and response to situations related to climate change.

2.3.7 Communication, involvement, engagement and consultation

Representatives from all teams have contributed to the Clinical Reference Group. Partnership input has been provided to the Oversight Group and through the Operational Delivery Group. Newsletters have been provided for wider staff cohorts who will be part of the new service although there was a gap in the summer months. All staff received identical personal invitation letters to participate in the consultation process and a mechanism to provide anonymous feedback to the project team.

- Newsletters: Five produced between November 21 and December 22
- East Region Consultation event, 5th December 2022

2.3.8   Route to the Meeting

A longer version of this paper was presented to EDG on 5 January 2023. An earlier paper setting out strategic direction was presented to Public Health and Wellbeing Committee on 21 November 2022 and NHS Fife on 30 November 2022.

2.4   Recommendation

This paper is presented to the Staff Governance Committee to update and provide assurance on progress towards implementation of the East Region Health protection service on 3 April 2023. The primary purpose is of assurance for EDG and agreement about the governance route for NHS Fife.

- **Assurance** – Process followed to date for Members' information.
- **Discussion** – Governance approach for sign-off

Report Contact:

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Acute Services Division: Reflections and Actions in Relation to Healthcare Improvement Scotland letter of 11 November 2022**
Responsible Executive:	**Claire Dobson, Director of Acute Services**
Report Author:	**Iain Macleod, Deputy Medical Director (Acute)**

1.   Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue
- Government policy / directive

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

- Safe, Effective and Person Centred

This report aligns to all aspects of the Staff Governance Standard that staff are:

- Well Informed
- 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

Healthcare Improvement Scotland (HIS) Director of Quality Assurance wrote to all NHS Scotland Boards on 22 November 2022 (Appendix 1) to highlight concerns raised via recent Safe Delivery of Care Inspections of acute hospitals. The Acute Services Division (ASD) considered the concern and guidance shared via the letter regarding the aspects of safety and quality highlighted to ensure that the learning was acted upon. The ASD Senior Leadership Team has reviewed practice, policies and procedures to assure NHS Fife of learning regarding the issues highlighted in the letter in relation to the impact that ongoing system pressures are having on acute care delivery.

2.2 Background

Since the beginning of 2021, HIS has been carrying out COVID-focused inspections of acute hospitals, using methodology adapted from its previous 'safe and clean' inspections. The Victoria Hospital Kirkcaldy (VHK) was inspected in May 2021 which resulted in 7 areas of good practice and 2 requirements.

Taking account of the changing risk considerations and sustained service pressures, the Cabinet Secretary for Health and Social Care approved further adaptations to the inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care.

To provide targeted assurance on the safe delivery of care in the context of current service pressures these inspections are focussing on:

- Standard infection control precautions and transmission-based precautions for infection prevention and control
- COVID-19 and/or the use of respiratory pathways. The pathways are routes that patients should follow during their stay in hospital to minimise the risk of infection transmission
- Key indications of the delivery of care such as personal care, fluid and nutrition
- Management of safety and risk through observation of care, attendance at hospital safety huddles and assessment of staffing data provided by the NHS board.

To date, 8 inspections have been carried out in acute hospitals across 7 Boards (2 inspections have been carried out in NHS Forth Valley Appendix 1).

In April 2022 HIS wrote to alert Boards of serious safety risks that had been identified in their initial Safe Delivery of Care Acute Hospital Inspections. The ASD at that time considered these and sought to ensure that learning was shared and acted on.
Maintaining safety and delivering effective quality care continue to be core to ASD planning and decision making. On receipt of the HIS November letter the ASD Senior Leadership Team reflected on the areas highlighted and reviewed systems and procedures, as recommended, to ensure that the risks and issues highlighted were being robustly considered and teams were being supported to manage and address them.

2.3 Assessment

The sustained capacity pressures across the ASD and increased demand creates a number of clinical challenges in maintaining safety on site. This, at times of extremis, results in ambulances queuing outside of the ED and a delay in patients being handed over to the ED team. The impact of this includes safety concerns for patients and staff and, also results in ambulances not being able to respond to emergency calls in the community.

Should this situation arise an escalation call to the site capacity team and onwards to the General Manager of the day would be immediately triggered. This would initiate the Patient Cohorting – Ambulance Waits Standard Operating procedure, which is a whole site response to accommodating those patients what are waiting to enter the ED.

Oversight and Supportive Leadership

Earlier this year, NHS Fife introduced an Operational Pressures Escalation Levels Framework (OPEL), as a clear and agreed system wide overview mechanism to support

clear and consistent decision making and actions is a core enabler of system safety. This framework has standardised language for assessing the status of system pressures and the ASD continues to reflect and refine this to maximise a collegiate approach to proactively recognise and respond to emerging risks. OPEL is accessed by the Senior Leadership Team regularly throughout the day, it is effectively informing operational, tactical and strategic engagement and decision making.

In their letter, HIS encouraged the use of safety huddles; one of the actions ASD SLT have agreed to test in December 2022 is an extension from the acute system daily patient safety huddle, as a visible and collegiate mechanism to initiate any actions stemming from the morning acute OPEL status.

Collegiate Planning

The letter highlighted pressures on Emergency Departments, and acute admission areas as the weathervane of wider system pressure. These pressures were fully recognised and ASD SLT have a range of ongoing and capacity and flow improvement programmes in place drawing on the Unscheduled Care improvement programme. In addition to winter planning and in response to system pressures on 26 October 2022 the ASD held an improvement planning session to identify other actions to support capacity and flow. This generated a range of local improvement actions, which subsequent sessions have augmented, that ASD are collectively focused on progressing.

ASD SLT have supported wards and ED to review policies and procedures related to severe overcrowding, emergency fire evacuation and the storage and administration of medications to ensure that these and associated risk assessments are extant.

Reflecting on the themes of the letter ASD SLT note the following:

Overcrowding

- A range of tests and improvement work are ongoing with HSCP colleagues to support care at or closer to home, including testing out enhancements to 'call before to convey' with the Scottish Ambulance Service.
- The new Rapid Triage Unit opened in November to maximise the space within ED and Admissions Unit 1 and improve the experience of people attending, the model and associated pathways continue to be measured, studied and refined to develop this Advanced Nurse Practitioner led model through an active learning approach to implementation.
- Direct pathways and pathways to minimise time within ED are being strengthened; this includes the creation of the 4 bedded trauma assessment bay within the Orthopaedic ward and refinement of assessment pathways.
- Rooms within ED have been repurposed to create treatment and diagnostic areas to ensure people are cared for within an appropriate setting. This has been undertaken with estates and facilities colleagues and does not include the inappropriate use of non-clinical areas to deliver clinical care.
- Risk assessment processes are in place should any patient need to be cared for in a non-standard area and the site safety huddle process ensures rapid acceleration to mitigate risks.
- ASD are actively engaging with other Board's teams to draw on their learning of push models and have a clinically led group working to test and implement this in Fife.
- The NHS Fife estates team Fire Officers oversee fire strategy and evacuation planning which includes consideration of surge capacity and the evacuation of

patients and staff. The Fire safety Policy GP/F2 is written to comply with the Fire (Scotland) Act 2005 and the national mandatory guidance's issued by NSS in CEL 11 (2011) Fire Safety Policy for Scotland.

- Where capacity pressures result in boarding and/or use of surge capacity; there is a daily virtual MDT huddle in place to maintain an active review of all patients being cared for in a ward we would not optimally allocate them to. In addition to the work ongoing to maximise discharge without delay with HSCP colleagues the VHK discharge lounge are developing a pull model tied in with the developing work with the Capacity Team to optimize supporting people in the right place at the right time.
- The ASD SLT has worked with estates and facilities colleagues to prioritise the work programme to optimise clinical space and ensure a focus on maintaining the clinical environment.

Supplementary Staffing

- Recognising the workforce challenges, in addition to the Board's ongoing focus on recruitment and retention, safe to start conversations are a key feature of our daily safety huddles.
- Work is being progressed with the clinical teams to refine weekend handover arrangements to maximise oversight and awareness to support teams.
- ED are working to develop a sustainable medical workforce model.

Staff Wellbeing

- The ASD SLT are working to enhance further visible engagement with front line teams, including senior leader walk arounds and pop-up briefings and General Manager briefings
- The improvement activity referred to throughout this paper contains many ideas and initiatives that directly stem from front line staff feedback and suggestions, SLT are working to ensure that this is very visible
- The OPEL processes ensure consistent recording of decisions, actions and mitigation following escalation
- The Staff Well Being Hub on the VHK site opens next week, which will see this important staff rest area have a permanent home.
- Energy pods are being trialed in the ED staff well being area and within the theatre area from this week. This is to support staff rest as well as rejuvenation and well being.

Medicines Governance

The Director of Pharmacy and Medicines along with the Associate Director of Nursing have undertaken safety walkabouts in key clinical areas to identify and action issues in relation to the safe use and storage of medicines. Whilst there were areas of excellent practice noted in the resus and diagnostics areas, a number of improvement actions were identified:

- Improvement plan for both the minors and majors areas of the ED, with actions being closely monitored.
- Review of processes for the prescribing and administration of medicines for those patients who experience extended waiting times in the ED.
- Establishment of weekly medicines safety huddles to review medicines incidents and identify learning and improvement actions.

- Briefing sessions for nursing and pharmacy staff, on safe use and storage of medicines, with a focus on a collaborative approach to "See it, sort it" for any medicines issues identified.
- The continued audit of medicine management processes to assure medicines governance.

2.3.1 Quality / Patient Care

All aspects of the review and improvement actions noted above are focused on enabling and ensuring safe and effective, quality patient care

2.3.2 Workforce

All aspects of the above are also in support of enabling and maintaining the wellbeing of staff through clear effective and robust procedures and processes to ensure their and their patients' safety.

2.3.3 Financial

By delivering safe and effective care we will maximise the sustainable and effective use of the services available to the division and across the wider health and social care system.

2.3.4 Risk Assessment / Management

The overriding risks associated with capacity and winter pressures are logged in the Divisions risk register and associated corporate registers. The above summaries mitigation and management actions underway.

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

The actions and plans are focused on safe, effective, quality healthcare for all and are undertaken with consideration of addressing barriers to access and inequalities associated with personal and community characteristics.

2.3.6 Climate Emergency & Sustainability Impact

The focus is on assuring a safe acute system and thereby avoiding duplication and additionality that may otherwise stem from errors and require additional resources.

2.3.7 Communication, involvement, engagement and consultation

- The improvement ideas have been initiated through extended SLT sessions which included staff side representation
- Improvement ideas and actions have been shared at the Patient Safety Huddle

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.

- ASD Senior Leadership team have discussed the HIS letter and contributed to the development of this paper
- EDG 19 January 2023
- Clinical Governance Committee 3 March 2023

2.4 Recommendation

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

- Note the ASD reflections in response to the HIS letter as well as the actions underway to support the ASD, patient care and staff wellbeing.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Summary of HIS Acute Inspections
- Appendix 2: HIS Letter November 2022

Report Contact:

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HEI Inspection Reports Update: Safe Delivery of Care Inspection
Lessons Learned from other Boards 2022

DATE	HOSPITAL	GOOD PRACTICE	REQUIREMENTS	FLAG	PAGE
7-8 Dec 2021	Perth Royal Infirmary	5	2		2
18-19 Jan; 1 Feb 2022	University Hospital Monklands	4	7	🚩	3
22-24 Mar; 13 Apr 2022	Queen Elizabeth University Hospital	6	5		4
5-6 Apr; 19 Apr 2022	Forth Valley Royal Hospital	4	9	🚩	5
3-4 May; 29 Apr 2022	University Hospital Crosshouse	6	13	🚩	6
16-17 Aug; 6 Sep 2022	Western General Hospital	9	4		7

HOSPITAL	DATE	HEADLINES
NHS TAYSIDE **Perth Royal Infirmary** • inspected the ward and hospital environment • observed staff practice and interactions with patients, such as during patient mealtimes • spoke with ward staff (where appropriate), and • accessed patients' health records, monitoring reports, policies and procedures.	7-8 Dec 2021	**BACKGROUND** Perth Royal Infirmary is a district general hospital with 267 inpatient beds. The hospital provides a variety of services for Tayside and North East Fife including accident and emergency, general surgery, general medicine and elderly medicine**.** Areas inspected were: • accident and emergency department • general outpatient department • medical assessment unit • orthopaedic outpatient department • ward 1 • ward 3 • ward 6 • ward 7 • public and staff communal areas of the hospital One area had 50% **supplementary staff** on the day shift and 36% supplementary staff on the night shift. There was a 12% **vacancy rate** within the Registered Nursing and 8% within the Healthcare Support Worker workforce for November 2021. In addition, we noted that collectively there was a **sickness absence** level of 5.85% within nursing and special leave absence of 5.69%, due to COVID-19 related absences.
		This inspection resulted in five areas of good practice and two requirements. **REQUIREMENTS:**
		1. NHS Tayside must ensure that, when a high level of supplementary staff is in place, the delivery of care continues to be organised and coordinated. This includes mealtimes and cleaning equipment following use
		2. NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance

2

HOSPITAL	DATE	HEADLINES
NHS LANARKSHIRE **University Hospital Monklands** • inspected the ward and hospital environment • observed staff practice and interactions with patients, such as during patient mealtimes • spoke with ward staff (where appropriate) • spoke with 37 patients during our inspection • accessed patients' health records, monitoring reports, policies and procedures.	18-19 Jan 2022 1 Feb 2022	**BACKGROUND:** University Hospital Monklands is a district general hospital in Airdrie, North Lanarkshire, with a 24-hour accident and emergency department. Healthcare services include a renal unit, and medical and surgical inpatient services. It has 411 inpatient beds. Areas inspected were: • acute medical receiving unit; emergency department • ward 2; ward 4; ward 6; ward 7; ward 9; ward 10; ward 12; ward 14; ward 17; ward 18; ward 21; ward 22; ward 26 • public and staff communal areas of the hospital. Inspectors returned to University Hospital Monklands on Tuesday 1 February 2022 to follow up on an area of concern identified during the earlier inspection. Some areas within the hospital were working with a high number of **supplementary staff.** December 2021 workforce data showed there was a **17% vacancy rate** across the Registered Nursing workforce and an **8% vacancy rate** within the Healthcare Support Worker workforce. In addition, we noted high levels of **sickness absence, 10.8%** within nursing, with special leave absence rates of **3.4%,** related to COVID-19.

This inspection resulted in four areas of good practice and seven requirements.
REQUIREMENTS:

1. A robust process will be established across NHS Lanarkshire to ensure safe patient placement when utilising non-standard clinical areas for patient care

2. NHS Lanarkshire will continue to work to ensure risk assessments and care plans are regularly evaluated and updated to reflect changes in the patient's condition or needs, and that all relevant documentation is in place and completed

3. NHS Lanarkshire will ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes

4. NHS Lanarkshire will ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance

5. NHS Lanarkshire will ensure that there are systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed

6. NHS Lanarkshire will ensure a balanced approach when distributing supplementary staffing, ensuring consideration is given to levels of patient dependency and complexity when making real time staffing decisions

7. NHS Lanarkshire will ensure that systems and processes are in place to identify, assess, manage and communicate any patient safety risks throughout the organisation.

HOSPITAL	DATE	HEADLINES
NHS GG&C **Queen Elizabeth University Hospital** • inspected the ward and hospital environment • observed staff practice and interactions with patients, such as during patient mealtimes • spoke with ward staff (where appropriate) • accessed patients' health records, monitoring reports, policies and procedures.	22-24 Mar 2022 13 April 2022	**BACKGROUND:** The Queen Elizabeth University Hospital, Glasgow, opened in April 2015. The campus has 1,860 beds with a full range of healthcare specialities, including a major emergency department. In addition to the 14-floor hospital building, the hospital campus retains a number of other services in adjacent facilities. This includes maternity services, the Royal Hospital for Children, the Institute of Neurological Sciences, and the Langlands Building for medicine of the elderly and rehabilitation. Areas inspected were: • acute receiving medicine for the elderly (ARU 4); emergency department; immediate assessment unit • high dependency unit (critical care unit 1); specialist assessment and treatment area (SATA) • ward 5A, 5B, 5C, 5D, ward 6C, 8A, 8D, 9A, 9D, 10B, ward 66, 67, 11, ward 5, 12 • In the maternity unit: ward 49; 13 • In the Royal Hospital for Children: emergency department, ward 3C. Reported that: • high staff absence due to sickness and requirements to self-isolate • long patient waiting times in the emergency department • a high hospital occupancy rate with just over 5% available 'empty beds'. There were 33 wards across the hospital campus, scoring a nurse staffing risk rating of red at the start of the day. This means that nursing staff numbers or skill mix may be creating a risk to patient safety, or there are issues affecting patient safety that requires immediate attention. The evening before our inspection, the emergency department had put 'a divert' in place for 1 hour.
		This inspection resulted in six areas of good practice and five requirements. **REQUIREMENTS:**
		1. NHS Greater Glasgow and Clyde must ensure the environment in SATA continues to be suitable for the provision of care in a respiratory pathway. This includes: a) Sufficient hand hygiene facilities b) Appropriate storage and access to PPE c) Adequate placement of patients
		2. NHS Greater Glasgow and Clyde must ensure patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.
		3. NHS Greater Glasgow and Clyde must ensure that patient equipment is cleaned effectively.
		4. NHS Greater Glasgow and Clyde must ensure that all staff carry our hand hygiene at appropriate moments and the correct use of PPE in line with current guidance.
		5. NHS Greater Glasgow and Clyde must ensure wash hand basins are dedicated and used only for hand hygiene.

HOSPITAL	DATE	HEADLINES

4

NHS FORTH VALLEY **Forth Valley Royal Hospital** • inspected the ward and hospital environment • observed staff practice and interactions with patients, such as during patient mealtimes • spoke with patients, visitors and ward staff (where appropriate) • accessed patients' health records, monitoring reports, policies and procedures.	5-6 Apr 2022 19 April 2022	**BACKGROUND:** Forth Valley Royal Hospital, Larbert, is an 860-bedded hospital. It became fully operational after the transfer of acute services from Stirling Royal Infirmary in July 2011. The hospital provides a wide range of inpatient, outpatient and day services such as day surgery, emergency care, women and children's services and critical care. Areas inspected were: • acute assessment unit; emergency department; intensive care unit; wards A12; A31; A32; B21; B23; B31 • public and staff communal areas of the hospital. Inspectors returned to Forth Valley Royal Hospital on Tuesday 19 April 2022 to follow up on areas of concern identified during the earlier inspection and visited three additional wards A11, B11 and B32. **Vacancies** across the teams were high within all staff groups; registered nursing staff group which was **10.5%** and the medical staff group which was **13.76%.**
		This inspection resulted in six areas of good practice and nine requirements. **REQUIREMENTS:**
		1. NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed timeframes
		2. NHS Forth Valley must ensure hospital ward doors are only locked in accordance with the locked door policy; All staff who apply the locked door policy are fully aware of the correct process
		3. NHS Forth Valley must ensure that all sterile stock is stored appropriately to reduce the risk of cross infection, in line with the National Infection Prevention and Control Manual
		4. NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves, in line with the National Infection Prevention and Control manual
		5. NHS Forth Valley must ensure that cleaning is in line with national guidelines and local policy, particularly in relation to additional beds.
		6. NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or nonstandard care areas are in use; must ensure all the issues raised through our escalation process are addressed and the improvements made are maintained
		7. NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent
		8. NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented
		9. NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage, and effectively communicate any patient safety risks throughout the organisation

HOSPITAL	DATE	HEADLINES

5

NHS AYRSHIRE & ARRAN **University Hospital Crosshouse** • inspected the ward and hospital environment • observed staff practice and interactions with patients, such as during patient mealtimes • spoke with patients, visitors and ward staff (where appropriate) • accessed patients' health records, monitoring reports, policies and procedures.	3-4 May 2022 29 April 2022	**BACKGROUND:** University Hospital Crosshouse serves the north and east Ayrshire areas. It has a full range of healthcare specialties. It has 575 beds.The hospital provides maternity services for the whole of NHS Ayrshire & Arran at the purpose-built Ayrshire Maternity Unit. Areas inspected were: • ward 2A, 2B, 3B, 4A, 5B, 5D, Ayrshire maternity unit, emergency department, acute cardiac care unit, combined assessment unit, public and staff communal areas of the hospital
		This inspection resulted in six areas of good practice and thirteen requirements. **REQUIREMENTS:**
		1. NHS Ayrshire & Arran must ensure that systems and pathways used to direct patients to services are up to date with accurate information documenting where and how care is best provided.
		2. NHS Ayrshire & Arran must ensure that people in hospital are treated with privacy and dignity, and that all patients have suitable access to facilities to meet their hygiene needs.
		3. NHS Ayrshire & Arran must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care including where additional beds or nonstandard care areas are in use.
		4. NHS Ayrshire & Arran must ensure that staff are trained and knowledgeable in fire safety and are able to provide care and support in a planned and safe way when there is an emergency or unexpected event.
		5. NHS Ayrshire & Arran must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded.
		6. NHS Ayrshire & Arran must ensure that all staff remove single use personal protective equipment immediately after each patient care activity and/or the completion of a procedure or task in line with the NIPCM
		7. NHS Ayrshire & Arran must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.
		8. NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination
		9. NHS Ayrshire & Arran must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed.
		10. NHS Ayrshire & Arran must ensure care and support is provided in a planned and safe way and the care provided is responsive to patients' needs.
		11. NHS Ayrshire & Arran must review their systems and processes to ensure a consistent approach to clearly recording staffing decisions, escalations and mitigations.
		12. NHS Ayrshire & Arran must ensure that systems and processes are in place to identify, assess, manage and effectively communicate any patient safety risks throughout the organisation.
		13. NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time.

6

HOSPITAL	DATE	HEADLINES
NHS LOTHIAN **Western General Hospital** • inspected the ward and hospital environment • observed staff practice and interactions with patients, such as during patient mealtimes • spoke with patients, visitors and ward staff (where appropriate) • accessed patients' health records, monitoring reports, policies and procedures.	16-17 Aug 2022 6 Sep 2022	**BACKGROUND:** The Western General Hospital, Edinburgh, serves the Lothian region. It contains approximately 570 staffed beds and has a full range of healthcare specialties. This includes the regional centre for cancer treatment for the south-east of Scotland and the department of clinical neurosciences, which provides specialist services to patients across much of Scotland Areas inspected were: • Intensive care unit, medical assessment unit, minor injuries unit, same day emergency care (SDEC) • wards 15, 24, 51, 54, 70, 73 • public and staff communal areas of the hospital. Inspectors returned to WGH on 6 September 2022 to follow up on areas of concern identified in SDEC during the earlier inspection
		This inspection resulted in nine areas of good practice, one recommendation and four requirements. **REQUIREMENTS:**
		1. NHS Lothian must ensure that care and comfort rounding charts are consistently completed, and within the timeframes.
		2. NHS Lothian must ensure that there are systems and processes in place to support clinical staff when there is an absence of the expected senior leadership and management roles within the team.
		3. NHS Lothian must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed.
		4. NHS Lothian must ensure all infrequently used water outlets are flushed in line with guidance.

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NHS Chief Executives

Executive Nurse Directors   11 November 2022

Medical Directors

Pharmacy Directors

Dear Colleagues

Safe Delivery of Care inspections of acute hospitals

You will recall I wrote to you on 20 April this year to alert you to some serious concerns that had come to light during our initial Safe Delivery of Care acute hospital inspections in order that you could review systems and procedures within your Boards.

We have now carried out seven Safe Delivery of Care acute hospital inspections. The inspections undertaken so far continue to identify good examples of staff working together, in difficult circumstances, to manage and mitigate risks during a time of unprecedented system pressures. Despite the challenges associated with patient flow, waiting times and workforce pressures our inspections have highlighted many positive and caring interactions between staff and patients, with staff working extremely hard to deliver safe care. We have also observed examples of good practice in the use of safety huddles to manage patient care and patient flow.

However, we have identified further serious concerns that we wanted to alert you to so you can review the systems and procedures within your Boards.   These are concerns which directly impinge on the safety of patients and staff.

Of the seven inspections undertaken so far, we have found instances of extreme overcrowding in emergency departments and other admission units. Inspections have revealed patients seated in corridors and chaired waiting areas for extended periods with care needs such as fluid and nutrition and administration of medicines not being met, and many patients being cared for in non-standard care areas, such as treatment rooms or areas with increased bay capacity. Whilst we understand the unprecedented pressures on services, our inspectors have frequently found a lack of application of risk based approaches in assessing and caring for patients being placed in these areas, which has impacted the Board's ability to mitigate the associated risks and ensure safe patient placement, care and dignity.   We have also identified concerns in relation to patient and staff safety in the planning for and staff awareness of emergency fire evacuation procedures within these overcrowded areas.

We continue to observe the impact of higher than normal levels of supplementary staffing on patient care, and have witnessed an understandable focus on patient flow in planning and

decision making. However, when making decisions about the deployment of resources we would urge all Boards to take individual patient acuity, dependency and complexity into consideration during safety 'huddles' and when making real time staffing decisions in the distribution and deployment of staff.

In addition staff well-being continues to be a prominent feature of our inspections, with staff expressing feelings of exhaustion and highlighting to inspectors concerns around their ability to provide safe patient care, escalate concerns and feel that they are being listened too.

We have also identified instances of unsafe practice around medicines governance which could result in serious harm to patients. For example, inspectors have observed prepared intravenous medications left unattended in open ward areas, inadequate checks of medication, dose or patient details and medication cupboards left unlocked and unattended.

We would encourage all Boards to ensure that senior managers are proactive in identifying risks to patient safety, rights and wellbeing, including but not limited to those described within this letter, to enable appropriate action to be taken to promptly mitigate any associated risks.

We would ask all Boards to review their policies and procedures in relation to areas of severe overcrowding, emergency fire evacuation and storage and administration of medications to ensure that risk assessments, policies and procedures are being reviewed, updated and appropriately applied. We would also ask that you assure yourselves that all staff, including supplementary staff and managers are familiar with these policies and procedures.

We welcome your consideration of the important issues outlined above and appreciate your ongoing contribution to our inspections at this challenging time for NHS Scotland. We have worked closely with Directors of Nursing to highlight and share our inspection findings to date and support learning. Our current winter webinar series is focused on topics such as 'safe to start' and 'a system under pressure' providing a range of techniques and approaches to support, promote and share practice across Boards during this time of unprecedented pressure. We will continue to share the learning from our inspections over the coming months and offer ongoing improvement support to the system.

I am sure you will wish to bring this letter to the attention of other appropriate colleagues in your respective systems, including Chief Officers of Integration Joint Boards. I have also copied this letter to the Chief Operating Officer, National Clinical Director, Chief Medical Officer and Chief Nursing Officer at the Scottish Government for their awareness and consideration.

We look forward to continuing to work with you to support the delivery of safe, effective, person-centred care.

Yours Sincerely

Lynsey Cleland
Director of Quality Assurance

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**NHS Fife Workforce Information Overview**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, HR Manager – Workforce Planning**

1. Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to:

- Local policy

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

- Effective

This report relates to the Staff Governance Standard requirement that staff are:

- Well Informed

2. Report Summary

2.1 Situation

The attached report provides the NHS Fife Workforce Information Overview for the latest available quarter to 31 December 2022.

2.2 Background

As reported previously to the Committee, there are several data sources and methods to produce workforce information to inform specific Staff Governance agenda items. The development of workforce management information capability within NHS Fife to produce workforce data for enhanced decision making continues to progress and has enabled the production of the requested and on-going high level overview for the Committee. This activity is underpinned by access to workforce statistics produced and maintained by National Education Scotland, plus the continued rollout of the Tableau Regional Workforce Information Dashboard.

Appendix 1 attached to this report provides an overview of NHS Fife workforce information at 31 December 2022. The information has been taken from a range of workforce systems, including those maintained by National Education Scotland and that generated through theTableau reporting tool.

The Workforce Directorate continues to review the appropriateness of these data sources and will remain responsive to proposed changes in the provision of workforce information, where possible. Workforce information presented at different hierarchical levels appropriate to operational remit and purpose is available to managers on a routine basis.

Our responses / developments until this point have seen the production of a range of dashboards on MicroStrategy covering TURAS Appraisal, Nurse Bank Activity and previously Covid-19 related absence. Future changes may involve greater use of eESS reporting for absence management and Employee Relations cases, once these are uploaded by the operational team. There will also be information requirements arising from the implementation of the eRostering Programme and the implementation of the Health and Care (Staffing) (Scotland) Act 2019 - Safe Staffing legislation.

2.3 Assessment

2.3.1 Quality / Patient Care

Improved workforce information supports decision making to improve staff experience, which in turn benefits patient experience.

2.3.2 Workforce

The ability to produce timeous and relevant workforce information will support organisational ability to deliver our strategic workforce aspirations.

2.3.3 Financial

Investment in systems which generate comprehensive workforce information aims to reduce the work involved in local data generation.

2.3.4 Risk Assessment / Management

Information governance issues have been considered as part of the implementation of the Tableau reporting solution.

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

The systems development activity mentioned within this report is part of on-going Regional collaboration. The content of this report has been developed by the Workforce Information Team in collaboration with colleagues in Digital & Information and Finance.

2.3.8 Route to the Meeting

This paper has been considered by the Workforce Senior Leadership Team and the Executive Directors Group, whose feedback has informed both the initial content of the Workforce Information Overview report and the future development of our workforce reporting capability.

2.4 Recommendation

This paper is provided to the Staff Governance Committee for **Assurance** and members are invited to **note** the contents of the:

- Overview of the NHS Fife workforce information at 31 December 2022
- Summary of the Staff Health and Wellbeing Support activities and statistics for November 2022 to January 2023.

3. List of Appendices

- Appendix 1: Overview of the NHS Fife workforce information at 31 December 2022
- Appendix 2: Summary of the Staff Health and Wellbeing Support activities and statistics for November 2022 to January 2023

Report Contact:

Brian McKenna
Workforce Planning, Workforce Systems and Data Intelligence Lead
e-mail: brian.mckenna@nhs.scot

Workforce Information Overview

31 December 2022

Table of Contents

1. Introduction

This report provides an overview of workforce data at organisational level.   Large elements of the workforce data is publicly available via the NES portal or is already routinely shared on a National basis.   Work continues with other Directorates to refine measures and inform development of workforce data.

Additional details, presenting information at different hierarchical levels, is available to managers to inform decision making within their areas of responsibility.

2. Overview

At 31 December 2022, NHS Fife employed 9,766 employees (8,191.7 WTE). There has been a marked increase in the number of employees within the previous 5 years, correlating to the start of the COVID-19 pandemic. This rise in staffing numbers has been driven by a greater prevalence of temporary contracts, and the utilisation of such contracts will increase the number of leavers at the planned expiry of their contracts. The percentage of staff on fixed term contracts was 9.8% in December 2022, compared to 4.4% in March 2020.   Turnover figures have increased for the year ending 31 March 2022.   The high level overview is set out below:

Source: turasdata.nes.nhs.scot
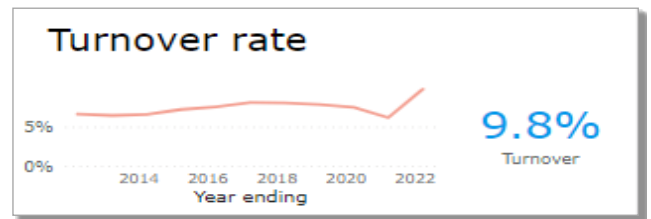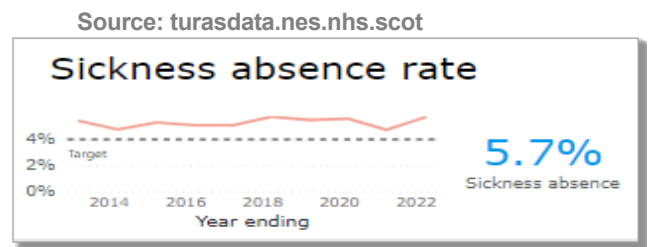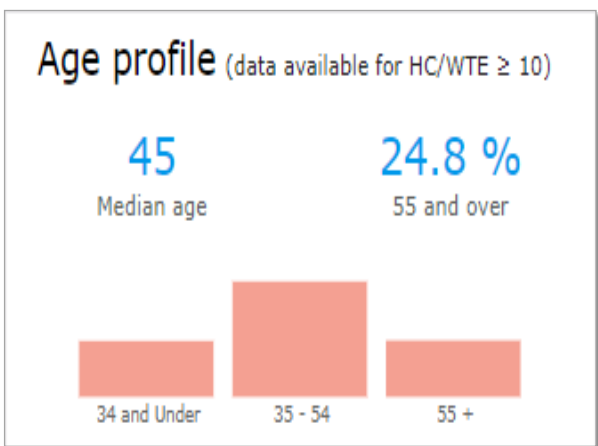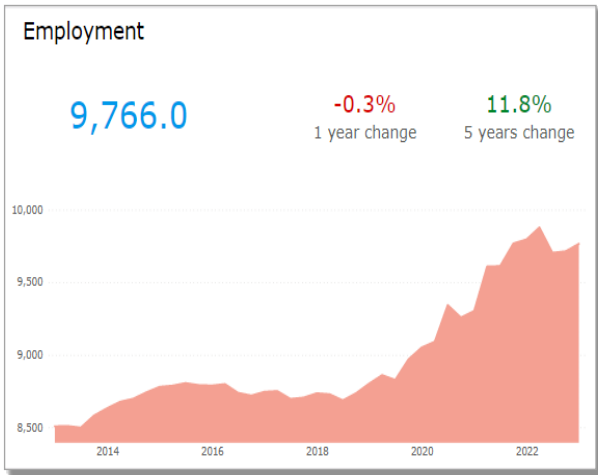
3. Recruitment: Joiners, Leavers & Turnover

As we emerge from the COVID-19 pandemic, the impact on recruitment activity and the overall available staffing resource is demonstrated in the chart below. .

Turnover over time

● Joiners ● Leavers ● Turnover rate
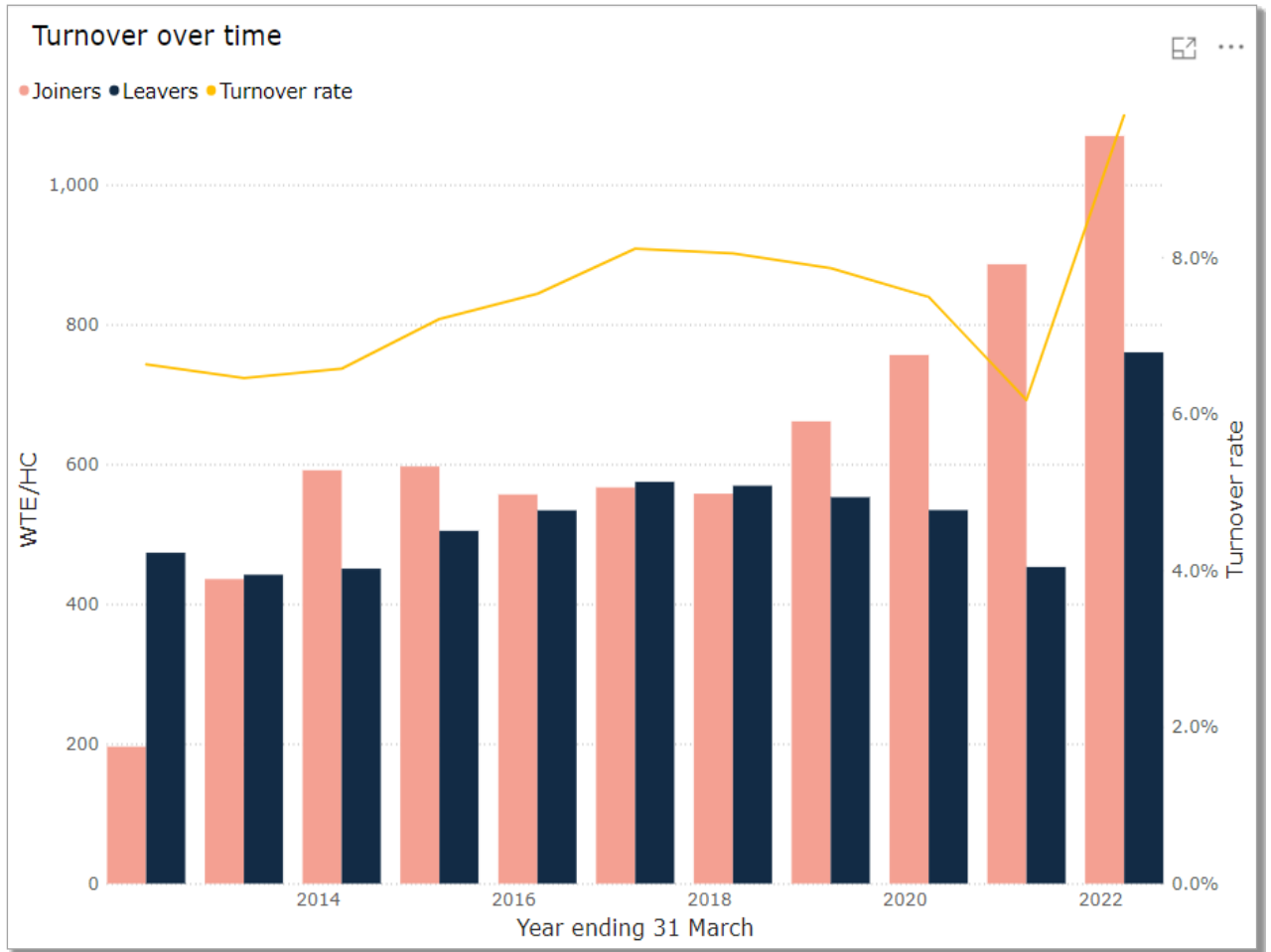
Source: turasdata.nes.nhs.scot

4. Recruitment: Vacancies

The increase in the total number of employees joining NHS Fife is reflected in recruitment activity, as measured by the number of advertised vacancies. With the exception of the Consultant level vacancies, vacancies within the other professions who control intake to pre-registration academic courses have shown significant increases in the previous 12 months.

Further information on vacancy trends within these professional groups is outlined to the right and below. These graphs highlight changes within advertised vacancies since 2012, with vacancies at 31 December 2022 broken down by the main frontline professions for AHPs, Nursing and Midwifery posts, and Medical and Dental specialities.

Vacancy

Allied health professions

72.3 — Total vacancies (only WTE)   75.1% — 1 year change

Medical & dental

18 — Total vacancies   -10.0% — 1 year change

Nursing & midwifery

635.2 **R** — Total vacancies (only WTE)   10.6% — 1 year change

Source: turasdata.nes.nhs.scot

AHP Total Vacancies over time

Top five professions with AHP Total Vacancies

Source: turasdata.nes.nhs.scot

M&D Total Vacancies over time

Top five professions with M&D Total Vacancies

Source: turasdata.nes.nhs.scot

N&M Total Vacancies over time

Top five professions with N&M Total Vacancies
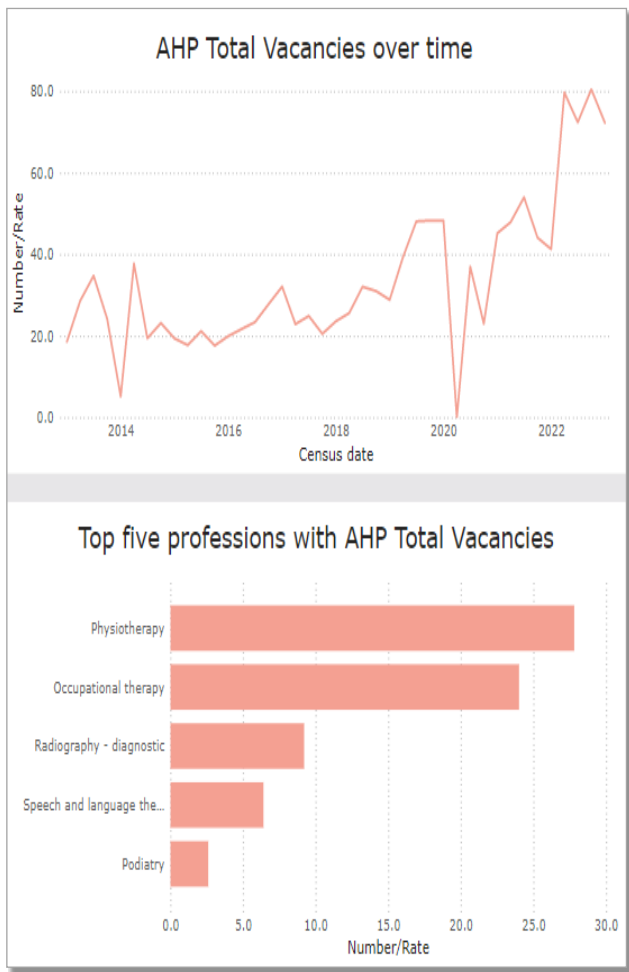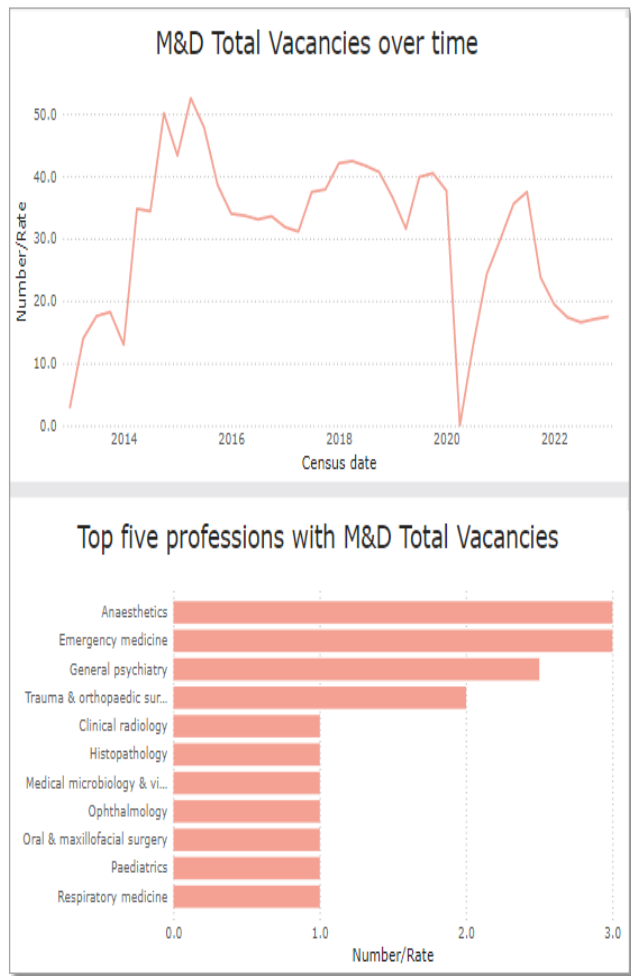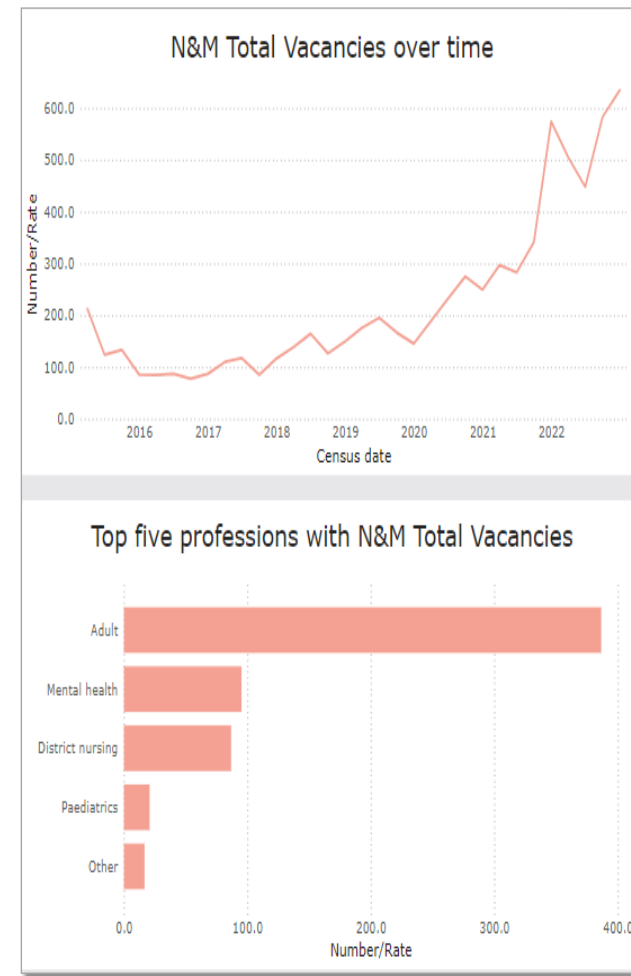
Source: turasdata.nes.nhs.scot

5. Establishment Gap

Please note the following caveats when reviewing this information. The wte in post data extracted from the relevant Finance report includes:

- Bank staff which are encompassed within wte actuals
- Agency staff, again encompassed within wte actuals
- Staff excess hours, overtimes, encompassed within wte actuals

The report excludes, for example:

- Staff on maternity leave who are 'out of pay'
- Staff on sick leave who are 'out of pay '

The attached data is extracted from a Finance report and not a Workforce report and there are caveats in the data for the requested purpose.

NHS Fife's funded establishment is 5,335.04 wte. The current wte is 5,141.30 wte, with an establishment gap of 193.74 wte, as detailed in the Expenditure Summary Report for April 2022 to January 2023 below:

2CCN - Level 2 Cost Centre Name	3CCN - Level 3 Cost Centre Name	Funded Estab	YTD Ave WTE	Curr WTE
Acute Services Division	Acute Nursing Directorate	10.90	10.23	7.04
Acute Services Division	Director Of Acute Services	23.81	19.85	16.10
Acute Services Division	Emergency Care & Medicine	1,196.56	1,185.73	1,200.11
Acute Services Division	Planned Care & Surgery	1,184.65	1,134.47	1,163.82
Acute Services Division	Women, Children + Clinical Ser	940.34	888.59	876.57
Fife Health Board Division	Corporate Services	984.45	991.29	946.43
Fife Health Board Division	Estates Directorate	136.80	131.09	133.36
Fife Health Board Division	Facilities Directorate	785.69	703.23	704.82
Fife Health Board Division	Fe Health And Safety	8.40	5.02	6.10
Nhsf Covid-19	Hb Retained Covid-19	0.00	279.98	36.77
		5,271.60	5,349.48	5,091.12
Include	IJB Non-delegated	63.44	56.138	50.18
Total		**5,335.04**	**5,405.61**	**5,141.30**

In terms of the Health and Social Care Partnership, the funded establishment is 3,432.44 wte. The current wte is 3,324.08 wte with an establishment gap of 108.36 wte, as detailed in the Expenditure Summary Report for April 2022 to January 2023 below:

2CCN - Level 2 Cost Centre Name	3CCN - Level 3 Cost Centre Name	Funded Estab	YTD Ave WTE	Curr WTE
Hsci Directorate	Community Care Services	1,133.82	1,078.25	1,067.62
Hsci Directorate	Complex And Critical Services	1,193.95	1,082.85	1,085.01
Hsci Directorate	Health And Social Care Other	3.08	26.75	31.54
Hsci Directorate	Primary Care + Prevention Serv	1,023.19	982.45	998.79
Hsci Directorate	Professional/business Enabling	39.09	36.51	38.57
Nhsf Covid-19	Hscp Delegated Covid-19	102.75	168.63	152.73
		3,495.88	3,375.45	3,374.26
Exclude	IJB Non-delegated	63.44	56.138	50.18
Total		**3,432.44**	**3,319.31**	**3,324.08**

6. Workforce Composition: Medical & Dental Staff

Inclusive of those engaged via the regional employment model for training grade Doctors and Dentists, the Medical and Dental Job Family represents 8.0% of the WTE workforce as at 31 December 2022, with General (internal) Medicine, Anaesthetics and General Surgery having the greatest WTE staffing complement. Over 40% of those engaged within this job family are on the Consultant grade, with the working pattern in this job family heavily biased in favour of full time working. Details are set out in the charts below:
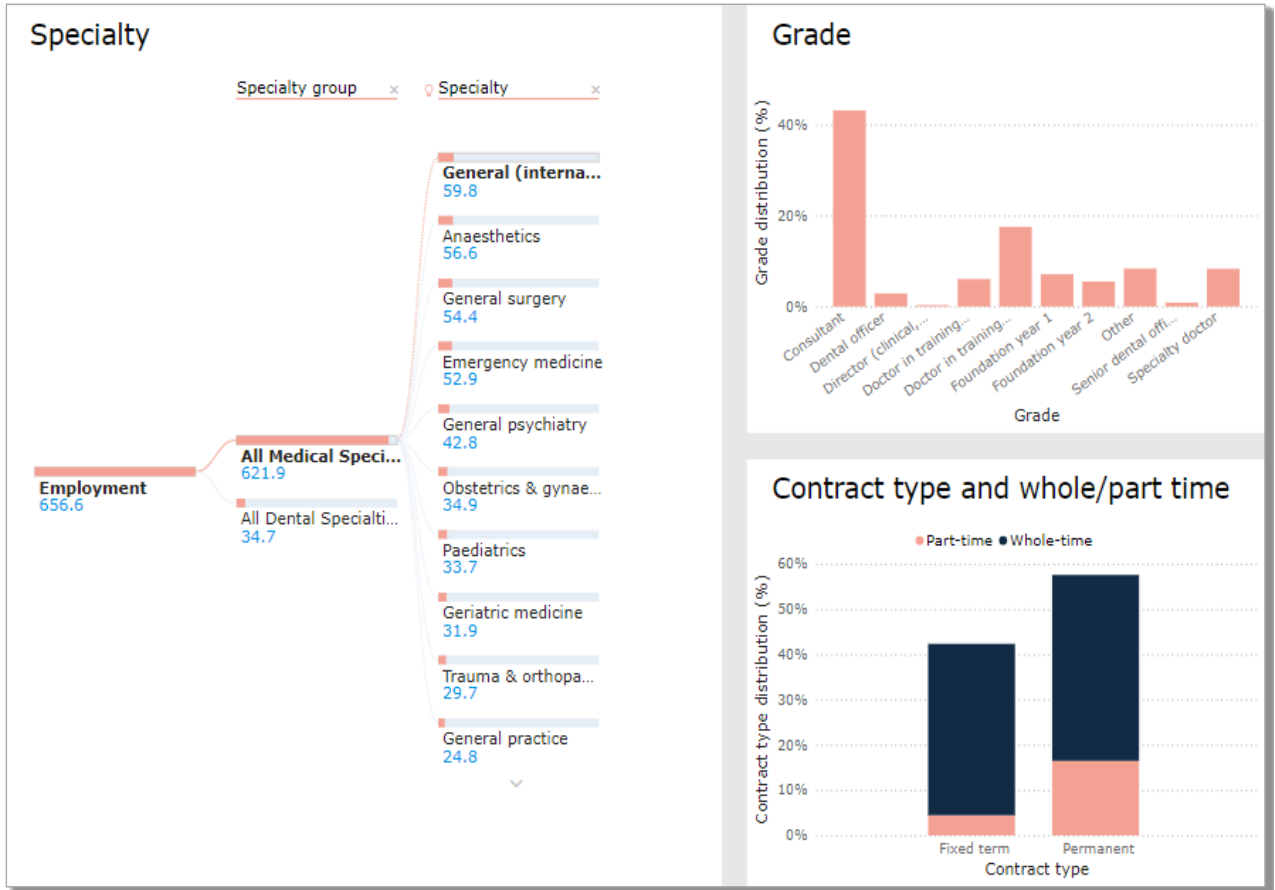
Source: turasdata.nes.nhs.scot

7. Workforce Composition: Non-Medical & Dental Staff

Those employees engaged on Agenda for Change Terms and Conditions, including those within the Executive / Senior Management cohort, represent 92.0% of the WTE NHS Fife workforce as at 31 December 2022. 52.4% of these employees are engaged within the Nursing & Midwifery Job Family. The mode value band (i.e. most frequently occurring value) is Band 5 with greater parity in working patterns between part time and full time working. The number of employees engaged on fixed term contracts was 6.8%, with this figure rising in the previous 3 years. Details are set out in the charts below:
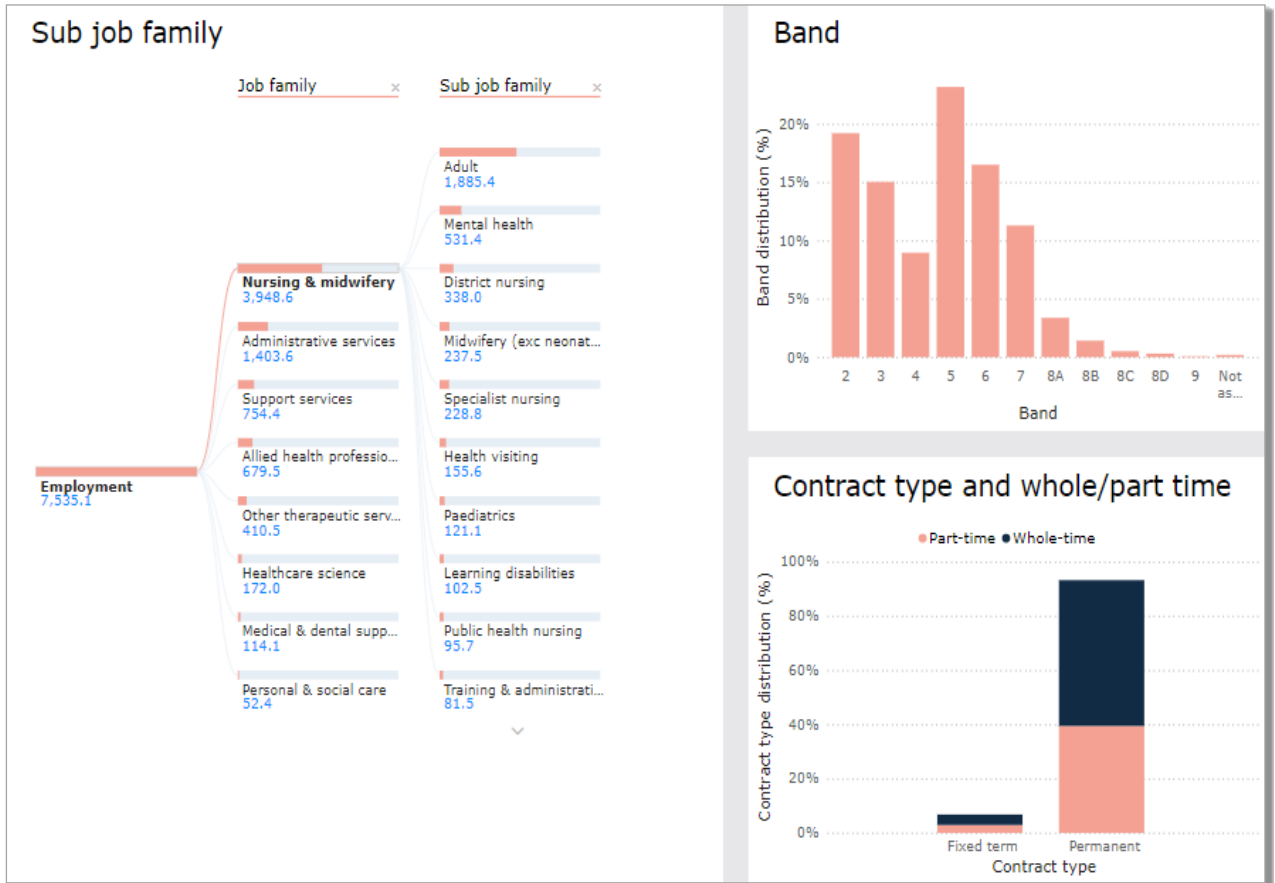
Source: turasdata.nes.nhs.scot

8. Supplementary Staffing

Total spend on Bank and Agency as at 31 March 2022 across the Medical & Dental and Nursing & Midwifery Job Families increased by 31.7% and 74.3% respectively. Details are provided below:
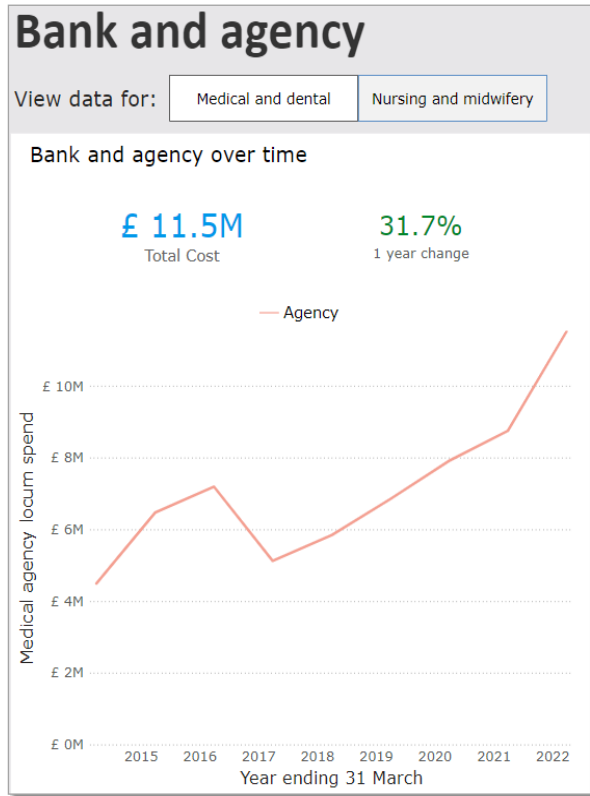
Source: turasdata.nes.nhs.scot.
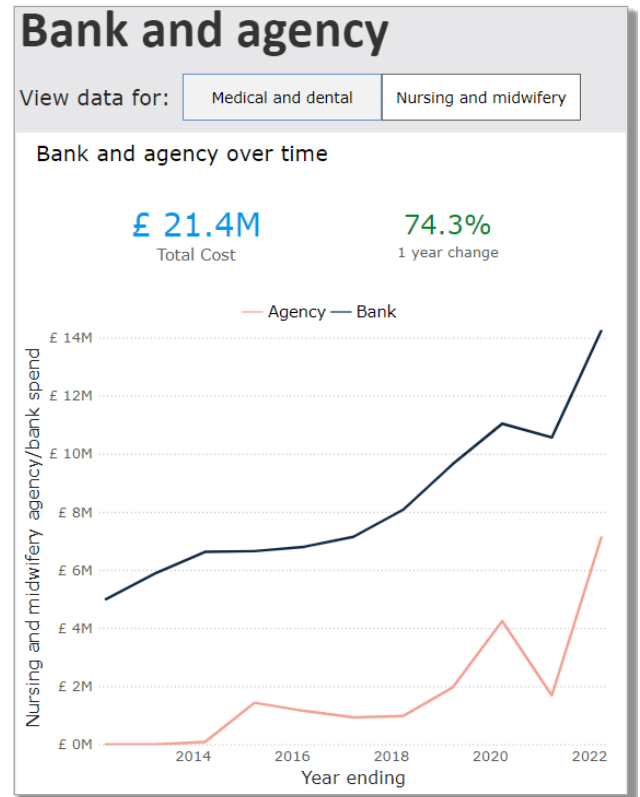
The information detailed below focuses on supplementary staffing use within the Nursing and Midwifery Job Family. The information is extracted from the Regional Workforce Dashboard which provides monthly data, one month in arrears.
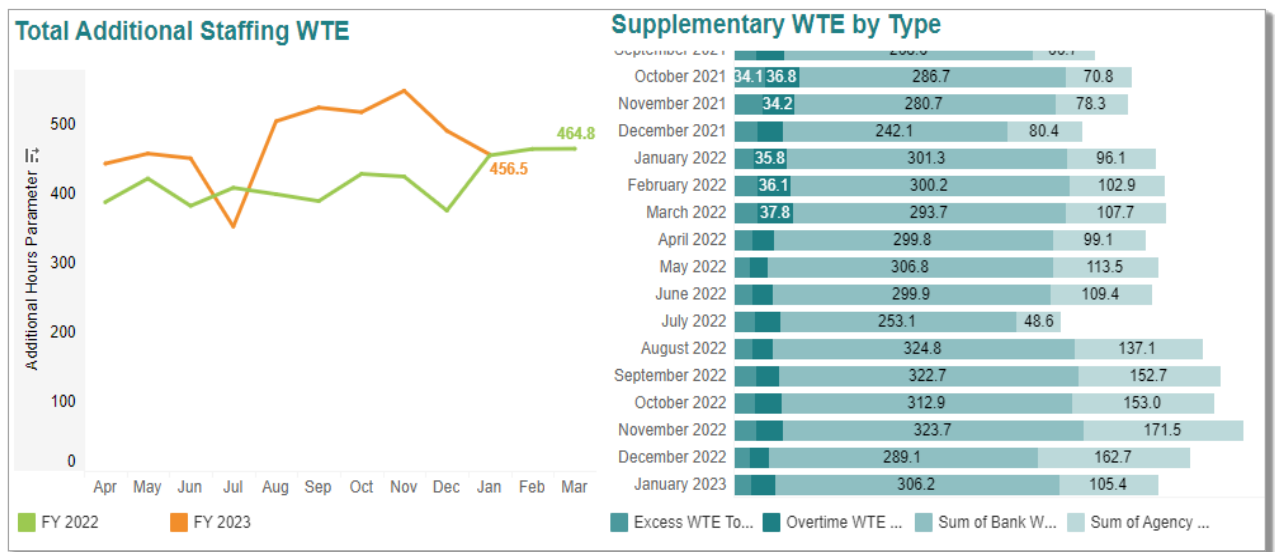
Source: Regional Workforce Dashboard

9. Staff Availability

Monthly sickness absence levels during 2022/2023 are tracking at a rate higher than in 2021/2022. Those engaged within Nursing & Midwifery, (Agenda for Change Bands 1 to 4), plus the Support Services Job Families had the highest average absence levels in 2022/2023 to date. There also appears to be a continued correlation between Sickness Absence Rate and Age, with the average sickness absence rate increasing with each age category. Closer analysis of this highlights that whilst those staff aged 55 and over have, on average, some of the lowest levels of short term absence, they have, on average, the highest levels of long term absence.

Sickness Absence Rate

January 2023
7.06%

Show trend by
- Month
- Quarter

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	5.07	5.31	6.17	6.03	5.95	6.42	6.34	6.79	6.98	5.93	5.63	5.59
2022/23	5.14	5.63	6.25	5.88	6.50	7.07	6.63	7.31	7.85	7.06		

Source: Regional Workforce Dashboard

Absence Rates and Hours Lost by [Job Family] and Month [(Multiple val...)]

Job Family	Absence Rate %	Hours Lost
ADMINISTRATIVE SERVICES	4.96%	112,293
ALLIED HEALTH PROFESSION	3.58%	39,952
DENTAL SUPPORT	2.94%	3,035
HEALTHCARE SCIENCES	6.31%	17,962
MEDICAL AND DENTAL	2.10%	10,567
MEDICAL SUPPORT	4.13%	2,932
NURSING/MIDWIFERY 1-4	9.70%	190,675
NURSING/MIDWIFERY 5+	7.25%	323,258
OTHER THERAPEUTIC	3.47%	22,618
PERSONAL AND SOCIAL CARE	6.87%	7,739
SENIOR MANAGERS	5.15%	983
SUPPORT SERVICES	8.30%	105,065

Meeting target
Not meeting target

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

Age Group	Absence Rate %
16-19	7.3
20-24	5.1
25-29	5.7
30-34	5.6
35-39	6.1
40-44	5.9
45-49	6.5
50-54	6.5
55-59	7.3
60-64	9.3
65+	10.3

Not Meeting Target

Source: Regional Workforce Dashboard

10. International Recruitment

As the Committee is aware, NHS Fife commenced a programme of International Recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers. To date NHS Fife has recruited 39 Staff Nurses and 3 Radiographers, as detailed in the graph below. A further 6 Staff Nurses are due to commence in March 2023.

International Recruitment Nurses and Radiographers Commenced / Predicted to Commence February 2022 to June 2023
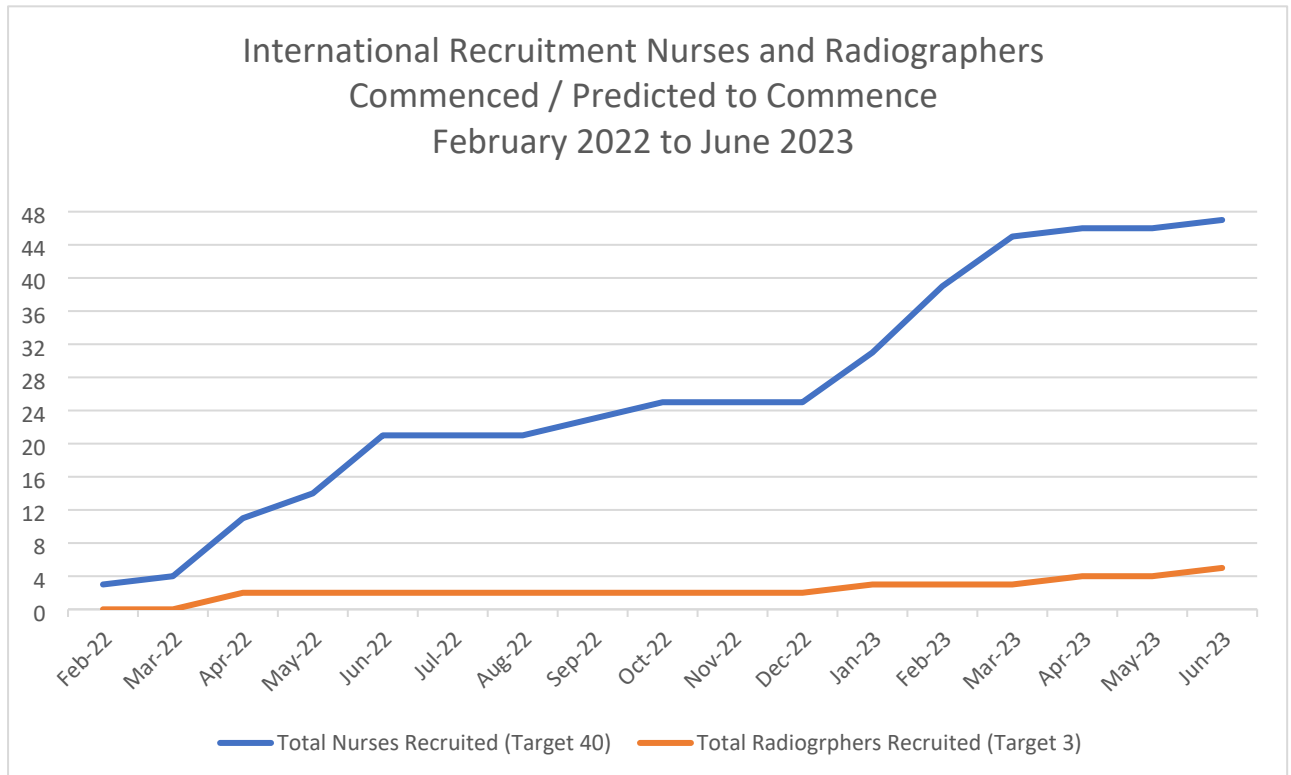
This has been a positive experience for both NHS Fife and the candidates and it is hoped that international recruitment will increase and expand to other professions over 2022/2023. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 months.

11. Employee Relations

Employee Relations cases activity has reduced during the most recent reporting period, with grievance cases being the only category to increase, with an additional 2 cases. Conduct cases have reduced from 62 to 55 cases in the reporting period and bullying and harassment cases have reduced from 10 to 5 cases in the reporting period. Cases are investigated using the Once for Scotland Workforce policies and managers signposted to the TurasLearn modules and locally delivered training sessions. Managers are encouraged to access the Once for Scotland Workforce Policies and supporting documents including use of early resolution processes where appropriate, and local guidance such as the Fairwarning toolkit and the recently developed Lapsed Registration managers toolkit are accessible to managers.

An overview of current ER activity is included in the tables below:

		Timescales				
Division	Case Type	0 - 3 months	4 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Employee Conduct	7	5	6	1	19
Fife H&SC Partnership (Div)	Employee Conduct	13	4	9	0	26
Corporate Services Division (Div)	Employee Conduct	2	6	2	0	10
Total		22	15	17	1	55

		Timescales				
Division	Case Type	0 - 3 months	4 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Bullying & Harassment	0	3	1	1	5
Fife H&SC Partnership (Div)	Bullying & Harassment	0	0	0	0	0
Corporate Services Division (Div)	Bullying & Harassment	0	0	0	0	0
Total		0	3	1	1	5

		Timescales				
Division	Case Type	0 - 3 months	4 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Employee Grievance	3	0	1	1	5
Fife H&SC Partnership (Div)	Employee Grievance	3	0	2	0	5
Corporate Services Division (Div)	Employee Grievance	0	0	0	0	0
Total		6	0	3	1	10

12. Workforce Development & Appraisal

Digital & Information and Workforce continue to work in partnership to ensure that external Turas reports are linked to local information within the MicroStrategy visualisation tool on a regular basis.

The monthly trend line for the percentage of employees who had had a Personal Development & Performance Review (PDPR) / Appraisal in the last 12 months, along with the number of appraisals recorded each month, is shown below:
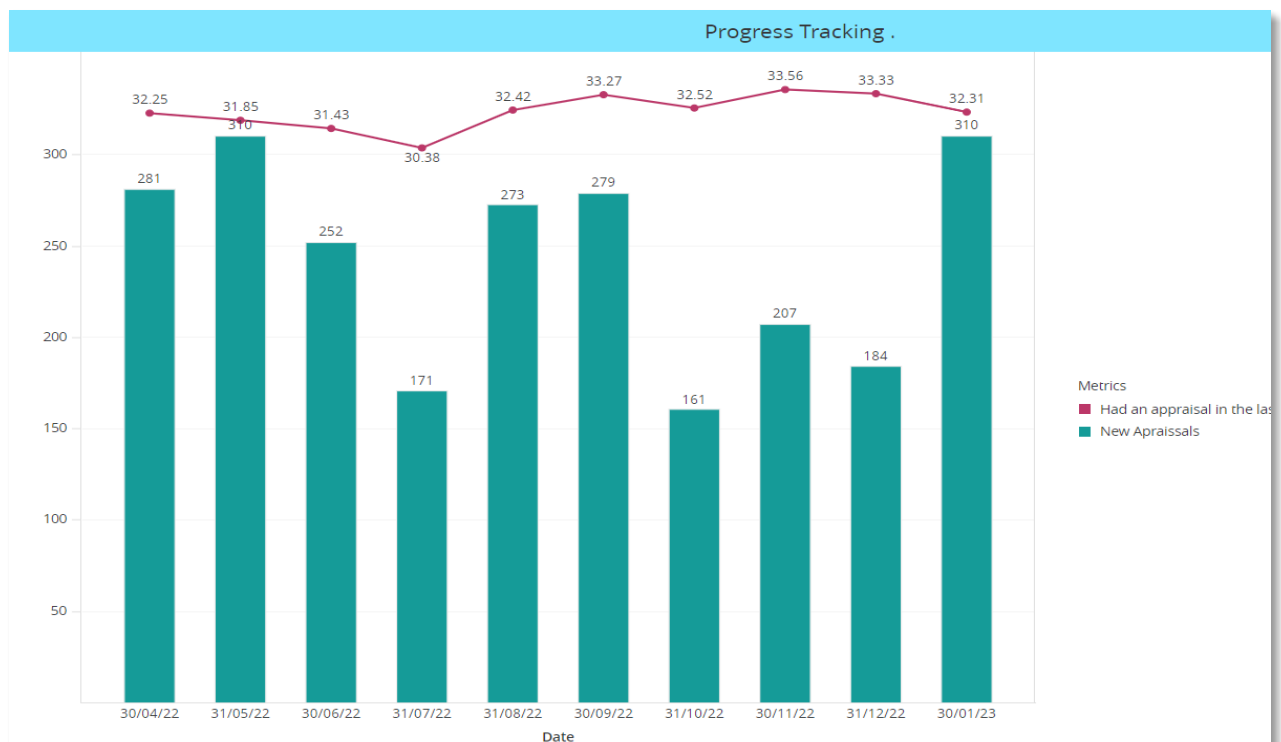
Source: Bespoke MicroStrategy Dashboard

13. Summary of Staff Health and Wellbeing Support Activities and Statistics: November 2022 to January 2023

OCCUPATIONAL HEALTH

Staff Counselling / Management / Self Referrals

	Staff Counselling Referrals	Management Referrals	Self Referrals (inc Physio)
November 2022	28	135	49
December 2022	21	121	29
January 2023	32	137	52

Management / Self Referrals Spit by Operational Unit

Management Referrals	November 2022	December 2022	January 2023	Self Referrals	November 2022	December 2022	January 2023
Acute	54	70	66	Acute	6	6	10
Corporate	27	8	29	Corporate	3	3	5
H&SCP	54	43	42	H&SCP	1	0	3

GOING BEYOND GOLD

Outdoor Wellbeing Sessions

Outdoor Wellbeing Sessions (half day) Face-to-Face	
11 November 2022	11 (Podiatry Team)

Growing a Culture of Wellbeing Champions in NHS FIfe

Wellbeing Champions Forum	
17 January 2023 (one hour on-line)	16

Wellbeing Retreat Days

Wellbeing Retreat Days	
22 November 2022 – Spiritual Care Team	8

Wellbeing Retreat (Half Day)

Wellbeing Retreat (Half Day)	
16 November 2022 – Theatre Staff	11

Wellbeing Workshops

Wellbeing Workshops	
14 November 2022 Urgent Care Staff (1 hour session face-to-face)	18
21 November 2022 Admin Staff, HSCP Community Care (1 hour online session)	10
23 November 2022 Speech and Language Therapy Team (1 hour session face-to-face)	9
7 December 2022 Admin Staff for H&SCP Community Care (1 hour online session)	3

Self Care for Living and Working Sessions

Self-Care for Living and Working (Full day followed by 5 online sessions)	
9 November 2022 Online Session	9 (ED Team)
Online sessions did not go ahead as the group said they were too busy to attend these sessions.	
11 January 2023 Full Day Session	6

NHS FIFE DEPARTMENT OF SPIRITUAL CARE

Spiritual Care Service Activity

Significant Staff Contacts	November 2022	December 2022	January 2023
Formal 1:1, Informal Support, Team Support and Staff Listening Service	125	84	87
Average Number of Contacts per week	31	21	22

Staff Support	November 2022	December 2022	January 2023
One-to-One Formal Support	25	16	18
One-to-One Informal Support	59	53	54
Team Formal Support	8	4	11
Team Informal Support	23	11	4

Values Based Reflective Practice Sessions

	November 2022	December 2022	January 2023
Values Based Reflective Practice Sessions	8	1	10

Pastoral Supervision

	November 2022	December 2022	January 2023
Pastoral Supervision	6	1	2

NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

Psychology Staff Support Service Referrals

	November 2022	December 2022	January 2023
Psychology Staff Support Service Referrals	11	21	13

Managers Information Sessions

	November 2022	December 2022	January 2023
Managers Information Session	7	8	0

Compassionate Connected Teams Workshops

	November 2022	December 2022	January 2023
Compassionate Connected Teams Workshop	21	No sessions organised	No sessions organised

NHS FIFE PEER SUPPORT: MEDICAL, CRITICAL CARE AND STAFF PEER SUPPORT

	November 2022	December 2022	January 2023
Peer Support Activity	7	0	1

There is significant informal activity in addition to the formal cases

NHS FIFE LEARNING AND DEVELOPMENT TEAM

TURAS eLearning Modules

Health and Wellbeing Courses Engagement Figures

eLearning Course	Go Live Date	Course Completions November 2022	Course Completions December 2022	Course Completions January 2023
Compassionate Leadership	15/10/2021	18	10	22
Resilience	15/10/2021	17	14	19
Self-Care	15/10/2021	19	15	17

NHS Fife

Meeting: Staff Governance Committee

Meeting Date: Thursday 9 March 2023

Title: Delivery of Annual Workplan 2022 / 2023

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 2022 / 2023 at the meeting on 3 March 2022. For assurance, the final version of updated Annual Workplan is attached at **Appendix 1**, which highlights the amendments in yellow, to enable the Committee to 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 B06/22, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee.

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 2022 / 2023.

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.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee.

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 2022 / 2023 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 3 March, 12 May, 14 July, 1 September, 10 November 2022, 12 January 2023 and those planned for the meeting on 9 March 2023.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and confirms:

- the updates made to the Staff Governance Workplan for 2022 / 2023 since it was presented to committee members on 12 January 2023.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2022 / 2023

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2022 / 2023

Governance – General							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
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	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Corporate Calendar – Proposed Staff Governance Committee Dates 2023 / 2024	**Director of Workforce**			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2022 / 2023	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Annual Staff Governance Committee Workplan: Proposed 2023 / 2024	**Director of Workforce**					✓ **Draft**	✓ **Final**
Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**						✓
Corporate Risks Aligned to Staff Governance Committee (replacing the Board Assurance Framework)	**Director of Workforce**	✓	✓	✓ **Risk ID 1420: Loss of Consultants within the Rheumatology Service**	✓ **Replaced by Corporate Risks**	✓ **Replaced by Corporate Risks** **Risk ID 2214: N&M Staffing Levels**	✓ **Replaced by Corporate Risks** **Risk ID: 256 Personal Development Planning & Review**

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Governance Matters (Continued)							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Staff Governance Committee Annual Statement of Assurance 2021 / 2022	**Board Secretary**	✔ (Draft)	Not required following SGC meeting on 12/5/22				
Staff Governance Committee Self Assessment Report 2022 / 2023	**Board Secretary**						✔
Update on Equality, Diversity and Human Rights, including BAME	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	✔ (Presentation)					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	**Director of Workforce**			✔			
Whistleblowing – Quarterly Report	**Head of Workforce Resourcing & Relations**	✔ Quarter 3 Report	✔ Quarter 4 Report	✔ Quarter 1 Report	✔ Quarter 2 Report		✔ Quarter 3 Report
Strategy / Planning							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Corporate Objectives 2022 / 2023	**Director of Finance & Strategy**	✔					
NHS Fife Three Year Workforce Plan for 2022 to 2025	**Head of Workforce Planning & Staff Wellbeing**	✔ (Draft)	✔		✔		
H&SCP Three Year Workforce Plan for 2022 to 2025	**Director of Health and Social Care Partnership**	Rescheduled to 14/7/22	✔		✔		
Workforce Strategy 2022 to 2025	**Deputy Director of Workforce**						Rescheduled to a future meeting TBC
Annual Workforce Projections for 2023 / 2024 – TBC	**Head of Workforce Planning & Staff Wellbeing**						

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Strategy / Planning (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Annual Delivery Plan 2022/2023	**Director of Finance & Strategy**		✓ Private Session	✓ Private Session	✓ Progress and Winter Actions		
NHS Fife Operational Delivery Plan 2022 / 2023, including Winter Plan	**Director of Finance & Strategy**	✓ (2021/2022 Update)	Annual Delivery Plan 2022 / 2023 has replaced this item				

NHS Fife Projects / Programmes							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	**Director of Health & Social Care Partnership**		✓		Rescheduled to 12/1/23	✓	Rescheduled to 11/5/23

Quality / Performance							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓

Staff Governance & Staff Governance Standards							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Staff Governance Standards Overview	**Contributors TBC**			Now being considered for a future development session on 24/10/22			Now being considered for a future development session
• Appropriately Trained - Medical Appraisal & Revalidation Annual Report 2021 / 2022	**Medical Director**				✓		

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	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022	**Director of Nursing**				✓		
- Training Compliance Report 2021 / 2022	**Head of Workforce Development & Engagement**				Rescheduled to 12/1/23	✓	
• Improved and Safe Working Environment	**Director of Property & Asset Management**		Rescheduled to 1/9/22	✓	Deferred to 12/1/23 pending SLWG	✓	✓ (verbal)
• Well Informed – Communication & Feedback - Considered through Staff Governance Monitoring Return and LPF Annual Reports (as noted below)	**Head of Workforce Resourcing & Relations / LPF Co-Chairs**					✓	
• Treated Fairly and Consistently - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions - iMatter Report	**Head of Workforce Development & Engagement**					✓	

Annual Reports / Other Reports

	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Internal Audit Annual Report 2021 / 2022	**Director of Finance & Strategy**		✓				
Staff Governance Annual Monitoring Return 2021 / 2022	**Head of Workforce Resourcing & Relations**	Rescheduled to 14/7/22	Rescheduled to 1/9/22	✓ (Including 2020 / 2021 Feedback)	✓		

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Annual Reports / Other Reports (Continued)							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021 / 2022	**Co-Chairs of LPF**			Deferred to 10/11/22	✓		
Health and Social Care Partnership Local Partnership Forum Annual Report 2021 / 2022	**Co-Chairs of LPF**			✓			
Whistleblowing Annual Report 2021 / 2022	**Head of Workforce Resourcing and Relations**			✓			
Volunteering Annual Report 2021 / 2022	**Director of Nursing**				✓		
Occupational Health and Wellbeing Service Annual Report 2021 / 2022	**Head of Workforce Planning & Staff Wellbeing**			✓	Presented on 1/9/22		
Workforce Information Overview	**Deputy Director of Workforce**	✓	✓	✓ **Q1** (to reflect data availability)		✓ **Q2** (to reflect data availability)	✓ **Q3** (to reflect data availability)

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Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Risk Management Improvement Programme Progress Update	**Director of Finance and Strategy**	✔		✔			
Integrated Performance and Quality Report Review Progress Report	**Director of Finance and Strategy**		✔				
Promoting Attendance Update	**Head of Workforce Resourcing and Relations**			✔			
Development of Assistant Practitioner Role	**Director of Nursing**			✔			
NHS Fife Draft Staff Health & Wellbeing Framework	**Head of Workforce Resourcing and Relations**				✔		
Strategic Planning and Resource Allocation 2023/2024	**Director of Finance and Strategy**				✔		✔
Population Health and Wellbeing Strategy	**Director of Finance and Strategy**					✔	✔
Tender Process for Board Managed 2C General Practices	**Director of Health & Social Care Partnership**						✔
Mental Health Estates Initial Agreement	**Medical Director**						**Deferred to 11/5/23**
East Region Health Protection Service: Progress Update	**Director of Public Health**						✔
Training Compliance Improvement Update	**Deputy Director of Workforce**						✔
Acute Services Division: Reflections and Actions in Relation to Healthcare Improvement Scotland (HIS) Letter of 11/11/22	**Director of Acute Services Division**						✔

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Briefing Sessions	
Session 1: Monday 24 October 2022 at 11.00 am via MS Teams	**Lead(s)**
• Staff Governance Standard	Employee Director, LPF Chairs and Co-Chairs and Workforce Senior Leadership Team.
Session 2: Thursday 16 February 2023 at 2.00 pm	**Lead(s)**
• Health and wellbeing approaches – various to select from to complement the staff story below.	Head of Workforce Planning & Staff Wellbeing, plus Health Psychologist, Going Beyond Lead for Mindfulness.
• An employee story – Speech & Language Therapy employee with complex management of attendance / return to work plan.	Head of Service to present and employee has agreed to their case being covered.

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NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 9 March 2023**
Title:	**Final Annual Workplan 2023 / 2024**
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 is required to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. Following comments received from the Committee since it was presented on 12 January 2023, the Annual Workplan for 2023 / 2024 is provided at **Appendix 1**, setting out the priorities for and anticipating the reporting arrangements for the Committee for the forthcoming year.

2.2   Background

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

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

2.3   Assessment

The 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. The Annual Workplan for 2023 / 2024 is attached at **Appendix 1,** for assurance.

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

2.3.1   Quality / Patient Care

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

2.3.2   Workforce

Delivering robust staff governance across the organisation ensures colleagues are afforded the standards of governance set out in the NHS Scotland Staff Governance Standard.

The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage elements of the Staff Governance Standard. This report is aligned to the Well Informed strand of the NHS Scotland 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 final Staff Governance Committee Annual Workplan 2023 / 2024 has been considered by the Staff Governance Committee and takes account of any final comments received.

2.4 Recommendation

This paper is presented to the Staff Governance Committee members for **Assurance** and members are asked to:

- **Note** the content of the Staff Governance Committee Annual Workplan for 2023 / 2024.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Staff Governance Committee Annual Workplan 2023 / 2024

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2023 / 2024

Governance – General							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
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	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Corporate Calendar – Proposed Staff Governance Committee Dates 2024 / 2025	**Director of Workforce**			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2023 / 2024	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Annual Staff Governance Committee Workplan: Proposed 2024 / 2025	**Director of Workforce**					✓ **Draft**	✓ **Final**
Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**						✓
Corporate Risks Aligned to Staff Governance Committee	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2023 / 2024	**Board Secretary**	✓					

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Governance Matters (Continued)

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Committee Self Assessment Report 2023 / 2024	**Board Secretary**						✓
Update on Equality, Diversity and Human Rights, including BAME	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	✓					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	**Director of Workforce**			✓			
Whistleblowing – Quarterly Report	**Head of Workforce Resourcing & Relations**	✓ **Quarter 4 Report**		✓ **Quarter 1 Report**	✓ **Quarter 2 Report**		✓ **Quarter 3 Report**

Strategy / Planning

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Corporate Objectives 2023 / 2024	**Director of Finance & Strategy**	✓					
Annual Delivery Plan 2023 / 2024	**Director of Finance & Strategy**		✓	✓	✓		
Strategic Planning and Resource Allocation 2023 / 2024 – TBC	**Director of Finance and Strategy**	✓		✓	✓		✓
Mental Health Estates Initial Agreement	**Medical Director**	✓					

NHS Fife Projects / Programmes

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	**Director of Health & Social Care Partnership**	✓		✓		✓	

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Quality / Performance							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Workforce Information Overview	**Deputy Director of Workforce**	✓ Q4	**Progressing to on-line reporting**				
Tender Process for Board Managed 2C General Practices	**Director of Health and Social Care Partnership**	✓					
Staff Governance & Staff Governance Standards							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Staff Governance Standards Overview	**Contributors TBC**			✓			✓
• Appropriately Trained							
- Medical Appraisal & Revalidation Annual Report 2022 / 2023	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022 / 2023	**Director of Nursing**				✓		
- Training Compliance Report 2022 / 2023	**Head of Workforce Development & Engagement**				✓		
• Improved and Safe Working Environment	**Director of Property & Asset Management**	✓			✓		
• Well Informed – Communication & Feedback	**TBC**						
• Treated Fairly and Consistently - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions - iMatter Report	**Head of Workforce Development & Engagement**					✓	

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Annual Reports / Other Reports							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Internal Audit Annual Report 2022 / 2023	**Director of Finance & Strategy**		✓				
Staff Governance Annual Monitoring Return 2022 / 2023 – TBC	**Head of Workforce Resourcing & Relations**						
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022 / 2023	**Co-Chairs of LPF**			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2022 / 2023	**Co-Chairs of LPF**			✓			
Whistleblowing Annual Report 2022 / 2023	**Head of Workforce Resourcing and Relations**			**TBC**			
Volunteering Annual Report 2022 / 2023	**Director of Nursing**				✓		
Occupational Health and Wellbeing Service Annual Report 2022 / 2023	**Head of Workforce Planning & Staff Wellbeing**			✓			

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**

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Briefing Sessions	
Session 1: Date / Topics to be confirmed	**Lead(s)**
Session 2: Date / Topics to be confirmed	**Lead(s)**

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STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 9th March 2023)

The main focus of the Area Partnership Forum meeting held on Wednesday 25th January 2023 was on the ongoing workforce and financial challenges, and staff health and wellbeing. There was also a presentation on the NHS Credit Union, a proposal to encourage staff to support colleagues by undertaking the Confidential Contact role, a report on a deep dive on stress management and the working environment and the need to improve core training compliance.

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

NHS Fife
AREA PARTNERSHIP FORUM

NHS Fife

<u style="color:red">**UNCONFIRMED**</u> **MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 25TH JANUARY 2023 AT 13:30 HRS IN TRAINING ROOM 1, VICTORIA HOSPITAL**

Chair: Carol Potter, Chief Executive

Present:

Sharon Adamson, Royal College of Nursing
Wilma Brown, Employee Director
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Simon Fevre, British Dietetic Association
Fiona Forrest, Deputy Director of Pharmacy & Medicines (for Ben Hannan)
Mary Ann Gillan, Royal College of Midwives
Joy Johnstone, Federation of Clinical Scientists
Kirsty MacGregor, Associate Director of Communications
Janette Keenan, Director of Nursing
Wendy McConville, UNISON

Neil McCormick, Director of Property & Asset Management
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
David Miller, Director of Workforce
Louise Noble, UNISON
Lynne Parsons, College of Podiatrists
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Caroline Somerville, UNISON
Andrew Verrecchia, UNISON

In Attendance:

Susan Fraser, Associate Director of Planning & Performance (Item 08.1)
Elaine Rae, Chief Executive, NHS Credit Union (Lunchtime session)
Janet Melville, Personal Assistant (Minutes)

Actions

NHS CREDIT UNION LUNCHTIME SESSION

E Rae (appointed as Chief Executive 7 months ago) gave a passionate presentation on the NHS Credit Union which was set up in 1998 as a not-for-profit cooperative to challenge unethical lending and encourage a savings culture. It is member-owned and run solely for the benefit of NHS staff and their families (currently around 22,000 members). Members (including retired NHS staff) have access to confidential support to improve their financial wellbeing through savings, debt management or loan support and free life protection. Members can make use of the payroll deduction facility; have instant access to their money through the NHS Credit union app; and all profits are returned to members as annual dividends. There is also a Christmas savings club. Another important aim is to provide a safe harbour and tackle financial abuse.

In the discussion that followed, it was agreed it is a timeous opportunity to promote the NHS Credit Union within NHS Fife given the fact we have been through the COVID-19 pandemic and many staff are facing financial hardship due to the cost-of-living crisis.

K MacGregor to connect with E Rae to adapt NHS Credit Union materials and design an NHS Fife promotional campaign.

KMacG

C Potter thanked E Rae for her interesting and informative presentation.

01.   WELCOME, INTRODUCTIONS AND APOLOGIES

C Potter welcomed colleagues to the meeting, in particular D Miller attending his first Area Partnership Forum (APF) meeting since becoming Director of Workforce, and introductions were made. Apologies were noted from F Alexander, I Banerjee, V Bennett, N Groat, B Hannan (F Forrest attending), A Kopyto, C Lim, L Parsons, J Tomlinson and R Waugh.

C Potter acknowledged the continued efforts of all staff, especially during the difficult Christmas period and dealing with ongoing pressures.

02.   MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 23rd November 2022 were accepted as a true and accurate record.

The Action List was reviewed, updates afforded, and the status of actions agreed.

iMatter

W Brown advised she and D Miller had had a conversation about iMatter communications to ensure appropriate promotion of the staff experience survey. Jackie Millen, Learning & Development Officer – KSF has met with A Verrecchia and S Fevre to build on partnership involvement, establishing a Working Group for iMatter planning. W Brown highlighted the importance of following up story boards and sharing 'good news' stories. L Noble reported that Domestic staff at Victoria Hospital (VHK) have created a bring a book/ take a book library which has encouraged team building as well as reading to relax.

D Miller confirmed he had met with K MacGregor to discuss iMatter communications and the aspiration to develop pulse surveys to gain a 'temperature check' on staff morale, in addition to the annual iMatter survey. C Potter supported this suggestion and expressed a desire to ensure the workforce feels supported, listened to, knows how to raise concerns, noting that not all concerns are in the 'whistleblowing' category.

Staff Food Pantry/ Community Larder

R Waugh was unable to attend the APF but provided the following update: it was noted that the Staff Food Pantry work is progressing and the Communication Team are working on the branding and messaging. The plan is to start at VHK and Queen Margaret Hospital (QMH), using space in the new Staff Health & Wellbeing Hubs. Unison is supporting the initial product provision and Fife Health Charity support is also a potential. Yvonne Batehup, Catering Lead/ Support Services Manager and Yvonne Telfer, Health Promotion Co-ordinator are sourcing the storage facilities.

03.   MATTERS ARISING

03.1   Strategy Engagement Sessions – Key Points

M McGurk encouraged Local Partnership Forums to keep the conversation going on the content of the Population Health & Wellbeing Strategy to ensure it is relevant and up-to-date.

There were no other matters arising.

04.   INDUSTRIAL ACTION UPDATE

W Brown confirmed that three unions with mandates to strike had paused

potential industrial action, although strikes could still be called at a two weeks' notice.

W Brown added that 2023/24 Agenda for Change pay talks commenced last week with the ambitious target that agreement will be reached by the end of February 2023.

APF **noted** the update.

05. INVOLVED IN DECISIONS

05.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update (ASD&CS LPF)

C Dobson reported that operationally, the festive period had been the most challenging she had experienced in her 28-year career. Demand was extremely high due to flu and COVID-19 resulting in challenges with capacity and patient placement, the impact of which should not be underestimated. VHK continues to be very busy, significantly affecting the elective programme and surge capacity.

Work on the Orthopaedic Centre is gathering pace, with handover planned for 30 January 2023. Preparations are underway to get the Centre operational with testing being progressed; and commencement of surgery anticipated at the end of February/ beginning of March 2023, with NHS Lothian patients accepted earlier than expected from April 2023. The majority of posts have been filled or recruited to, with a remaining 6.4 WTE registered nurse vacancies to fill. Plans are in place for international recruits and Band 3 & 4 posts.

In relation to Health & Safety, plans are underway to establish a Group within Acute Services.

A Festive Newsletter was produced containing helpful information, messages of goodwill and a review of 2022.

Staff training is an area of concern and has been discussed at ASD & CS LPF and Senior Leadership Team (SLT) meetings. Clarity is sought on the definition of 'mandatory' training. Basic Life Support (BLS) is a priority and work is underway to address training gaps. C Dobson would appreciate communications for staff to explain the importance of this and how we are supporting access to training.

The Staff Health & Wellbeing Hub at VHK has been officially opened and is well utilised.

The Deputy Chief Medical Officer (DCMO), Dr Nicola Steedman visited NHS Fife on 20 January 2023, including the Front Door and Ward 6, VHK, experiencing a balance of realism, along with positivity and hope.

A Planned Care Event was held in the Education Centre where Clinical Leads reflected on the past 2/ 3 years and looked forward – lots of innovation and developments e.g. scan a QR code to undertake a staff survey for their service.

A Verrecchia highlighted the staff training issue and steps to address the low level of compliance. D Miller confirmed he had discussed staff training with C Dobson, it is a priority and every effort will be made to support staff.

C Somerville highlighted that some staff members are having trouble accessing the VHK Staff Health & Wellbeing Hub as their ID badge is not unlocking the facility. N McCormick agreed to remedy this issue.

APF **noted** the update.

05.2   Health & Social Care Local Partnership Forum Update

S Fevre informed the Forum that the H&SC LPF met yesterday (24 January 2023), topics discussed included:

'Statutory' and 'Mandatory' training – the aspiration is to achieve 90% by May 2023.

Lone Working and Violence & Aggression training and specific elements to Learning Disabilities, Mental Health, Acute and Care services.

H&SCP Leadership Programme – the importance of developing leaders, and not only aimed at the extended leadership team but including the levels below. A programme is being developed to support new members of staff/ those newly promoted to management posts.

The Annual Review of Local Partnership Agreement (the constitution of the LPF) was tabled, and updated and approved.

N Connor updated on the National Care Service – setting the tone of where we will be potentially in the next 2-3 years.

The Staff Health & Wellbeing Hubs at Glenrothes Hospital and Randolph Wemyss Memorial Hospital (RWMH) have been officially opened – S Fevre thanked Facilities staff who helped this reach fruition – the facilities are well used, including by Home Care staff. The Hubs at Adamson and St Andrews Community Hospitals are already being well patronised; they will officially open in February 2023. Work is progressing with Hubs at Stratheden and Lynebank Hospitals. Showering and changing facilities are being prioritised at Cameron Hospital; a Hub at this site is part of a longer-term plan.

N Connor gave thanks to her teams who have been phenomenal, especially joint working over the winter period. There is significant surge capacity, every possible action is being taken. As part of the Transforming Local Systems Pathfinder Programme work the extended leadership team is exploring 11 different pathways. There are plans to hold a Development Session Event in May 2023 with the aim to look to the future following this difficult period.

C McKenna advised that the Deputy CMO also visited RWMH and heard of the issues and challenges faced within Primary Care. At QMH Dr Steedman visited a surge ward and listened to the experiences of staff and patients. It was an excellent opportunity for staff to feel valued and share their views.

APF **noted** the update.

06.   TREATED FAIRLY AND CONSISTENTLY

06.1   Whistleblowing Report 2022/23 Quarter Three

S Raynor confirmed that there were no whistleblowing concerns received; no anonymous concerns received; no whistleblowing articles were published in the local newspaper; and gave assurance of awareness and the whistleblowing training undertaken during Quarter 3. S Raynor was pleased to report that the work to improve the whistleblowing process is being re-established following a pause due to system pressures; Kirstie MacDonald, Whistleblowing Champion is keen to be involved.

S Fevre highlighted the small number of Confidential Contacts (CCs) within

NHS Fife and the difficulty making contact or having the capacity to assist. S Raynor explained that initially, CCs were 'recruited' to signpost individuals seeking support with bullying and harassment incidents, and not whistleblowing concerns, and further work may be needed to address this. S Raynor advised that an Action Plan to boost CC numbers is being prepared; however, there would still need to be capacity to allow their release to undertake the role. C Potter recommended promoting the CC role on StaffLink in an altruistic way seeking staff who want to help others and support their colleagues. The group agreed with this approach with discussions relating to role clarity, effective selection and an emphasis on appropriate sign posting.

The Oversight Group will develop along with K MacGregor a promotional campaign to attract staff to the CC role as part of their ongoing action plan for developments.

APF **noted** the update and associated appendices.

07.   PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

07.1   Improved and Safe Working Environment

N McCormick outlined NHS Fife's legal duty to protect employees from stress at work through appropriate risk assessment and the establishment of a new Steering Group focus on this work. W McConville has volunteered to pilot the talking toolkit in two areas, which includes an inpatient ward area and a community team setting. The Steering Group will consider initial feedback, identify any gaps and decide on action required. Lessons learned from the initial work will form the basis for other areas to complete the same exercise. It is anticipated that the process will be rolled out to other areas from April 2023 onwards.

W McConville advised that the toolkit is a 'deeper dive' aligned with iMatter. She has held 3 sessions to explore areas of stress and to generate ideas and solutions to alleviate stressors. W McConville noted the challenges of what can involve uncomfortable discussions and the need for managers to have the skills to hold these conversations in a positive manner An eForm has been created as some staff may find voicing honest feedback in a group rather nerve racking. W Brown suggested individuals may find it therapeutic to reflect and write down what is worrying them. S Fevre observed that anxiety and stress is the main reason for absence so this may help to prevent future absences.

APF **noted** the report.

Part Time and Fixed Term Contracts

N McCormick and W Brown confirmed that their discussion had focussed on part-time and fixed-term contracts. N McCormick gave assurance that J Rotheram and his team are working on moving away from fixed term roles, with only one or two areas still to review. Flexibility is the key going forward, giving current staff the opportunity to expand their hours before going out to recruitment. W Brown reported that there are still a number of staff on bank hours, which still requires attention. S Raynor indicated that work on fixed term contracts has been done in partnership with services and there is a Group looking at bank contracts.

Manager/ Staff Passport

N McCormick advised the conversation with W Brown also included the Manager's Passport, the aim being to ensure managers have the

competencies and receive the right training and support for their role. K Reith noted that work progressing on Starters/ Movers/ Leavers and the Leadership Development Framework could be used to address this issue.

Asbestos

In response to S Fevre's query on the management of asbestos, N McCormick gave assurance that all asbestos or asbestos containing material within NHS Fife properties has been identified and recorded. NHS Fife observes the Health & Safety Executive (HSE) Regulations: the general rule is not to touch it to avoid releasing fibres into the environment. Fife Council have experts who can undertake surveys or remove it.

It was suggested the topic be explored further out with the meeting.   **SF/ E&F**

APF **noted** the update.

07.2   Surge Bed Capacity

C Dobson advised that currently there are over 100 surge beds being used: in Ward 6 (27), Surgical Short Stay (10), Ward 9 (19), Day Intervention Unit (extremis), regularly having 5 beds in a bay and 63 surge beds in H&SC. This is not a sustainable situation and is impacting on planned care surgery. Work on system flow to ensure patients are cared for in the best place will aim to reduce surge and reduce cost.

APF **noted** the information.

08.   WELL INFORMED

08.1   Population Health & Wellbeing Strategy (draft)

S Fraser presented the draft Population Health & Wellbeing Strategy, noting the format and graphics are still to be finalised. The final strategy will be published on the website and be an interactive document,

S Fraser led the discussion on the areas requiring further work, noting the main drivers for change in the strategy include the forecast aging population of Fife, NHS Fife's aspiration to be an Anchor Institution, climate emergency, and how to delivery strategy in partnership. S Fraser went on to report on engagement with staff and the public. The four strategic priorities are explained with case studies to spotlight: Improve Health & Wellbeing, Improve Quality of Health and Care Services, Improve Staff Experience & Wellbeing, Deliver Value & Sustainability. Included in the appendices are details of linked strategies.

S Fraser advised that SLT and extended SLT meetings have been set up to gain feedback on the draft strategy and suggested holding a mix of drop in and online sessions to enable staff to comment.

M McGurk noted that the strategy is a high level, ambition statement, with the details of the deliverables to follow. M McGurk confirmed that the document will be developed further at a future Board Development Session; and welcomed comments from APF and LPF members.

APF **noted** the update.

08.2   Workforce Information Overview

K Reith spoke to the paper, which continues to evolve its form and provides rich   information,   incorporating   recruitment,   workforce   composition,

supplementary staffing, absence and staff health & wellbeing support content. He noted the aspiration to make this available as an online version and work continues to develop and enhance management information capability which would enable managers to access the data at any time. Establishment Gap information is included in the report for the first time, with detailed data for NHS Fife and H&SC services. Vacancies is a national issue and continues to be challenging, with the challenge of the term 'vacancy' being subject to variation and can be open to interpretation.

S Fevre acknowledged the projections and trends are helpful; however, absence figures could be presented in a clearer format. F Forrest appreciated that having departmental level information at the touch of a button would be helpful to demonstrate and to understand workforce challenges faced.

S Fevre queried the low level of completed PDPRs. K Reith advised that NHS Fife is not an outlier despite the low figures which are of a 12-month rolling period, they represent the general trend, but it takes time to show improvement.

D Miller recognised that the report highlights the many tough challenges addressed and work still to do.

W McConville welcomed the staff wellbeing section at the end of the report, indicating the large amount of support available. However, the recruitment timescale of 16 weeks from acceptance of job offer to start date is too long, staff are going/ tempted to go elsewhere. It was agreed a slicker recruitment process would be beneficial and K Reith noted work at national level to identity improvements across NHS Scotland.

APF **noted** the update.

08.3   NHS Fife Workforce Strategy 2022-25 Update

K Reith reported that it had been decided to pause work on the Strategy given that the environment has radically changed since it was initially requested, changes to the strategic direction of travel and the need to allow the new Director of Workforce to inform the work. D Miller confirmed that there are currently more immediate priorities and challenges to focus on with scope to develop longer term plans thereafter.

D Miller and C McKenna agreed to liaise with regards to including medical staffing in the NHS Workforce Strategy in due course.

APF **noted** the update.

08.4   Finance Update

C Potter confirmed that the current and future financial position is as challenging as it has ever been.

APF **noted** the update.

08.5   Communications Update

K MacGregor updated on StaffLink: in December 2022, there were 92,000 hits on the 5,500 items; the most popular were Staff Room, Business Systems, Quick Links, Vacancies, Acute and FROG and most read News items: News Feed, Training & Development and the Health & Wellbeing sections. The Staff Lottery items received 5000 hits.

There is a range of new Health & Wellbeing content: Menopause Kit, the refreshed Live Positive Toolkit, Staff Health & Wellbeing Hubs.

K MacGregor informed colleagues she is meeting the CEO of Blink, the software providers in February 2023 to review what's worked well and to discuss future enhancements; and also to explore if a more favourable deal could secured if additional Health Boards and H&SC sign up to Blink.

A new campaign Know the Score has been launched, aimed at reducing cardiac arrests.

K MacGregor met with Practice & Professional Development colleagues to refresh the offering for Nursing training.

There was a focussed social media campaign on recruitment for the new National Treatment Centre which resulted in 5000 hits and 500 notes of interest (importance of making it easy to apply for NHS posts).

New Maps of VHK and QMH sites have been created with 360 degree orientation; ultimately, all sites will be represented.

APF **noted** the update.

08.6   Annual Area Partnership Forum Workplan Review 2022/23 and Proposed Workplan 2023/24

S Raynor explained that the 2022/23 Workplan has been reviewed, and appropriate adjustments made.

S Raynor requested Leads comment on the allocated timings for their item(s) at APF meetings in 2023/24; the aim being to finalise/ agree the workplan at the next APF in March 2023.

S Fevre suggested that, given the current focus, an update on Core Training Compliance be brought to each APF meeting during 2023/24. C Potter requested that the Whistleblowing reporting timing be reviewed.

APF **noted** the report.

09.   APPROPRIATELY TRAINED

09.1   Training Compliance Report 2021/22

K Reith spoke to the paper, highlighting that the data did still relate to the year to 30 September 2022 (noting some adjustments). There is an overall downward trend to core training compliance (individual subject compliance rates are detailed in the appendices), a result of continued service pressures, the capacity to release staff to attend training and competing priorities. In identifying this situation there is a strong commitment from EDG to rectify the position and manage the risks. It was noted this will require reprioritisation of activity while balancing patient services. There will be a need to increase resources to deliver additional training to get back on track; to work with training providers to improve and monitor attendance and reduce DNAs; to deliver smarter scheduling of training sessions. Work continues on system recording to enable managers to access real time training information and to provide more accurate reporting.

D Miller confirmed that training compliance is on the national agenda, it is not solely an NHS Fife issue. Following discussions with EDG members, an action plan is being developed to improve training compliance rates within agreed

timescales.

S Fevre requested clarification of what is 'statutory', 'mandatory' and 'core skills' training, as the terms are often confused and used interchangeably; and also details of the required and priority subject areas for different job families and roles.

W Brown voiced her disappointment and frustration that the action plan has yet to be finalised or any solutions implemented despite it being some time since the matter was first raised: immediate, pragmatic solutions are required to ensure staff and patient safety. Furthermore, the high level of vacancies and absence is of great concern.

J Keenan indicated that recruiting BLS trainers has proved problematic; however, various models of delivery are being considered, e.g. Train the Trainer, cascade training, seconding trainers to increase capacity. In addition, exploring how to improve attendance e.g. training within a ward; notwithstanding governance issues to take into account.

N McCormick advised that during the pandemic, there was a reduced provision of face-to-face training, currently tidying up processes and systems to address the backlog. Anne-Marie Marshall, Interim Health & Safety Advisor/ Manual Handling Team Leader is undertaking a full audit of all Health & Safety, Manual Handling and Violence & Aggression training for discussion at the Health & Safety Sub-Committee. A timetable of 207 courses for 2024 is being prepared.

Following the fulsome discussion, it was agreed to have a further conversation out with the meeting, to reach clear agreement on what will be done by when in the coming months.

DM, CMcK, JK, CD, NC

C Somerville drew attention to the challenges of undertaking eLearning training on a busy ward: noise, the need for adequate time, space, use of a computer – there is no longer a Learning Centre and many IT Suites have been modified for alternative usage.

10.   ITEMS FOR NOTING

The following items were **noted** by APF:

10.1   H&SCP LPF – Minutes of 21st September 2022

10.2   ASD&CS LPF – Minutes of 27th October 2022 and Unconfirmed Minutes of 22nd December 2022

10.3   NHS Fife Staff Health & Wellbeing Group – Unconfirmed Minutes of 15th November 2022

10.4   Letter from Scottish Government: NHS Scotland Workforce Policies

10.5   DL(2022)31 – Public Holiday for the Coronation of King Charles III – Monday 8 May 2023

11.   AOB

M McGurk informed the Forum that the NHS Fife Payroll Team is being TUPE transferred as of 01 February 2023.

Helen Denholm, Head of Payroll Services is retiring (for the 3rd time) after 46 years' service on 31 January 2023 and M McGurk took the opportunity to record her thanks for H Denholm's valuable contribution over the years.

As a thank you to H Denholm and the team, working through unrelenting

pressures, a get together has been arranged for 31 January 2023. M McGurk encouraged Forum members to share their reflections and stories to the long-serving, dedicated team.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 22nd March 2023 at 13:30 hrs.

ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM **(Thursday 22 December 2022)**
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 22 DECEMBER 2022 AT 2.00 PM VIA MS TEAMS

Present:
Claire Dobson (CD), Director of Acute Services (**Chair**)
Louise Noble (LN), Unison
Norma Beveridge (NB), Interim Associate Director of Nursing
Miriam Watts (MW), General Manager – Emergency Care
Belinda Morgan (BM), General Manager – Emergency Care
Paul Bishop (PB), Head of Estates
Benjamin Hannan (BH), Director of Pharmacy & Medicines
Sally Tyson (ST), Head of Pharmacy – Development & Innovation
William Nixon (WN), Health & Safety Manager
Susan Young (SY), HR Team Leader
Caroline Somerville (CS), Unison
Joy Johnstone (JJ), FCS

		Action
1	**WELCOME & APOLOGIES**	
	CD opened the meeting and welcomed everyone.	
	Apologies were received from Andrew Verrecchia, Donna Galloway, Murray Cross, Gillian McKinnon and Neil Groat.	
	CD extended a special welcome to Norma Beveridge attending in her new role as Interim Associate Director of Nursing – Acute Services.	
	CD wanted to record in the minute our gratitude and thanks to Lynn Campbell, Associate Director of Nursing – Acute Services who retires today and to wish her well.	
2	**FIFE ELECTIVE ORTHOPAEDIC CENTRE (FEOC) UPDATE**	
	In the absence of Fiona Cameron, Service Manager – Planned Care, CD provided colleagues with some of the headlines in terms of progress with the Fife Elective Orthopaedic Centre (FEOC):	
	• Keys will be available at the end of January 2023, and we have around a month to operationally commission the new building.	
	• The building will be cleaned and equipped, and staff will be orientated and trained.	

- We are hoping that we can go live and start to use the facility officially from 1st March 2023, but it maybe a couple days earlier if we make good progress with our preparation.
- The majority of posts have either been recruited to or advertised. The main area of risk that remains is within registered nursing. CD will discuss with Fiona Cameron what our plans will be around this.
- The 4th Consultant will be recruited to in February 2023.
- There is a full transition plan to take the Ward 10 team over to the National Treatment Centre (NTC).
- It is hoped LPF colleagues will have an opportunity to visit the NTC in due course.
- A huge thanks to everyone that has been involved in this which has been achieved over the course of the pandemic.

3   MINUTE OF PREVIOUS MEETING – 27 OCTOBER 2022

The Minutes of the Meeting held on 27 October 2022 were accepted as an accurate record.

4   ACTION LIST & MATTERS ARISING

4.1   Health & Safety Update Report

- CD and she still required to discuss with AV the shortage of representatives for the Sharps Strategy Group, however LN advised she was a member of this group but it had not met for some time.
- WN advised A-MM had taken over the running of the Sharps Strategy Group and had asked several times for representatives however she had faced difficulties in obtaining representatives and information from procurement colleagues.
- WN advised as uptake and support for the Sharps Strategy Group had been poor and recognised this group may have run its course, it was perhaps time to take this as a standing agenda item on one of the other committees.
- CD advised this would make sense and was looking to re-establish an Acute & Corporate Services Health & Safety Group. This item would sit nicely within that group in terms of a standing agenda item and would be a more efficient use of time rather than a separate meeting which is dedicated to sharps alone.
- Close action.

GMcK

4.2   Health & Safety Update Report

- WN advised he had not received any feedback regarding the list of locations contained within the Health & Safety Update Report and LPF colleagues were content.
- CD/LC do not have anything further to add in terms of the detail to avoid any overlap with the Adverse Events Report.

- Close action.

GMcK

4.3 **Attendance Management Update**

- The category on tableau is for all senior manager and executive grades (not AfC).
- Close action.

GMcK

4.4 **Annual Report**

- The LPF Annual Report has been forwarded to the NHS Fife Staff Governance Committee.
- Close action.

GMcK

4.5 **Issues for Next Meeting**

- There were no venues available for a face-to-face meeting. The December meeting to remain via MS Teams.
- Close action.

GMcK

4.6 **Issues for Next Meeting**

- CD advised the Festive Newsletter has been added to the Agenda under Item 14. This would be distributed to LPF colleagues after the meeting if they were content with the contents.
- Close action.

GMcK

5   HEALTH & SAFETY:
5.1   Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was distributed and noted, for information.
- WN advised a Violence & Aggression (V&A) Advisor would commence on 23 January 2023. The V&A Advisor has already taken up some of the training initiatives and started to add things to their diary. Some of the early training will be with the estates department.
- WN advised in terms of manual handling training, the redeployment exercise was not successful therefore the posts have had to be advertised externally. The advert closed last week with only a couple of applicants. Interviews will take place early January 2023 with a view to having someone in post by end of February 2023.
- WN advised John Collier, Manual Handling Co-ordinator had retired from the NHS. We are without a manual handling co-ordinator at this time and the documentation to advertise the Band 6 post is currently being prepared and will be put out shortly for advertisement.

- WN advised there were 4 manual handling incidents recorded on DATIX. 2 were load handling and 2 were patient handling. 2 were moderate outcome in terms of harm and 2 were minor outcome in terms of harm.
- WN advised there have been 21 V&A incidents recorded on DATIX. Ward 22, Ward 32, and Ward 41 have 2 incidents in each ward all listed minor outcomes of harm. Ward 23 had 1 incident recorded as moderate outcome of harm, but injury recorded. There have been 4 verbal assaults, 11 physical assaults, and 6 unwanted behaviours.
- WN advised there have been 19 sharps incidents reported on DATIX. 1 DATIX was finally approved without the sharps SBAR attached.
- WN advised there have been 2 RIDDOR reportable incidents reported on DATIX. 1 was an over 7-day injury due to a trapped hand and the report states this has been reported to the HSE but there is no RIDDOR report number or report attached to DATIX. The other incident was over 7-day injury for a slip, trip, fall. This has been reported to the HSE and the RIDDOR report attached to DATIX. There are also 5 incidents classed as not yet known. One has been finally approved without clarifying the RIDDOR status and 4 are still awaiting review / final approval.
- WN advised an updated version of this report would be circulated which now includes manual handling information and LPF colleagues can view the manual handling training statistics. Health & Safety colleagues are still trying to do their best in terms of induction and have recruited a member of staff from the bank to help with the training demand.
- BM asked about V&A training and advised there was a separate short life working group that was dedicated around the ED incidents and an aligned action plan. Further training has been identified as being required and asked WN whether an approach could be made directly to the new V&A Advisor or whether there was a programme being rolled out. WN advised he was happy for BM to make contact directly to organise timetables to suit. WN advised it is hoped there will be further resilience available with the help of a V&A Assistant.

WN

6   STAFF GOVERNANCE 2019/20

A   Well Informed

6.1   Director of Acute Services Brief – Operational Performance

- BM advised our ED performance which is the proxy measure for the whole site was at 70% (November 2022 data) which was the highest we have seen in 5 months.
- BM advised all of our improvement work has involved subsequent follow-up workshops and we have an aligned

action plan. This does seem to be demonstrating some improvements coming through in that whole system approach.

- BM advised since then we have seen an uptick in demand, both in terms of patients coming through all our flows.
- BM advised our ED performance had reduced to 50% at the start of the week. We did have ambulance queues, but we have an ambulance cohorting plan.
- BM advised we had challenges within critical care, and we are up at 90% occupancy, however we have worked through these and have contingency plans in place.
- BM advised from today we are down at OPEL purple 74 which is a better position that we had been in.
- BM advised we have plans in place going into the two public holiday weekends.
- BM advised we have changed the format of how we manage capacity and MW is now managing this. Changes have been made to the huddle and we are involving the co-ordinators at the front door and the discharge hub at a new 11.30 am huddle and we can already see benefits from that. We also have a new huddle at 3.30 pm. We are changing the format of how we communicate and how we work through community challenges and also the overall action plan that we developed has had benefits.
- MW advised the changes to the huddle have come out of multi-disciplinary team workshops. The capacity team have been integrated in all of the decision making and we are looking at our discharges before noon; our discharges before 3 pm; and improvements to our 4-hour emergency access target. We are on day 4 of these changes and the inclusion of our front door floor co-ordinators has been hugely beneficial to bring the teams together for a shared understanding to make the changes and improvements necessary.
- CD advised the site has been particularly challenged to accommodate all our elective work and this has been really difficult most days.
- CD advised our theatres start on a case-by-case basis and our critical care footprint has also been challenged which has inhibited the types of surgery that we have been able to accommodate.
- CD advised QMH continues at a pace in terms of the surgery that we have ongoing there and the number of cases that we are moving to QMH in terms of those that are suitable to be undertaken there.
- CD advised the elective orthopaedic unit in Ward 10 continues as well at pace until the transition to the NTC.
- CD advised staffing has been at OPEL amber but other times at OPEL purple with significant sickness absence in the past few weeks.
- CD advised it has been a really challenging time and was hugely grateful to all of our staff and all colleagues in corporate

services who have helped us to keep the Acute Division running.

6.2 Attendance Management Update

- The Attendance Management Report was distributed and noted for information.

NHS Fife

- SY advised the NHS Fife sickness absence rate was 6.63% in October 2022 rising to 7.31% in November 2022.
- SY advised COVID related absence equated to an additional 0.27% in October 2022 and 0.44% in November 2022.

Acute

- SY advised the Acute Services Division had a sickness absence rate of 7.44% in October 2022 and 7.91% in November 2022.
- SY advised COVID related absence equated to an additional 0.50% in October 2022 and 0.75% in November 2022.
- SY advised the figure for October 2022 was higher than last year although the November figure was slightly lower.
- SY advised this is the fifth month within the rolling 12-month period where there has been a percentage of sickness absence above 7%. This is the fourth consecutive month above 7%.
- SY advised ECD was sitting at 10.05% in November 2022. Their average for the year is 8.55%. PCD was sitting at 6.64% in November 2022. Their average for the year is 6.09%. WCCS was sitting at 7.03% in November 2022. Their average for the year is 5.84%.
- SY advised the highest number of hours lost within Acute Services was due to anxiety, stress, depression; with injury, fracture the second highest reason; and cold, cough and flu the third highest.
- SY advised gastro-intestinal problems was the top reason for the highest number of episodes; followed by anxiety, stress, depression; and then cold, cough and flu.
- SY advised the nursing and midwifery job family has the highest percentage of absence and sickness hours lost followed by administrative services.
- SY advised the short-term absence had increased in November 2022, but long-term absence has reduced.
- SY advised there were 25 areas within Acute Services above 10%.

Corporate Services

- SY advised the Corporate Services Directorate has a sickness absence rate of 5.70% in October 2022 and 6.61% in November 2022.
- SY advised COVID related absence equated to an additional 0.04% in October 2022 and 0.08% in November 2022.
- SY advised the October and November 2022 figures were both higher than the same months in the previous year.
- SY advised there were 5 out of 12 months where Corporate Services sickness absence was above 6% with 4 of these being the period since June 2022.
- SY advised of the areas detailed within the report health & safety is the highest, however to remember this is a small team. Facilities was the second highest at 9.27% and estates at 4%. The other areas of Corporate Services combined at 5.16%.
- SY advised the highest reason for hours lost was anxiety, stress, depression. Other known causes is sitting in the middle and we may require to do some further communications around this to ensure absences are being recorded correctly. The third highest reason for hours lost was other musculoskeletal problems.
- SY advised in terms of episodes, gastro-intestinal problems is the main reason; anxiety, stress, depression second; then cough, cold, flu the third highest reason.
- SY advised the highest number of hours lost by job family was in support services followed by administrative services.
- SY advised short-term absence within Corporate Services had increased and long-term absence had stayed the same.
- SY advised there were 11 areas within Corporate Services above 10% absence.

General

- SY advised the operational group meets regularly. DG chairs the operational group and there has been a real focus within that group on preventative measures. There have been discussions about walking 1:1s, starting every 1:1 discussion with that wellbeing conversation.
- SY advised there have been discussions around piloting a stay survey talking to staff within a group or particular area to try and establish the reasons why people remain in that area; what are the positives about working in that area; and any areas for improvement to try and retain staff. This is being fed through the retention sub-group as well and will be interesting to see any outputs from those discussions.
- SY advised review and improvement panels have been scheduled and taking place within all areas. There are always lots of good examples of good attendance management and inventive adjustments to retain staff at work.

6.3   Feedback from NHS Fife Board & Executive Directors

BH provided an update on:

Board Development Session: 20 December 2022

- The Board Development Session had focussed on two main aspects.
- The first one was around the whole system response to winter, and this was very well received with our partnership colleagues.
- The second item was an update on the strategy, engagement and the public work that is ongoing. There is a lot of work ongoing by Margo McGurk, Susan Fraser and their team in developing that engagement with the APF.

NHS Fife Board Meeting: 29 November 2022

- The Chair and Chief Executive gave an update reflective of the current pressures in the system and acknowledging these were unprecedented times.
- An update was given on the clinical strategy from 2016 to 2021. Dr McKenna delivered a report with regard to the outcomes of the clinical strategy and closing that off as a piece of work and allowing us to enable to move on as we continue to develop the whole population and health and wellbeing strategy.
- There was an update from Janette Keenan with regard to the community engagement work that is being done.
- Janette Keenan also provided an update in regard to the NTC and how this is progressing.
- BH delivered the Pharmaceutical Care Services Report which is the report which shows how well or not we are providing community pharmacy in Fife.
- There was detailed report on procurement.
- There were the usual discussions with regard to corporate risk registers; whistleblowing; statutory; and other reports but there were no items highlighted for escalation.

Area Partnership Forum: 23 November 2022

- A strategy update presentation was given highlighting the results of the staff engagement on the strategy and surveys that had been undertaken last year. There were some really powerful views and the survey showed that over 60% of our workforce in Fife said that their mental health had been impacted by COVID. Further discussions on this would take place, but BH agreed to share the APF presentation with LPF colleagues, for information.

BH

- Discussion also took place regarding transportation options and discounts available for staff.
- It was noted a discussion on the NHS Credit Union would take place at the January 2023 APF lunchtime session.

7   B   <u>Appropriately Trained</u>

7.1   <u>Training Update</u>

- CD advised we have had some stark figures shared around mandatory training uptake.
- CD advised Carol Potter is considering how we progress uptake around basic life support but there is general concern at the level of training uptake for our staff.
- CD advised there will be quite significant amount of work to pick up on this in the New Year.
- BH advised discussions had taken place at EDG around how we need to improve uptake but to make training easy and adaptable to staff in the current climate. EDG have committed to collectively discuss this with the Director of Workforce as well as making a concerted effort within individual areas to improve performance.
- LN advised there was a lot of discussion around this at the recent APF meeting in terms of the number of staff that were not up to date with all their training. Going forward further discussions to take place regarding plans to make training more accessible online and the release of staff to attend mandatory training.
- CD advised there has been some discussion around what training can be brought to services or departments to enable it to be done locally and significant work to be done on this in the New Year.

7.2   <u>Turas Update</u>

- As per Item 7.1.

8   C   <u>Involved in Decisions which Affect Them</u>

8.1   **<u>Annual Report</u>**

- CD advised our Annual Report for last year has gone through its various processes in terms of committee cycles.
- CD advised as we go into the New Year, we will make a start on this year's LPF Annual Report and would be looking for contributions, initiatives and photographs for the report.
- CD was keen to keep this as a live document that reflects our workforce.

8.2   **<u>Staff Briefings & Internal Communications</u>**

- CD/AV continue with their walkabouts
- CD advised she had undertaken a pop-up briefing session with Dr Iain MacLeod, the new Deputy Medical Director within the

clinical corridor. The session was well received with a number of staffing stopping to talk and had provided significant ideas which were being considered particularly around how the hospital moves and flows across the day.

- CD advised pop-up briefing sessions are being scheduled across QMH and VHK with herself, Dr MacLeod and NB to enable regular briefings from the senior leadership team.

8.3 iMatter

- SY advised it was important to continue the iMatter discussions throughout the year and not just when the reports and questionnaires go out.
- SY advised managers should continue that discussion with their teams and work towards the actions they have agreed with the teams.

9 D Treated Fairly & Consistently

9.1 Current/Future Change Programmes/Remobilisation

- CD advised the Acute Services had held a series of workshops around priority actions and capacity and flow.
- CD advised completed SPRA templates are due to be submitted by tomorrow for each of the directorate areas and pharmacy.

10 E Provided with an Improved & Safe Working Environment

10.1 Staff Health & Wellbeing Update

- The Staff Health and Wellbeing Update report was noted for information.
- SY advised the new NHS Fife Walking Guide for Staff (which ties into the earlier discussion around our walking 1:1s) has been published and information available on StaffLink.
- SY advised on the introduction of the new energy pods. This is a test of change that our facility colleagues are involved in around the access to overnight rest areas for night shift staff and sleeping facilities for post night shifts. We have been provided with 4 energy pods, which will be located in 2 settings, on a trial basis over a period of 2 months, from mid December 2022.
- SY advised community larders (foodbanks) will soon be available for staff across various hospital sites. Details of how to donate will be publicised in the near future.
- SY advised the new Intensive Care Unit (ICU) roof top garden has been officially opened. This was funded by Fife Health Charity. Details are available on how to apply for funding from

the Fife Health Charity if there are any wards/departments that wish to take forward any projects.

- CD advised the Chairman opened the VHK Staff Health & Wellbeing Hub yesterday. This is a great space for staff to use.
- CD advised following the opening, CD, NM and Carol Potter undertook a walk round and had a look at the energy pod within the Phase 3 theatres. They met a member of staff that had used the pod and had found it really beneficial. They also visited the ICU roof top garden.

10.2 Capital Projects Report

- The October 2022 Capital Projects Report was noted for information.
- PB advised there is quite a lot of work ongoing across the Acute sector, community sector and mental health.
- PB advised we have been successful in receiving some additional funding from the Scottish Government. This will be used on areas that require to be upgraded but we have been unable to do anything previously due to lack of available funding.
- PB advised there is a lot of high-profile work ongoing but a lot of work going on in the background.
- PB advised the work on the WRVS has been delivered and work is ongoing with the hospice which will be finished by the end of January 2023.
- CD noted the huge amount of work ongoing in the background and the other capital projects that will be completed before the end of the financial year. CD recorded her thanks to PB and his team for their hard work.

10.3 Acute & Corporate Adverse Events Report

- The Acute & Corporate Adverse Events Report for the period December 2021 – November 2022 was noted, for information.
- NB advised for Acute Services the biggest reporting incident is around infrastructure, and in the main around safe staffing levels.
- NB advised chart 1 outlines the most commonly reported incidents affecting Acute Services staff. There are some significant peaks over the course of the year.
- NB advised there are lots of initiatives going on to improve and change our workforce.
- NB advised it is important to keep reminding staff to record and DATIX these incidents.
- NB advised unwanted behaviours, violence and aggression in the main is around AU1 and MOE wards and associated with delirium and dementia coming into the Acute hospital and training is important there.

- NB advised you can see from the graphs that sharps instances and personal accidents remained reasonably stable over the course of the year and relative low numbers.

11   ISSUES FROM STAFF-SIDE

11.1 Band 2 Uplift Review

- CD advised there was an issue from staff side around the band 2 uplift review.
- LN advised she was not quite sure what issues AV wanted to raise on this but asked if an update could be provided on the current position. LN was aware there was a short life working group due to meet last week.
- NB advised the oversight group meeting was held this morning. In terms of the partnership about 80% of Band 2s have been awarded an uplift. Within Acute we are a bit behind, but we are reasonably comfortable and confident that we have just about completed this for Acute Services. An update would be given to Sandra Raynor by 6 January 2023.
- LN advised this had been a good piece of work seeing staff uplifted from a Band 2 to a Band 3 and has been a huge amount of work for those involved.
- Agreed a fuller update would be provided at the next meeting.

NB

12   MINUTES FOR NOTING:

12.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meeting held on 1 September and 6 October 2022 were noted, for information.

13   FUTURE DATES – 2023

The 2023 meeting dates were noted for information, and diary invites have been sent out.

14   FESTIVE NEWSLETTER

- CD advised contributions for the festive newsletter have been received and collated.
- CD advised this would be made available on StaffLink and asked for this to be shared within individual teams.

15   HOW WAS TODAY'S MEETING?

15.1 Issues for Next Meeting

NB

- Agreed a fuller update to be given around the Band 2 Uplift Review.

15.2 **Issues for Escalation to Area Partnership Forum**

- There were no issues for escalation to the APF.

16   ANY OTHER COMPETENT BUSINESS

16.1 **Public Holiday for the Coronation of King Charles III**

- SY advised we have received formal notification from the Scottish Government for the public holiday on Monday 8 May 2023 for the Coronation of King Charles III.
- SY advised this would be treated as a public holiday with public holiday rates.

17   DATE OF NEXT MEETING

Thursday 16 February 2023 at 2.00 pm via MS Teams.

LOCAL PARTNERSHIP FORUM
(Meeting on 16 November 2022)
No issues were raised for escalation to the Staff Governance Committee.

Fife Health & Social Care Partnership
Supporting the people of Fife together

UNCONFIRMED
HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 16 NOVEMBER 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning (for Nicky Connor) (Chair)
	Eleanor Haggett, Staff Side Representative
	Angela Kopyto, Dental Officer, NHS Fife
	Audrey Valente, Chief Finance Officer, H&SC
	Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
	Elizabeth Crighton, Project Manager – Wellbeing & Absence
	Hazel Williamson, Communications Officer, H&SC
	Kenny Grieve, Health & Safety Adviser, Fife Council
	Kenny McCallum, UNISON
	Lisa Cooper, Head of Primary & Preventative Care Services
	Lynn Barker, Associate Director of Nursing
	Lynne Garvey, Head of Community Care Services
	Lynne Parsons, Society of Chiropodists and Podiatrists
	Mary Whyte, RCN
	Morag Stenhouse, H&S Adviser, Fife Council
	Rona Laskowski, Head of Complex & Critical Care Services
	Roy Lawrence, Principal Lead Organisation Development and Culture
	Susan Young, HR Team Leader, NHS Fife
	Wendy Anderson, H&SC Co-ordinator (Minutes)
APOLOGIES:	Billy Nixon, Health & Safety, NHS Fife
	Debbie Fyfe, Joint Trades Union Secretary
	Elaine Jordan, HR Business Partner, Fife Council
	Helen Hellewell, Associate Medical Director, H&SC
	Nicky Connor, Director of Health & Social Care
	Simon Fevre, Staff Side Representative
	Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 21 September 2022

The Minute from the meeting held on 21 September 2022 was approved as an accurate record of the meeting.

Under Item 14 – AOCB - Angela Kopyto made the LPF aware of the current situation with Dentistry. Lisa Cooper gave assurance NC had linked with her for her awareness and action. LC assured that effective workforce planning was a

2   PREVIOUS MINUTES (CONT)

2.1   Minute from 21 September 2022 (Cont)

priority for the Primary Care Strategy in development and planning was ongoing to ensure a robust workforce and sustainability of the service during these challenging times.

2.2   Action Log from 21 September 2022

The Action Log from the meeting held on 21 September 2022 was approved as accurate.

3   JOINT CHAIRS UPDATE

Fiona McKay provided a short update on potential industrial action. NHS Fife has several formal groups set up to oversee this which Nicky is involved in. Recent media enquiry from Dunfermline Press has been responded to. Work is ongoing to ensure robust plans are in place to mitigate any issues.

4   HEALTH AND WELLBEING

Attendance Information

Susan Young advised that NHS absence is currently 6.85%, up from 5.98% in previous month but lower than corresponding month in 2021. Main reasons continue to be to Anxiety / Stress / Depression / Other Psychiatric illnesses, followed by Gastro-intestinal problems then cough, cold and flu. Absence increased in all areas in September. Attendance management training and Live Positive Toolkit are being refreshed. Good news stories are being sought where the toolkit has been used, send these to Susan Young.

SY

Fife Council absence has reduced from 13.6% to 12.7%, one of the lower absence rates recorded. Top two absence reasons for September 2022 continue to be MSK and mental health. Short-term absence rate has reduced from 3.1% in August to 2.8% in September and long-term absence rates decreased from 10.7% in August to 10.0% in September.

Staff Health & Wellbeing

Written updates had been provided by NHS Fife and Fife Council for this item and circulated with meeting papers.

Susan Young gave a brief update on the activity ongoing within the NHS, including self-care sessions, the work of the Spiritual Care staff, Menopause Wellbeing Hub and the addition of menopause resources to Stafflink.

As well as the information contained in her written update, Elizabeth Crighton advised that her team have completed a clean up of manager reporting lines in Oracle which will mean the production of more accurate reports. The data from the collaboration with the University of Hull on the Stress Risk Assessment is being prepared for an SLT report. Early intervention calls continue to assist in absence cases.

5   HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Rona Laskowski advised that the Health and Safety Assurance Group continues to meet quarterly and robust, accurate data is being provided. There are issues with staff compliance with mandatory health and safety training and work is ongoing to resolve this.

Billy Nixon and Morag Stenhouse had both provided written updates which were circulated with the meeting papers.

Morag Stenhouse covered the detail in the Power Bi report and advised that people should contact Avril Sweeney if they still require access to Power Bi.

6   FINANCE UPDATE

Audrey Valente provided a finance update which has not changed much since the last update. Partnership is reporting a projected outturn underspend of £7.226m.

Key areas of overspend are Hospital & Long-Term Care and Adult Placements. These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults (Fife-wide and Supported Living) and Social Care (Fieldwork and Other).

It was confirmed that of the savings approved by the IJB in March 2021, 66% are on track to be delivered this financial year.

Covid spent is projected as £15.7m for the full financial year and this includes the support funding for external care providers.

7   UDPATE ON STRATEGIC PLAN

Fiona McKay advised that the Strategic Plan 2023-2026 will be taken to the IJB meeting on Friday 27 January 2023 for approval. Consultation on the plan continues and feedback will be incorporated into the final version.

8   SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

System Pressures

Rona Laskowski advised that within Complex and Critical Care 12 new staff were recently recruited into mental health and addiction and whilst these are welcome there are still 54 fte vacancies within inpatients. Peer support workers are being recruited to assist with the therapeutic environment on Wards. Motivation levels within staff groups is improving but pressures continue.

Lynne Garvey had nothing specific to raise regarding Community Care Services, although OPEL information has shown that many areas have been safe to start recently. There are still red flags in inpatient areas. 14 new carers have been appointed recently, most likely as a result of the STV campaign which is being rerun. Other recruitment campaigns continue and absence is stable within the service.

Lisa Cooper updated on behalf of Primary and Preventative Care. Recruitment continues to be a challenge, absence is stable and staff continue to show agility and flexibility in their working day.

8   SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)

System Pressures (Cont)

Lynn Barker advised there is currently a 6-month vacancy for a Head of Nursing post.

Winter Plan

Lynne Garvey began by apologising for the size of this paper, which combined four sections into one report and contains feedback from committees. The report gave the LPF a detailed overview of the Winter Plan for this year. Ongoing work includes workforce planning, seven day working, the Front Door Model, multi-disciplinary team working and anticipatory care plans for care home residents. Recruitment is still a focus. Whole system verification meetings take place weekly to focus on patients in delay in hospital.

Update on Covid

Fiona Mckay advised that there are currently no covid cases in any Fife Care Homes.

Susan Young advised that there was not much to update on Covid. Staff continue to work in flexible and blended ways.

Immunisation

Staff

Lisa Cooper had provided a paper on this which gave a high-level summary on the delivery of the Autumn and Winter Programme. The Spring campaign is complete and almost one million vaccine doses have been given. Following JCVI guidance, all those who are eligible will be offered the latest vaccine by 5 December 2022. Fife are doing well with this, having a substantive workforce to undertake the programme.

H&SC Workforce

Data on workforce vaccinations show that Fife is slightly under the national average, although there is a targeted focus on staff with drop-in clinics, the mobile van and a plan to visit all hospital sites early in December. A clear comms plan is being worked on.

9   NATIONAL WHISTLEBLOWING STANDARDS – PART 8

Roy Lawrence updated on the work of the group which have been meeting to look at the Whistleblowing Standards and how they work within the partnership. Roy gave assurance that the partnership is compliant. Fife Council are undertaking a corporate review of their whistleblowing policy, which means the partnership will use interim arrangements for the next six months. Staff to be encouraged to speak up. Lynne Parsons asked if training for this could be repeated, Susan Young advised this could be discussed at a meeting later in the day but that it would be good practice.

NO	HEADING	ACTION

10   iMATTER UPDATE – ACTION PLAN COMPLETION PROGRESS

Roy Lawrence advised that out of 542 teams in the partnership 310 have completed their Action Plans. This is a 57% return rate, is up on last year's which was 52%. Fiona McKay raised an issue with logging Action Plans and will discuss this with Roy offline.

11   HSCP WORKFORCE STRATEGY & ACTION PLAN

Roy Lawrence brought this to the LPF in July 2022 and the report is being brought back following Scottish Government feedback, which has resulted in minimal changes to the original document. Scottish Government felt the Strategy was well structured, logical and aligned with the Strategic Plan, financial planning and Mission 25.   The final Strategy and Action Plan 2022-2025 will be taken to the IJB meeting on Friday 25 November 2022 and then published on 30 November 2022.

12   LOCAL PARTNERSHIP AGREEMENT – UPDATE

This has not been updated for several years. Suggested changes were included in the version circulated with the papers. Fiona advised that several job titles still needed to be checked and updated. The LPF were happy with this once these changes had been made.

13   NATIONAL CARE SERVICE - UPDATE

As Nicky Connor was unable to attend today's meeting, her presentation would be brought to the LPF meeting on 24 January 2023.

14   ADULT INSPECTION REPORT – UPDATE

Fiona McKay provided an updated on the recently published Adult Inspection Report. The inspection focused on where we are with integration on the services we provide for people across Fife. Over 800 staff took part in a survey as part of the inspection.

Of the five key quality indicators inspected, four were considered Good and one was adequate. As this was the first inspection of this kind undertaken in Scotland so there is no data to benchmark against.

An Improvement Plan is being drawn up to go back to the Care Inspectorate in December 2022, detail of this will be brought to the LPF in January 2023.   **FM**

15   ITEMS FOR BRIEFING STAFF

Susan Young advised that information on Adverse Weather Arrangements has been issued and this will be shared with LPF members and comms should also go out on this.

A consultation on work/life balance has begun, it is around the 10 NHS flexible working policies.

16   END OF YEAR-ROUND UP

A face-to-face Development Session has been arranged for LPF members which will take place on Wednesday 31 May 2023 from 9.00 am to 12 noon. This is already in diaries and the venue will be confirmed once a decision has been taken.

Eleanor Haggett asked about an LPF Christmas message to thank staff or a quiz to be shared. Fiona McKay could be quizmaster.

17   AOCB

Nothing was raised under this item.

18   DATE OF NEXT MEETING

Tuesday 24 January 2023 – 9.00am – 11.00 am

Health & Safety Sub-Committee

(Meeting on 20 January 2023)

No issues were raised for escalation to the Staff Governance Committee

Minute of the H&S Sub-Committee Meeting
Friday 20 January 2023 at 12.30 pm on Teams

Present
Neil McCormick (Chair), Director of Property & Asset Management (NMcC)
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL) (1.50 pm)
Kevin Reith, Deputy Director of Workforce (KR) for David Miller

In Attendance
Paul Bishop, Head of Estates (PB)
Billy Nixon, H&S Manager (BN)
Ann-Marie Marshall, Acting Senior H&S Advisor (A-MM)

Andrea Barker (AB) Minute

The order of the minute may not reflect that of the discussion

No.		Action
1.	**Welcome & Apologies** NMcC welcomed those present to the meeting. Apologies were noted from Dr Chris McKenna and David Miller (Kevin Reith). NMcC commented on his concern over the lack of Staff side representation.	
2.	**Minute/Matters Arising**: The Minute of 02.09.22 (amended*) was approved as an accurate record. Minor amendment*: Item 5.2 - H&S Incident Report (Apr - Aug 22) <u>Violence & Aggression</u> • KR added that from an HR workforce point of view, V&A remains a continual topic of discussion at national level around the ~~statute of~~ **statutory and** mandatory standards across the whole of the sector.	
3.	**Covid-19 Update**: 3.1 Covid-19 Risk Assessment BN advised that Julia Cook (JC), IPCT had been in contact in relation to the Covid-19 Risk Assessment INPCM appendix 20 - removal of the reference to the 2 m social distancing rule. He went on to explain that she feels that this now has implications in relation to the NHS Fife Local Risk Assessment including RP requirements around poor ventilation and over-crowding. JC is keen to keep protections in place. On-going.	

	3.2 Relaxation of Masks NMcC - Several changes have been made around the relaxation of mask wearing in dining rooms and non-clinical areas of the hospital; however mask wearing remains in place in clinical areas. Many of the Covid-19 changes were to ensure that staff had proper rest breaks and down time versus the continuing risks of exposure to Covid-19. Covid-19 numbers continue to fluctuate which has been causing various problems throughout NHS Fife, with ward closures in the Community and hospital settings due to localised Covid-19 breakouts.		
4.	**Governance Arrangements**: 4.1 Terms of Reference (ToR) A copy of the 'draft' ToR for the H&S Sub-Committee was distributed to members of the group. (a) The ToR has been updated to reflect the fact the David Miller is now a lead executive on the Group from a Workforce point of view replacing Linda Douglas who has retired. **The update was agreed by the group** (b) Consideration was given to inviting Janette Keenan, Director of Nursing to join the group in terms of manual handling, violence & aggression and IPCT. **The proposal was supported by the group** and will allow for more resilience for members (c) It was suggested that 'nominated representatives or their deputies' be added to the ToR to ensure continuity around attendance at each meeting. **The suggestion was agreed by the group** **Action** • The 'draft' ToR will be updated to include the changes above. • The ToR will be presented at the next meeting on 10 March 2023 for final approval. 4.2 Annual Statement of Assurance NMcC - The Annual Statement of Assurance will be presented to the group for approval at the next meeting on 10 March 2023. 4.3 Annual Work Plan 2023-24 The H&S Sub-Committee Annual Work Plan 2023-24 was distributed to		**Andrea** **Andrea**

	members of the group. NMcC added that this is a very helpful and robust rolling document which can be updated meeting by meeting, where required. The Annual Work Plan 2023-24 will be published at each H&S Sub-Committee meeting and any changes will be reflected accordingly. **The group approved the H&S Sub-Committee Annual Work Plan 2023-24**	
5.	**Operational Updates** 5.1 H&S Sub-Committee Incidents Report (Sept-Nov 2022) A copy of the H&S Sub-Committee Incidents Report (Sept-Nov 2022) was distributed to members of the group. BN presented his first H&S Sub-Committee Incidents Report for the period September to November 2022 to the group in his role as H&S Manager. (a) Sharps Group - BN has spoken with Claire Dobson, Director of Acute Services with the aim of Sharps being a standing agenda item on the Acute Health & Safety Committee which is in the process of being set-up. The Sharps Group will then eventually disband. (b) Sharps Datix Reporting - There has been several Datix incidents recorded recently, however, these have not been supported by an accompanying SBAR. This was a requirement highlighted by the HSE during a past visit. BN will chase - on-going. (c) Slips, Trips & Falls - data shows an additional 9 incidents based against last year's figure. (d) Violence & Aggression A breakdown of V&A incidents recorded to date: • 35 incidents in Acute • 240 incidents in HSCP; with Mayfield having the greatest number Violence & Aggression Advisor Bill Coyne will start with NHS Fife's Health & Safety team as Violence & Aggression Advisor on 23 January 2023. (e) Manual Handling BN extended a thank you to A-MM and Brian Ritchie, Assistant H&S Advisor for their assistance with inductions and staff training due to the sudden retirement of the previous Manual Handling Advisor post holder. Since mid-June 2022, details of staff who have requested training and have been unsuccessful in securing a slot on a training schedule have been recorded. The list is cross-referenced with the Annual Manual	

Handling Database. The training is then categorised into 2 sections; those staff who require an induction and staff who require an update.

Interviews for the Manual Handling Trainer vacancy will be held in February 2023.

The Manual Handling Co-ordinator post is now on the vacancy list for re-deployment purposes.

(f)   Patient Self-harm

To date, there were 44 self-harm incidents reported; 4 more than this time last year, of which 2 were completed suicides:

- 21 no harm
- 18 minor
- 3 moderate
- 1 major
- 1 extreme

(g)   RIDDOR

For reporting purposes BN advised that RIDDOR has been split into:

- RIDDOR Reports
- RIDDOR (those not yet known)

BN provided an overview of RIDDOR related incidents to the group.

(h)   RIDDOR (those not yet know)

NMcC - the report highlights 3 individual CSSD issues, however, we have no CSSD facilities in Fife.

Action

BN will investigate NMcC's query and report his findings back to the group.

BN welcomed comments from group members on the Incident Report

KR - Incident Report - The format is clear overall. Although narrative was provided, it would be interesting to view trend lines year-on-year across all measures, if possible.

KR - RIDDOR (not yet known) Incidents Table - it would have been useful to see an incident date on the table with a view to understanding whether this is something you are challenged with in terms of responses in good time order.

RL - Under the Self-harm section of the Incident Report, 2 completed suicides happened at home which raises the question why have these incidents been recorded under Health & Safety given we have no control or responsibility over this environment?

For patients who have been with Community Services, HSCP for a period of 12 months or more, completed suicides must be reported

BN

	through the Mental Welfare Commission. The HSCP has responsibility for the clinical treatment of patients in their own homes; however, do we have responsibility under health and safety?	
	Action	**BN/RL**
	<u>Self harm incident reporting</u> - discussion to follow out with the meeting with BN and RL on the reporting of relevant statistical information moving forward.	
	NMcC – Happy that the Incident Report has been produced in an easy to read format and includes data for the whole of Fife.	
	Conversations around the scrutiny of data during meetings are exactly what we are looking for in terms of what information is contained in the Incident Report, with a view to its overall development.	
	Looking forward, perhaps when we have a full year of data, we could widen discussions with the Area Partnership Forum, Clinical Governance Committee and Staff Governance Committee.	
	BN would be happy to receive further comments and/or feedback out with the meeting.	
	Thanks were extended to BN and his team.	
	5.2 <u>Staff Governance Standards - Improved & Safe Working Environment SBAR</u>	
	A copy of the Staff Governance Standards – Improved & Safe Working Environment SBAR was distributed to members of the group.	
	NMcC - the SBAR was presented to the Staff Governance Committee where it was well received.	
	The SBAR is documented today at the H&S Sub-Committee for information purposes.	
	There is concern from Unions around stress in the workplace. Looking at best practice and the H&S Executive's best practice, a talking toolkit is available with a number of questions which highlight areas for discussions we should be having with our staff.	
	Pilot Scheme - the toolkit will be piloted in several HSCP areas and Wendy McConville has volunteered 2 areas of which she has responsibility namely; a ward area and a community setting.	
	Information gathered from the Pilot Scheme will be incorporated into a Risk Assessment which will show exactly what is being implemented, particularly around improvements for staff.	
	The toolkit should prove to be a positive communications tool with consideration given to learning from the information gathered throughout the wider organisation. We ought to be aware, however, that some of the feedback may be quite challenging and consideration should be given as to how we deal with this moving forward.	

This practice will effectively join up areas of the HSCP into the Fife wide Health & Safety Sub-Committee.

RL - it is likely that this is going to have a link with the APF and the LPF in the partnership with similar meetings in Fife Council. Information gathered will add to the evidence on the impact of high levels of vacancies, the impact of not enough workforce and stress factors due to this.

KR - the toolkit was really well received at the Staff Governance Committee. We are being really proactive around this issue by utilising appropriate toolkits and information and incorporating best practice terms. Staff Side are happy with this approach. Overall we will gain some insight from the initial Pilot Scheme and then how we roll this out further from there.

NMcC - The paper will also be presented at APF next week.

5.3   Manual Handling

(a)   H&S Manual Handling Training Audit of 13 January 2023

A copy of the H&S Manual Handling Training Audit was circulated to members of the group for information.

A-MM - Manual Handling training and compliance for staff is relatively low at the moment, however, there is a lot of work being carried out behind the scenes to move this forward.

The H&S Manual Handling Training Audit was actioned to see exactly what training measures have been carried out and what training measures have been put in place over the past 15 months.

The audit tool used was one from the Scottish Manual Handling Passport
Scheme and is being used by the service to ascertain what training is in place and what training plans are in place for staff within the organisation.

Uptake and compliance is poor in several areas due to staffing issues ie annual leave, sickness/absence.

The Audit, however, has shown that we are in a good position overall: with
our compliance figure sitting at 80.35%.

Self-assessment Checklists

A-MM reported that the paperwork is complete to meet the current gap:

• Self-assessment Checklist for Patient Handlers
• Self-assessment Checklist for Non-patient Handlers

The above checklists will be distributed at ward/unit level. These checklists will be completed by each individual member of staff and, once returned, the scoring will determine what training is required and what we have to put in place to meet individual requirements.

| | PB - extended thanks to the Manual Handling team who were involved in the improvements made.

KR - Overall, the Statutory and Manual Training compliance, of which Manual Handling plays a part, was causing a bit of concern at Board level as training figures were showing a bit of decline.

KR - In preparation for the next report which is being presented at the March 2023 Staff Governance Committee and for assurance purposes, it would be beneficial to add some background to this in order to reflect the positive work being carried out behind the scenes by the Manual Handling Team.

Action

KR to contact A-MM out with the meeting to discuss the report content.

(b) Manual Handling Training Plan 2023

A copy of the Manual Handling Training Plan 2023 was circulated to the members of the group for information.

Course data from 2022 was used to set up a projected 2023 plan by A-MM.

The Plan is based around the condition that 2 new Manual Handling Trainers will be in post. Interviews will take place on 2 February 2023.

Brian Ritchie, Assistant H&S Advisor continues with one Induction Training Session per week for new members of staff.

A-MM continues to carry out Hospital and Community Update Sessions etc.

Hopefully, from March 2023, additional Induction Training Sessions will be available to those members of staff who still require induction. Predominantly, this relates to staff who require updates to their personal training plan.

Last year, 207 training sessions were carried out with projected figures for this year sitting at 350+.

Immunisation Team - as there was a possibility of the Immunisation Team being re-deployed into wards, the H&S team worked hard to deliver 10 Manual Handling Induction Courses to 80 members of staff. Initially, these members of staff came onboard as Vaccinators and at that time were not employed for patient care. Resilience measures are now in place which is a huge positive step forward.

NMcC - Fantastic work from A-MM and the team as is looking forward to having new enthusiastic staff on board - please take assurance from this. | **KR/A-MM**

KR |

		A-MM - Workforce Development signpost staff to contact the Manual Handling team to arrange their individual Manual Handling training. Several members of staff have slipped through the net, however, and if the loop can be closed then training will run more smoothly overall. KR - Jackie Millen is leading on a SLWG for starters, leavers and change processes. She has spoken of a tidy up of the induction process and she described a 'one and done' style approach to new starts. **Action** KR to relay the importance of manual handling training requirements to Jackie Millen, as described by A-MM above. Moving forward, KR will ensure that A-MM is involved as part of the Induction process. A-MM – it would be helpful to have a list of new members of staff who are joining the organisation as well as staff members who require patient handling training. **Action** KR to provide A-MM with a list as described above.	**KR** **KR**
6.		**NHS Fife Enforcement Activity** There has been no recent HSE enforcement activity to report within NHS Fife. Enforcement Activity within other Boards NHS Grampian – Violence and aggression enforcement due to lack of Risk Assessments in place. NHS Highland – Manual Handling issues. NHS Grampian – Fatality with a contractor who was working on the site. HSE enforcement report as part of the investigation to follow on their website. Once the enforcement report is available, PB has advised that he will ensure that we are following compliance with the requirements that come from it. 'Signing In System' for Contractors PB - Consideration is being given to adopting a 'signing in system' both locally and nationally in order to reduce familiarity when contractors come onto any of our sites. On-going.	
7.		**Policies & Procedures**	

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NMcC/AB

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	NMcC - A list has been published as part of EDG around all outstanding policies and procedures across the Board. My intention is to bring this list to the next SMT meeting. **Action** NMcC - a filtered list of outstanding H&S Policies & Procedures to be brought to the next H&S Sub-Committee meeting on 10 March 2023.	**NMcC**

8.	**Any Other Business**
	
	8.1 Skin Health Surveillance SBAR
	
	A copy of the Skin Health Surveillance SBAR prepared by Amanda Wong, Director of Allied Health Professions was distributed to members of the group.
	
	NMcC - Amanda Wong is Chair of the Skin Health Surveillance Group and this is a cross-over area between Health & Safety and Occupational Health.
	
	There are 2 asks of us:
	
	• To support the Skin Health Surveillance Group alongside IT to find out if there is a digital solution to this.
	
	   This could be the perfect opportunity for a paper light exercise to ensure that the administrative burden is reduced as ideally wards/departments should hold their own records.
	
	   KR - It is a Corporate responsibility to be able to identify records, where required.
	
	• The role of Skin Co-ordinator could be supported by appropriate managers within the organisation.
	
	   KR – Happy to agree that this could be the way forward.
	
	   Rhona Waugh, Head of Workforce Planning & Staff Wellbeing has been involved with the preparation of the paper with Amanda Wong, however, we must be cautious around the quantity of workload involved if the process is to change.
	
	The group agreed to support the paper and working alongside IT to find a technical solution to this
	
	Action
	
	NMcC to discuss the role of Skin Care Co-ordinators across the organisation with CD, JK and NC.
	
	8.2 H&S Proposed Departmental Structure 2023
	
	A proposed H&S Departmental Structure 2023 was circulated to group members for information and BN advised of his staffing arrangement plans.
		
		NMcC

	BN added that Bill Coyne has been trained well by the HSCP before he left his post there to join NHS Fife. NMcC - happy to support the Partnership until the vacant Violence and Aggression post is filled in the HSCP. RL - Given the highest number of violence and aggression incidents occur within the LD and Mental Health Wards we will have to progress the recruitment process at some pace or come to an arrangement on an interim basis so we do not expose these areas. NMcC - Would a Fife Wide solution be helpful? **Action** RL will consider NMcC's suggestion and advise of her thoughts. 8.2 Two members of staff involved in accidents - A&E Entrance. VHK NMcC - Wanted to highlight the incidents to the group and that only minor injuries were sustained by the staff members in question. An SBAR has been written. Not a RIDDOR reportable incident. Consideration being given to improving the surrounding environment. A-MM - The area in question does meet health and safety requirements, however, there are actions that can be put in place in order to reduce the likelihood of this happening again. PB – the area has been risk-assessed and is the process of signing-off the order to put the necessary remedials in place.	**RL**
9.	**Date & Time of Next Meeting** Friday 10 March 2023 at 12.30 pm on Teams	

NHS Fife Staff Governance Committee

(9/3/23)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Strategy Group that met on 02.02.2023. Discussion points within this meeting are: the groups Terms of Reference (TOR), feedback for the NHS Fife Equality Outcomes & Mainstreaming Interim Report, an update on the work of the Equality and Human Rights team, including the Equality Email network, the Interpreting & Translation service review and the revised Diverse Ethnicity Staff Network (The Den), and finally a brief discussion about the United Nations Children's Rights Convention (UNCRC).

I would like to highlight specifically the change of language from BAME (Black, Asian, Minority Ethnicity) to Diverse ethnicity. I welcome committee discussion on changing this language across NHS Fife.

UNCONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STRATEGY GROUP HELD ON 3RD FEBRUARY AT 10 A.M. VIA TEAMS

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and Isla Bumba, Equality and Human Rights Lead
Co-Chairs

Present:

Aileen Lawrie, Associate Director of Midwifery
Brian McKenna, Human Resources Manager
Debbie Wilson, FNP Lead, Deputy Service Manager, Admin Manager Children's Services
Gordon Strang, Lead Chaplain
Ian Davidson, Lead Nurse Addictions Services
Katya Valaseva-Adamik, Corporate Officer, Fife Centre for Equalities
Kerry Duffy, PPP Administrator, Estates Central
Louise Noble, Staff Side Representative
Midge Rotheram, Facilities Manager (Catering, Domestic and Portering)
Rachel Alexander, Engagement Officer, Healthcare Improvement Scotland
Samantha Honeyman, Estates Information Services Officer
Siobhan Mcilroy, Head of Patient Experience
Torfinn Thorbjornsen, Head of Information Management, Digital and Information

In Attendance:

Heather Kirkbride, Senior Administrator Equality and Human Rights Team (Minutes)

1.   **APOLOGIES / MINUTE & ACTION LIST / MATTERS ARISING**

   1.1 Apologies for Absence

   Apologies were received from:

   Angela Swift, Clinical Service Manager, Addiction Services
   Bill Coyne, Violence & Aggression Advisor
   Catherine Gilvear, Fife HSCP Quality, Clinical and Care Governance Lead
   Elric Honore, Chief Executive Fife Centre for Equalities
   Heather Bett, Senior Manager Children's Services
   John Wilson, Lead Nurse - Mental Health
   Karen Whatton, Lead Nurse - Care Home Assurance and Support
   Lorna Watson, Consultant in Public Health Medicine
   Natalie Holmes, Human Resources Administrator
   Paul Bishop, Head of Estates, Estates Central
   Sally O'Brien, Head of Nursing, HSCP
   Yvonne Bateup, Support Services Manager (Catering Services)
   Zahida Ramzan, Policy Co-ordinator, Fife Council

1.2 Welcome from Co-Chairs

JK welcomed everyone to the meeting and, as this was the first meeting for many members, introductions were made.

2. TERMS OF REFERENCE

The group went through E&HR Strategy Group's Terms of Reference which was displayed on the screen. The following comments were noted:
- D Wilson asked if the UNCRC would sit within this group. To be discussed further.
- B McKenna requested that the group look at the opening sentence which states 'responsibility for ensuring'. He felt it implies something the group might not be able to achieve. It was agreed that the wording would be looked at with a view to changing it to something more suitable for example, the Equality and Human Rights group will support, compile or fulfil.
- M Rotheram requested that under section 2 'Facilities Representative' should be added in place of 'Support Services'.
- It was agreed that meeting will continue to be every 3 months and if a member can't attend, they should send a deputy on their behalf.
- For future meetings people who are not members can be invited to present.

J Keenan stated that going forward the group will provide actions, leadership and guidance to support NHS Fife in meeting its legal obligations and mainstreaming Equality and Human Rights.

J Keenan stated that she and I Bumba recently delivered a Board Development Session where the Chair, Non-executives and Executive Directors were asked to complete a hypothetical EQIA. It was an interesting session and helped raise Equality and Human Rights awareness.

It was noted that the group now had better representation from across the organisation.

The group will report to:
- NHS Fife Executive Directors Group, then NHS Fife Public Health and Wellbeing Committee then to the NHS Fife Board
- NHS Fife Staff Wellbeing and Governance Committee and NHS Fife Board
- Health and Social Care Partnership Governance Committee and finally Integration Joint Board

The group were asked to email in any more comments relating to the TOR. The final revised TOR version is to be sent out to the group before the next meeting.

3. EQUALITY OUTCOMES FEEDBACK

I Bumba presented an update on the work of the Equality and Human Rights team including covering the Equality Outcomes and Mainstreaming Interim report. This was followed by a general discussion.

The Equality Outcomes Interim Progress Report has been approved by the NHS Fife Board and the NHS Fife Public Health and Wellbeing Committee.

2

The group were asked to submit any more comments to I Bumba before the final copy is published.

J Keenan stated that from her perspective the report was an excellent document which she enjoyed reading. She commented that the work highlighted from Mental Health Services was also excellent.

B McKenna commented that in terms of responsibility he felt that there was a gap in relation to the breakdown of training. It stated there are 2 forms of mandatory core type training and criteria in the table that was provided. He also highlighted the table was ordered alphabetically but that he recommended ordering it by highest completed to least completed.

B Mckenna informed the group that Human Resources got feedback from the Scottish Executive regarding the Workforce Plan that was published in November and from the Health Population information that was also sent. The Scottish Executive asked NHS Fife in relation to the demographics population information that we need to consider, in future, what the information will be used for and how the information recorded will impact on the workforce for example, people are living longer with chronic illnesses like cancers. He asked the group if this could be linked into future Equality Outcomes.

G Strang noted that under some of the Equality Outcomes actions there were next steps. Just for presentation reasons it might be good to have this consistency set up for all actions for future reports. I Bumba stated that this was a good point and will be considered for the report. She stated that there were some barriers in completing the report. COVID pandemic for example meant that some actions were delayed, and some work is at different stages. I Bumba will look at the report to see if there are any alterations that can be made.

I Bumba thanked K Valaseva-Adamik and Fife Centre for Equalities for their help and support in relation to the population data she provided for the report.

J Keenan informed the group that this is the Equality Outcomes interim report and marks the two year point for the Equality and Mainstreaming Plan 2021-2025. A final progress report will be written and published marking the end of the current plan in 2025. The next Equality and Mainstreaming Plan 2025-2029 is due to be published in 2 years. The group was asked to start thinking about what will go into the new plan.

I Bumba suggested that the UNCRC could be considered as a key outcome for the 2025-2029 Equality Outcomes plan. D Wilson asked if we would have to wait for the new plan to start work around the UNCRC. I Bumba stated that any pieces of work and discussions does not have to wait until 2025 to be started. The Equality Outcomes set for the new plan will be the next time NHS Fife can set an official Equality Outcome, but this should not hold up current work.

J Keenan thanked I Bumba for the information.

4. EQUALITY AND HUMAN RIGHTS TEAM UPDATE

I Bumba gave the group an overview on recent work carried out by the Equality and Human Rights Team.

4.1 Network

Over the years equality information has gone out via newsletters, staff links etc. As a trial the team have setup an email only network made up of NHS Fife staff. It will be used to share content relating to Equality and Human Rights information for onward dissemination or personal interest. The plan is not to bombard people with lots of emails but to send out a few focused emails that are topical every few weeks/months.

This network will help mainstream equalities across the health board. Currently 112 members have signed up for the network from all areas of NHS Fife and from all sites.

The members were asked to share anything of interests that might go out via this network.

T Thorbjornsen asked if we would consider using SharePoint using SharePoint.com for the network? He explained how it would look and offered to set it up as a pilot. The group agreed to explore using SharePoint for the network. T Thorjbornsen to discuss further with I Bumba and send some screenshots of the system.

4.2 Interpreting and Translation Service Redesign

NHS Fife is undertaking a review of all its interpreting and translations services. The review is being led by Lynn Cummings, Project Support Officer. The drivers around this review and project work are:

- There are number of different providers that work with NHS Fife and at present many of their contracts are due for renewal.
- Demand for interpreting and translation services is increasing.
- This piece of work will help improve accessibility and quality of interpreting and translations services.
- NHS Fife is spending a lot of money on these services and may not be getting the quality that we require. It is expected that improvements will be seen both financially and clinically and will ensure cost effectiveness and robust safe services going forward.
- Data is being analysed and used to propose different options to consider for future provision. An options appraisal is being developed and aims to be completed by April 2023.

The Interpreting and Translation Procedure has been updated to make it more streamlined and easier for staff to follow and the Policy is due to be updated.

4.2.1 Community Languages

NHS Fife have 24-hour access to community languages face-to-face interpreting for most languages. For some languages like Farsi, there is only one interpreter for this language that covers from Tayside to Glasgow. We have video interpreting in most languages, and some are 24 hours. Most languages are available 24 hours through the audio and telephone interpreting service. We also have a provider who does written translations into community languages.

4

The community language interpreting provider is not on any NHS Scotland or government frameworks. There is a concern around interpreter qualifications, quality assurance and governance with using this company. There are qualifications that interpreters can have, and they should all be background checked. With bringing interpreters into patient's appointments, these are concerns.

4.2.2 British Sign Language

British Sign Language (BSL) is different due to lack of qualified BSL Interpreters throughout Scotland. NHS Fife uses two BSL interpreting providers who work between 8am to 5pm workdays. For out of hours, we can get interpreters if pre-booked. Between 5pm and 8am we have a list of 6 freelance interpreters who can be contacted but may not be available as they are not on call. There are 200 BSL users to 1 interpreter in Scotland. Due to the introduction of the BSL Act there is more demand for providing interpreters for example from colleges, universities, police etc. There is a concern that we don't have access to enough interpreters at present. This is a Scotland wide issue. The review will be looking at different options for providing this service.

There are BSL video interpreters available between 8am and 5pm weekdays. BSL users tend not to like using the video interpreting due to their language being 3D and someone signing via a screen makes it 2D. It puts a barrier up between the signer and person who needs to understand the language. It is similar to when someone is speaking on the phone and the line keeps cutting out and they miss some of the information. It will only be used if an interpreter cannot be accessed or when someone attends a service in an emergency.

4.2.3 Options

Through the Optional Appraisal process part of the review there are number of options being considered, this includes:

4.2.3.1 Frameworks

NHS Fife could follow one of the frameworks but the providers on the framework are based in Glasgow. Using these companies might cause delays in getting an interpreter in an emergency, for example it could take over a 1 hour to get an interpreter to A&E. Using these companies would result in delays and increased costs for example travel costs and time.

4.2.3.2 In-House Interpretation

Another option being considered is having one or two in-house interpreters, for example 2 BSL interpreters (1 full time 1 part time) and 1 community language interpreter. At present we pay for 2 hours per BSL interpreting appointment as standard, despite the length of time of the appointment. GP appointments for example sometimes only last 10 minute therefore this is not very cost effective.

A patient story: Recently, an elderly patient was admitted who was a Deaf BSL user. An interpreter attended each day to support the staff and the patient, but this was just once a day for only 1 hour. The patient did not use technology and was not able to communicate with anyone else for the rest of the day unless her family came in. She said she was feeling very lonely. An in-house interpreter could have come in throughout the day, to have a chat with her and ensure her needs were being met.

To support the in-house interpreters more interpreters could be put on the staff bank. The in-house interpreters would be responsible for advertising interpreting assignments and booking the bank staff interpreter. The in-house interpreters would also carry out staff awareness and training.

There have been discussions around seeking volunteers who had some basic sign language to come into wards as befrienders for patients who are deaf or for those who do not have English as their preferred language.

G Strang suggested we could look at our staff base to see if there was bilingual staff who might want to be a volunteer or be employed on a bank as part of a befriending service. K Valaseva-Adamik suggested that as these staff members have already signed confidential agreements and have medical terminology knowledge, they maybe suited to do this role. B McKenna commented that the organisation should not be giving a volunteer a role that our staff should be doing and there needs to be considerations like monitoring competencies, confidentiality, their own workload etc.

I Bumba has been meeting with Elaine Paton, Nurse Bank Manager, to discuss using the Nurse Bank. As an example, NHS Lothian use their Nurse Bank: they have 4 in-house interpreters.

There is still further exploration to do to scope out these options to see what they would look like.

4.2.4 Interpreting and Translation Policy and Procedures

We have been informed by NHS Fife Procurement that we need to follow Government Frameworks or the NHS Scotland Business Framework where possible.

4.3 Trans Policy

NHS Fife is in the process of developing a Trans Policy/Procedure on how to manage/support trans, non-conforming and patients from a spectrum of gender divergence. It will consider placement of trans patients, involving patients in discussion around their care to ensure that they are comfortable with what is offered, and the service provided is appropriate and meets both their and the service's needs. The policy will contain an extensive list of definitions and terminologies. A flow chart will be developed for planned and unplanned care pathways, examples of case studies and general guidance will be included.

I Bumba has reviewed other Boards policies. Some engagement work with services and organisations like Pink Saltire, Transgender Fife and The Hive will be undertaken as part of the development of this document. R Alexander asked what form the engagement work would be in, for example is it to inform the patients or to ask the patients to help shape the policy? I Bumba explained that it would shape the policy and that she values their input and knowledge. R Alexander is happy to support this piece of work in its early stages as HIS has lots of different tools which can support the engagement process. To set up a meeting between I Bumba and R Alexander.

6

D Wilson stated that there might be a specialist within their service that could help with the policy. To share details with I Bumba.

M Rotheram asked is there any plans for staff guidance in relation to this policy? B McKenna informed the group that most Human Resources policies used in NHS Fife are sent by the national Scotland Policy Group. This is to ensure consistency across NHS Scotland boards. B McKenna to investigate this and bring an update to the next meeting.

A Lawrie stated that her team in Maternity Services would welcome an opportunity to be part of this piece of work. This community and maternity staff might have concerns around certain aspects of the policy like language used. It would be good to have them included in the development of this policy. This service is seeing an increase in patients coming into the unit that identify under a different gender from the sex they were assigned at birth. A Lawrie also comments that another consideration is the use of the word 'women' is maintained within maternity services due to many patients being of this gender and a concern around losing this word from their vocabulary.

G Strang stated that this is a subject that has tensions and that groups may have concerns that their voices are not heard if we don't engage with this community.

The group agreed that there should be engagement undertaken as part of the development of the Trans policy.

The group was asked to send in any suggestions or comments. Once the policy is ready I Bumba will send out the draft version to the group for comment.

J Keenan thanked everyone for the valuable contribution to this agenda item. She explained that it is a good piece of work that we would like to do well in NHS Fife. I Bumba explained that language use can be out of date and what we talked about 5 years ago might not be correct today. This policy will give an opportunity use the most up to date and appropriate language.

I Bumba to develop an action plan to help progress the Trans policy.

5. BAME NETWORK – THE DEN – DIVERSE ETHNICITY NETWORK

The term BAME has been around a while but it is no longer approved by the UK Government as the most appropriate terminology. It was meant to encompass everyone but it is believed it mainly highlights black people more than other groups, for example Gypsy Travellers are not usually included but should be as they are classed as a minority ethnicity. Discussions have been held with Rhona Waugh, Head of Workforce Planning and Wellbeing, Human Resources and the Chair of the BAME network around the name of the NHS Fife employees group, for example Ethnic Minority Network. This name has had some criticism too. Depending on where you live in UK, the groups this is intended to refer to may not actually be the minority and so there are criticisms of using 'minority'. The new name for the network has been decided as The DEN - Diverse Ethnicity Network.

The network will be a safe space for staff where they feel they can be themselves, open up and maybe share their experiences in an informal environment.

7

The Group were asked to comment on terminologies used:

- L Noble stated that she feels that using the minority isn't a good term to use. The word diverse is good.
- A Lawrie stated that she read somewhere that BAME should move to Global Majority. She said that using letters is a good way forward and makes it easier to remember.
- K Valaseva-Adamik stated is it best to have a term that is in always as much inclusiveness as possible. I Bumba commented that the UK Government recommended that we actually use where people are from, for example, South Asian, black people etc as within these groups they all have very different lived experiences. However, the list would be very long and so in this instance, it would not be appropriate to do so.
- R Alexander stated we need to be as inclusive and as broad as possible so people do not fear saying the wrong thing or not knowing what to say and appear to exclude some staff.
- J Keenan explained that is sad to hear when someone has been a victim of a hate crime but were unaware that they were as they have been used to this kind of language towards them. She hoped the DEN would be able to help staff identify inappropriateness and letting staff know that they should not tolerate it and that they will be supported.

I Bumba stated that at the moment there are no set goals for this network as it's in the very early stages of development. We will be consulting other health boards that are further forward with their networks to gather information.

I Bumba stated that the network could meet online, in person or do a hybrid approach. The hybrid approach would enable more people to take part and using SharePoint might be a good way forward for the network.

I Bumba to take comments forward to the DEN's Chair.

6. HATE INCIDENT AND HATE CRIMES

I Bumba talked about how NHS Fife records and uses information relating to Hate Incidents.

She explained to the group that they have been some instances where staff have been verbally abused, had unwanted or unpleasant experiences relating to a Protected Characteristic. She explained that often this abuse targets women or can be race/ethnicity related. NHS Fife Datix reporting system used to report these incidents is limited in that it relies on staff completing the correct fields for reports. B Mckenna asked if the information is sense checked and this can cause challenges like for example in Mental Health services there maybe multiple reports put in on the same day for the same patient which results in higher figures.

NHS Fife has added a page to the staff intranet explaining the difference between a hate crime or incident and includes staff guidance. This page has now been attached to the Datix reporting system so staff can follow the guidance when they complete the Datix form.

J Keenan asked if hate incidents are being reporting through Staff Governance Committee? L Noble commented that she does not sit on this group so is not sure. B McKenna commented that he thinks they are.

B McKenna explained that when an incident is recorded on Datix it is checked/assessed to see if it is a hate incident/crime. He also explained that there are also other sources of information like the staff questionnaire than can be used to record the information although the information from this questionnaire is not current.

L Noble explained that the report could go to the Local Partnership Forum then escalate up to the Area Partnership Forum.

B McKenna explained that the information might not be robust or accurate due to the limitations like separating partnership from acute etc.

The group agreed that it would be good to see reports on the number of incidents recorded and any learning from these incidents. This would ensure that the information would be taken forward up to the Board level.

A Lawrie raise a concern that they have around using Datix to record incidents that have happened among staff. The concern is in relation to staff confidentially and privacy. Once on Datix, even if not proven, the information is still stored and available for some staff to see. There is a concern that any incident recorded could have some Human Resources implications around staff conduct. She explained we should consider if Datix a good system to monitor these sensitive incidents. She stated that there is a requirement for more discussion and agreement at the way we monitor incidents that involves staff members. A Lawrie stated she would welcome some advice around this subject.

A Lawrie highlighted to the group that a Lead from a GP committee had highlighted via the Area Clinical Forum that they were receiving higher instances of aggressive contact towards their Practice and that they don't have a system set up to record this data.

T Thorbjornsen suggested that in relation to figures we want to look at should we compare them with other Boards. He asked that historically where did the figures come from and is there a report setup that can be used to pull the data from? He explained he would be happy to investigate the reporting arrangements and see if we can set up a bespoke type of report that is appropriate for what we need.

I Bumba said she would add as a topic of conversation for the next Equality Leads Network agenda an item relating to this subject to find out what other NHS Boards are doing.

J Keenan thanked everyone who contributed to the discussion. She explained that the NHS Fife Community Safety Officer had recently retired but he was working on hate incidents reporting. She stated that there needs to be a wider discussion around this subject. The officer's role went to the Resilience Team so there might be some discussion required with this team.

J Keenan stated that we also need to consider GP practices and how they capture this information. B Mckenna mentioned that if numbers of incidents in certain areas captured is small there is a risk of being able to identify individuals. He explained that we also need to

be aware of they type of incident as some incidents could be classed as a Hate Crime which could be classed as a criminal issue.

I Bumba to meet with Bill Coyne, Violence and Aggression Advisor and T Thorbjornsen to contact the Resilience Team to discuss this further.

7. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

7.1 Children's Rights

D Wilson informed the group her team are working with the Communication Team to promote information and raise awareness on Children's Rights, for example, a 7-minute briefing is due to be published.

D Wilson asked if Children's Rights could sit within this Group?

D Wilson explained that he Children's Rights involves various legislation like the Children and Young People Act and United Convention of Children's Rights (UNCR). Within these legislations there are 54 Articles. We use these Articles as guiding principles so that in the best interest of a child's right to life, survival and development and so that the child has the right to express their views and which should be taken into account.

As part of Children's Rights we need to look at our organisation and how it affects children including engagement and participation around how we deliver against the UNCRC.

Within Health and Social Care Partnership (HSCP) the Children's Services Partnership Group has been set up. This group involves Police, education, Social Work etc. From this group there is a subgroup called Children's Rights Group.

D Wilson explained that often we focus on it being about Children's Rights services but it is wider than this. We want to raise awareness throughout NHS Fife services so that anyone can support a child's rights for example if they come into hospital, if a parent comes into maternity services.

J Keenan stated that she is looking forward to seeing the seven minute brief when it comes out. With this group having a Human Rights remit it might be something we can consider but further discussion would need to take place, for example, to find out the scale of the work as this group might not have the capacity to support it. To add item to the next meetings agenda.

7.2 2023 Equal Pay Audit

B McKenna requested that the 2023 Equal Pay Audit be added to the next meeting's agenda.

7.3 Workplan

J Keenen and I Bumba thanked everyone for their contribution to the meeting. The group agreed that developing a workplan for this group would be useful.

6. DATE OF NEXT MEETING

The next meeting will take place on 12 May at 10 a.m. via Teams